



Testimony of Chirlane McCray, First Lady of the City of New York
Testimony before the
New York City Council Committee on Mental Health, Developmental Disability, Alcoholism,
Substance Abuse and Disability Services

1:00 pm, May 2, 2017

Good afternoon Councilmember Cohen and members of the Committee of Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services.

My name is Chirlane McCray and I am the First Lady of the City of New York. I am very grateful to all of you for having us back to report on the first year of ThriveNYC.

I am joined today by Deputy Mayor Richard Buery, who is overseeing the implementation of ThriveNYC, and Dr. Gary Belkin of the Department of Health and Mental Hygiene.

Introduction

As many of you know, ThriveNYC is our plan to change the way New Yorkers think about mental health and substance use disorders, and the way the city delivers services.

Although mental health is crucial to our happiness, our quality of life, and our ability to function, it's a subject most people talk about in whispers – if they talk about it at all.

That is why the very first goal of ThriveNYC is to “Change the Culture.” We want to make talking about mental health or substance misuse as easy as talking about asthma or diabetes.

We want everyone to understand that mental illness is a disease; that it is treatable and sometimes preventable; and thanks to ThriveNYC, there are more treatment options available to people than ever before.

I have traveled across our great city talking to hundreds of New Yorkers about mental health. And if there is one thing I've learned from all those conversations, it is the importance of creating a mental health system with no wrong door to getting help, a system that meets New Yorkers where they are.

We need services to be available where New Yorkers live, learn, worship and work. We know that people are far more likely to ask for help if they are in a place they feel comfortable, and if they can talk to people they trust.

That is why we're vastly expanding our mental health workforce to include co-workers, peers, staff at community-based organizations, and family members.

We're recruiting mental health professionals from all walks of life to go into underserved neighborhoods, where they are needed most.

And we're creating career pathways to make sure that our system of care better reflects the many languages and cultures of the communities we serve. We want our healthcare professionals to look like the people of New York City and talk like the people of New York City.

We need real, not token representation.

Public Awareness Campaign

To that end, we launched "Today I Thrive," a major public awareness campaign that has reached more than 4 million people. The campaign included paid media ads on television, in public city spaces, and online. And we didn't stop there.

Last October, we launched NYC Well, a revolutionary crisis hotline and centralized service to help New Yorkers connect to mental health care providers. You can now talk, chat or text to get help in more than 200 languages. It is free, confidential and available 365 days a year, 24/7.

Still, a service is only useful if people know where to find it. So we launched the "Connect, Heal, Thrive" campaign, which reached an estimated 5.1 million people via subway ads, and delivered more than 12 million impressions via ferry ads.

I urge you to help us reach even more of our fellow New Yorkers. You know your communities even better than we do. So if there are special communities that are underrepresented or have mental health deserts, please let us know. And please promote NYC Well through your emails, mailings and gatherings. We want to get people connected.

Outreach Team

Now, advertisements were only part of our strategy. The people who will benefit most from ThriveNYC are often the hardest to reach, which means we need to get into our communities and literally engage people, face to face.

We created an outstanding Outreach Team that is connecting with people in all five boroughs, pounding the pavement and letting New Yorkers know about all of the resources available to them.

During the first three months of 2017, the Team has participated in 300 events, distributed 30,000 pieces of literature about NYC Well, and signed up 500 volunteers from our communities.

Mental Health First Aid Training:

One of the Outreach Team's key objectives is to sign up New Yorkers for Mental Health First Aid.

Now, we all know what to do when someone is bleeding, right? You cover the wound with a clean bandage, apply pressure, elevate the wound, and you get help if the bleeding doesn't stop.

Well, everyone should also know what to do if a friend or family member shows signs of mental distress. That is why we made Mental Health First Aid a central part of ThriveNYC.

Mental Health First Aid Training educates people about how they can help family, friends and co-workers who may be suffering from a mental health condition.

Our goal is to train 250,000 New Yorkers in Mental Health First Aid by December 2020 – and we are well on our way to meeting it.

As of March 2017, we have successfully trained 15,400 New Yorkers and more than 300 instructors across our city. Not only are we meeting our annual goals — we are surpassing them.

ThriveNYC Weekend of Faith

Still, we know that for many New Yorkers, the first or second person they are likely to turn to when discussing a sensitive issue like mental health is someone in their faith community.

So from the very beginning, we have worked hard to make sure the clergy plays a central role in the planning and implementation of ThriveNYC.

Last May, we organized a Weekend of Faith for Mental Health. Between Friday and Sunday, a thousand houses of worship put mental health at the top of their agenda.

Over the course of three days, I visited a mosque and a synagogue. I visited a Catholic church... a Baptist church... an interdenominational church... and two Seventh Day Adventist churches.

I heard Spanish. I heard Hebrew. I heard Arabic. And I heard a whole lot of "Amens."

But most of all, what I heard, and saw, and felt was a great call for MORE—more open conversation, more treatment, more resources for prevention, and more collaboration.

Well, the first one was such a success that we're doing it again.

This year's weekend starts on May 19, and the focus will be substance misuse. Please, help us spread the word – for more information, please talk to anyone on my team.

Mayors Conference:

We are also taking the Weekend of Faith national this year – because New York City can't change the culture around mental health on its own.

Last fall, New York City hosted the Cities Thrive Mental Health Leadership Conference.

More than 150 people attended from over 60 cities. We had representatives from the World Health Organization, U.S. Congress, the Substance Abuse and Mental Health Services Administration, the U.S. Conference of Mayors, and the American Psychiatric Association.

At the conference, I announced a new initiative: the Cities Thrive Coalition. Our mission is to push for mental health reform on a local and national level.

That means providing members with a support network they can call on as they create new resources in their communities.

That means sharing best practices regularly, so members can learn from one another.

And that means combining our voices to deliver a forceful message to our leaders in Washington. That message is: "We need your help on mental health reform and funding, and we need it now."

Today, 153 cities from all 50 states have joined the Cities Thrive Coalition. And we're already making a difference.

A Coalition-led "Call to Action" played a key role in the passage of the 21st Century Cures Act. This transformative piece of legislation includes the "Helping Families in Mental Health Crisis Act" which increases treatment for young mental health patients, among other provisions. That was an amazing and historic victory!

The Coalition also played a pivotal role in organizing the National Mayors Healthcare Day of Action with a successful defense of the Affordable Care Act. Of the 90 Mayors who participated, 64 were part of the Cities Thrive Coalition.

We want to keep building on these successes and we need support at every level of government. So I encourage you to become partners in this movement. We need a healthy infrastructure to support these services. Without one, it is going to be much harder to reach the people who need help the most.

Conclusion

We have so much more to accomplish through ThriveNYC. We are working hard toward the day when there will no longer be stigma or discrimination attached to issues of mental health. I am, however, proud of all that our team has accomplished so far.

Thank you for this opportunity to testify. The Deputy Mayor will update you in greater detail. I am happy to take any questions you may have afterwards.

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Testimony of Richard Buery, Deputy Mayor for Strategic Policy Initiatives,
New York City Council Committee on Mental Health, Developmental Disability, Alcoholism,
Substance Abuse and Disability Services

1:00 pm, May 2, 2017

Good afternoon Chair Cohen and members of the Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services. I am Richard Buery, New York City Deputy Mayor for Strategic Policy Initiatives. In this role, I manage the implementation of ThriveNYC's 54 initiatives under the leadership of First Lady Chirlane McCray. Thank you for this opportunity to discuss our progress on transforming the City's approach to mental health and wellbeing for all New Yorkers.

As the First Lady made clear, ThriveNYC is a comprehensive action plan designed to change the way people think about mental health and the way City government and its many partners deliver services.

In the year and a half since ThriveNYC was launched, I am proud to share that we have made tremendous progress towards our goal of increasing access to care where, when, and how New Yorkers need it, including for the most vulnerable among us. As of today, 93% of the initiatives under the ThriveNYC umbrella are up and running, serving New Yorkers throughout our City. That is 50 out of the 54 initiatives.

Practically speaking, that means we are making it possible for New Yorkers to access care in the places they live, learn, work, play, and worship. It means we are delivering services on the ground in every borough and neighborhood. And it means no matter how old you are, what language you speak, or how much money you make, we are slowly but very surely charting our way towards a future where no person in this City will have to struggle with mental illness alone and without help.

There are **six core principles** of ThriveNYC that organize our work.

One: Some of our initiatives seek to **CHANGE THE CULTURE** of mental health care by removing stigma as a barrier for seeking and receiving help.

Two: Other initiatives seek to **CLOSE TREATMENT GAPS** so that care is more available, including in ways that may be more accessible than traditional mental health care settings.

Three: We **ACT EARLY** to recognize and treat mental health issues.

Four: By **PARNTERING WITH COMMUNITIES** we make sure people can find mental health help among the people and networks they are closest to emotionally and geographically – including family members, friends, and community organizations.

Five: We **USE DATA BETTER** to help us make informed decisions. By learning what is and is not working, we can try different strategies as needed.

And six: ThriveNYC **STRENGTHENS GOVERNMENT'S ABILITY TO LEAD** by prioritizing mental health policy and actively promoting policies at the federal, state, and local level that benefit the mental wellbeing of all New Yorkers.

Applied together, these practices revolutionize the landscape for a person struggling with mental illness in New York City. In this testimony, I will provide an update on our progress in implementing ThriveNYC since its launch in November 2015.

As the First Lady described, our very first task is to empower people to acknowledge they need help and seek the care they need. And in turn, one of our key tasks is to equip City agencies and its partners with the tools they need to respond appropriately to a person in crisis.

We've been able to make significant progress toward changing the culture. In addition to the "Today I Thrive" public awareness campaign and the rollout of mental health first aid that the First Lady discussed, we have made it easier for City service providers to interact with constituents in a way that promotes positive mental health.

One example is the **Crime Victims Assistance Program within the NYPD**. We know that being the victim of a crime is often a traumatic experience that leaves behind emotional scars. And yet, local police precincts – a victim's first point of contact after experiencing trauma – are often not only ill-equipped for responding to that trauma, but haven't been included in a comprehensive public health approach until now.

Crime Victim Advocates are mental health specialists tasked specifically with mitigating trauma in the aftermath of crime. They give victims information about the criminal justice process, help victims develop a safety plan to reduce the likelihood of repeat victimization, and provide assistance with accessing needed services such as: safe and affordable housing, City-financed compensation, medical care, and public benefits. They also link victims to other local service

providers for additional and more specialized assistance. We have introduced the Crime Victim Assistance program in **26 NYPD precincts and are on target to reach all Precincts and Housing Bureau PSAs by 2018.**

Yet, even for people who recognize that they need help and are willing to seek it, our mental health system has not had the capacity to provide quality, timely and effective care for all New Yorkers. A critical focus of our work is to close treatment gaps and build that capacity.

One of the programs that has significantly increased our capacity to respond to mental health crises is New York City's free, 24/7 one-click, one-call point of access to mental health and substance misuse services, **NYC WELL**. New Yorkers can connect to NYC Well in over 200 languages by calling 1-888-NYC-WELL (1-888-692-9355), texting the word WELL to 65173, or chatting with a counselor or peer specialist at www.nyc.gov/nycwell. NYC Well provides confidential crisis counseling, referral to behavioral health services, short-term counseling, and peer support services. NYC WELL can not only help connect callers to behavioral services, its counselors will stay on the line with you while you make an appointment and follow up with you to make sure a successful referral has been made. It is also a fantastic resource for friends and family members who are seeking counsel in how to support a loved one struggling with mental illness. **In the six months since it was launched, NYC WELL has already provided support to more than 100,000 people.**

We have also been able to close treatment gaps by integrating mental health support into traditional healthcare settings. An example of that is our **Maternal Depression Collaborative**. Through this partnership with NYC Health and Hospitals, the NYC Department of Health & Mental Hygiene, Maimonides Medical Center, and the Greater New York Hospital Association, we are screening women for maternal depression before they leave the hospital with their newborns and connecting them to services when necessary. **At the first 37 participating hospital sites, we have already achieved 88% prenatal and 89% postnatal screening rates.**

We are also integrating mental health support in places where New Yorkers already seek other forms of support throughout the City. They include **shelters and drop-in centers for runaway and homeless youth**. These sites provide essential needs like clothing, food, and a warm, safe place to sleep for young people who have often had traumatic experiences, including many LGBTQ youth. Through ThriveNYC, we provide this vulnerable population with a range of mental health interventions, including **psychological evaluations, service referrals, and individual therapy.**

Similarly, we have placed social workers in 15 senior centers across the City, with ten more on the way. ThriveNYC programs for seniors help address challenges such as social isolation and depression which plague too many older New Yorkers. **Nearly 4,500 seniors have participated**

in programs specially designed to promote strong mental health in older adults.

Of course, our littlest New Yorkers are a priority as well. ThriveNYC “acts early” to target interventions to youth in order to prevent the current mental health crisis from plaguing the next generation. Our efforts have built a network of support into the very places children ages 4 to 18 spend most of their time: in the school system. I am proud to say that through the efforts of ThriveNYC, *all* New York City public schools currently offer some form of mental health assistance.

We know that development of strong social-emotional skills at an early age is important for children to better cope with challenges and have more opportunities to realize their potential. We are training all of the early education teachers in our Early Learn and Pre-K for All systems in social-emotional learning and have already **impacted nearly 10,000 of our youngest children.**

ThriveNYC has established 54 new **school-based mental health clinics** throughout the city. We have also trained **6,772 elementary, middle or high school personnel** at **464 schools** to recognize early signs and symptoms of psychological distress in students – including depression, anxiety, and suicidal thoughts – and connect students to help. And in addition to that, for schools without dedicated mental health services, we have hired a cadre of **close to 100 mental health consultants serving nearly 900 schools.** These specialists help school principals troubleshoot the needs of specific students and work with school leadership to understand their school’s mental health needs and connect schools to behavioral health resources that exist in their communities.

And the final principle I’ll discuss is the way ThriveNYC partners with communities to better deliver and connect New Yorkers to mental health support. We understand that the closest networks of support for many people in this City are on the ground in the very neighborhoods where we spend most of our time. The **Connections to Care (C2C)** program integrates mental health services into the work of community-based organizations that are already providing a wide range of other support services, such as childcare and workforce development training, to people in the community. These are local organizations that residents already trust. Often, these are the places New Yorkers go when they are struggling with mental health. Now, we’re giving these organizations the skills and resources they need to provide support to those in need. By pairing community-based organizations with a mental health provider, we can train staff members on addressing the mental health needs of the people they serve and ensure a reliable referral when their clients need formal care. **C2C has already provided mental health services to nearly 2,500 people.**

In addition, our **Mental Health Service Corps** program has **added more than 100 licensed**

Masters and Doctoral-level clinicians to primary care settings in high-need communities throughout the City. Having these services as part of a primary care or pediatric practice reduces the stigma associated with receiving care. It also improves coordination between medical and mental health care, which is often a problem. Corps members receive training, supervision, and coaching rooted in the principles of ThriveNYC.

These are just some examples of the progress we've made in the last 15 months to enrich the lives of New Yorkers by advancing mental health and wellbeing.

With First Lady Chirlane McCray leading the prioritization of mental health reform across City government, I am confident about the sweeping change that ThriveNYC will create. Through our efforts, we are including all City agencies in this crusade – including those that don't normally think of themselves as public health agencies, but who in reality work on the front lines of mental health and wellbeing day in and day out. With all parties at the table, ThriveNYC is a true roadmap for creating a culture where getting help for mental illness is just as straightforward as getting help for common physical ailments.

I want to thank Councilman Cohen, who has been a great partner to our administration in this endeavor, all of the members of this committee, and the entire City Council as we move forward with ThriveNYC. We cannot thank you enough.

I look forward to continuing to work collaboratively with the Council to put this Roadmap into action. Thank you again for this opportunity to testify and we welcome your questions.



Testimony of Cara Berkowitz, Senior Director of Government Relations,

The Jewish Board

New York City Council Hearing of the Committee of Mental Health, Developmental Disability,
Alcoholism, Substance Abuse and Disability Services

Oversight Hearing on ThriveNYC; May 2nd, 2017

Good afternoon Council Committee Chair Cohen and members of the Committee. My name is Cara Berkowitz, and I am the Senior Director of Government Relations at The Jewish Board.

As the largest provider of community-based mental health services in New York City, The Jewish Board continues to be grateful that the de Blasio Administration has devoted significant resources over the last few years to help New Yorkers with mental health needs. We are proud to promote the good work of ThriveNYC and are honored that First Lady McCray has visited our new children's clinic in Brownsville and our Morris L. Black clinic on Staten Island to discuss our work together.

ThriveNYC has made mental health care more accessible to the public by offering an impressive array of services including public education, prevention, treatment and attention to social determinants. It is also important to note that this program recognizes the pernicious influence of racism and poverty on mental health, and has shown leadership on engaging faith leaders to consider new approaches to mental health needs amongst their parishioners. ThriveNYC also has helped foster collaboration across the health, human services and education sectors, and with the criminal justice system.

Although ThriveNYC recognizes the challenges of providing mental health and addiction services, it does not adequately address the tremendous struggle undertaken every day by community agencies to address the complex needs of individuals and families with mental health challenges, often with minimal resources. Partly due to complicated Medicaid managed care reimbursement systems and the historical stigma faced by people with mental illness and substance use challenges, our workforce struggles to provide optimal access and continuity.



It is important that New York City continue to be vigilant in assuring that the Medicaid Managed Care health plans work as partners with providers and plan members to fully realize the vision of a responsive, person-centered system, including attention to social determinants of health and well-being. This includes adherence to the letter and spirit of providing parity between health and mental health services, including the no “fail first” requirements, prompt payment of claims, and a commitment to collaboration and communication.

ThriveNYC also does an excellent job acknowledging that New York City needs the cooperation and participation of multiple city agencies to reach its goals. It is my hope that this collaboration of city agencies will allow for the de Blasio Administration to collectively amend the various rules and policies so that all participating city agencies can aid in realizing the vision of ThriveNYC. For example, every effort should be made to assure that Medicaid eligibility is continuous and not cut off due to cumbersome administrative procedures.

Further, New York City should urge the State to review outdated state agencies rules and regulations that can impede the success of ThriveNYC. Some examples of state-related hurdles include onerous paperwork requirements, obstacles to access to multiple services on the same day, and barriers to meeting clients in the community, to enhance access. It also must build on the existing infrastructure of services, rather than create a parallel system.

Lastly, I would like to thank Council Member Cohen for his leadership in the City Council to support the provision of mental health services to the poor and vulnerable. The City Council mental health initiatives have long been a critical part of the mental health safety net and we are grateful for the ongoing commitment and partnership that will help make ThriveNYC a national model.

Thank you and I look forward to answering your questions.

Committee on Mental Health, Developmental
Disability, Alcoholism, Substance Abuse and
Disability Services

RE: ThriveNYC
Center for Employment Opportunities Testimony

May 2, 2017

Good morning. Thank you for convening this hearing and for the opportunity to share testimony about the Connections to Care program. I am Stephanie Cabral, Manager of Participant Wellness and Special Projects at the Center for Employment Opportunities or CEO. I have worked at CEO for 3 and a half years and I received my bachelors in psychology from SUNY Polytechnic Institute (formerly SUNYIT). Prior to joining the CEO team, I was working in a variety of environmental and youth social service agencies. I currently work with staff including Marketa Friedland at the Center for Alternative Sentencing and Employment Services (CASES) through the ThriveNYC initiative and Connections to Care grant to coordinate interaction between CASES staff and CEO staff as part of CEO's program.

CEO is a national nonprofit organization dedicated to providing immediate, effective and comprehensive employment services to men and women with recent criminal convictions. We help participants regain the skills and confidence needed for successful transitions to stable, productive lives by providing an array of services centered around transitional work. CrewWorks, CEO's transitional work social enterprise, utilizes work based learning strategies including compensation, rewarding skill development, and tasks that build workplace knowledge, to help each participant learn positive behaviors in a constructive, prosocial environment. We then provide additional support services such as job coaching, job placement, and retention services to ensure that each individual not only finds a job but stays attached to the workforce.

CEO is also a member of the Alternative to Incarceration Coalition. This coalition's mission is to reduce crime, strengthen families and bring hope and opportunity to New York City's most underserved communities by providing a full spectrum of services for individuals involved in the criminal justice system. The coalition provides holistic services, including substance abuse services, legal services, employment services, mental health services and more, across all five boroughs for tens of thousands of individuals each year. As an organization and a member of the ATI Coalition, CEO appreciates the continued support provided by this Committee.

As one of New York City's leading employment service providers CEO is committed to providing individuals under community supervision with workforce opportunities as they return home to their communities. To successfully connect someone to the workforce

depends not just on a job placement but many other factors including housing, physical health and mental health. Through Connections to Care (C2C) CASES is building the knowledge and capacity of our front line staff so they can address the mental health needs of CEO's participants. With resources made possible by the C2C funding, CASES staff share key information and knowledge in the areas of mental health and substance abuse assessment and treatment with CEO front line staff. CASES offers targeted trainings in areas including psychoeducation, substance abuse, mental illness, treatment options, and community resources. As a result of this information sharing and training, CEO has developed a more supportive and motivational method of working with its clients.

Through our Connections to Care partnership with CASES, CEO helps promote the ThriveNYC goals of raising awareness of mental illness and reducing stigma around mental illness. CASES also fosters an ongoing discussion with our staff about the impact mental health challenges can have on an individual's ability to obtain and retain employment. We work with two target populations: (1) out of school, out of work young adults (18-25 years old) and (2) low-income working age adults ages 26 and older. All CEO participants are recently released from incarceration and unemployed at the time of enrollment, earning no income. Almost half of them with mental health and/or substance use conditions will not have received any treatment for these health needs while in prison. The C2C program is critical because for many of CEO's clients, it is the first time they are meeting with a mental health clinician who can begin helping them meet their needs. Since C2C started we have served more than 1300 participants and more than 300 of them have screened positive for some indication of medium to high depression symptoms just in year one alone.

The structure of CEO's program has allowed us to integrate CASES expertise into our ongoing casework with participants. CASES embeds a licensed social worker at CEO's headquarters that oversees the self administration of the mental health screening during the first step of CEO's program - Life Skills Education. From those initial screenings, the social worker will follow up with individual participants for one-to-one, private assessment of mental health needs using as needed trauma screening instruments, psychoeducation, and care planning. CEO staff are also trained in Mental Health First Aid, Cognitive Behavioral Therapy and Motivational Interviewing to compliment mental health care provided by the social worker. CEO clients report feeling safer and more willing to ask for help as they continue to define and work toward their goals. Through onsite client engagement and community referrals we are beginning to see improvement both in client-staff interaction and in clients' abilities to overcome barriers and challenges while facing various psychosocial stressors in their lives and in their communities.

CEO supports the ThriveNYC initiative can attest that it is positively affecting individuals as seen by our own partnership with CASES. We believe the continuation of ThriveNYC will lead to additional benefits for our clients and all residents of NYC. I would also like to acknowledge ThriveNYC's goal to destigmatize mental illness and reframe it as a public health issue. CEO is proud to support these efforts and see many similarities in our own

efforts to eliminate stigmas and stereotypes associated with criminal records - both are unfounded and hinder our success as a community.

Thank you for this opportunity and your time.



ThriveNYC Oversight Hearing

Committee on Mental Health, Developmental Disability, Alcoholism,
Substance Abuse and Disability Services
New York City Council

Testimony by:
Lisa Furst, LMSW, MPH
Assistant Vice President, Center for Policy, Advocacy and Education
Mental Health Association of New York City, Inc.

May 2, 2017

Good afternoon, Councilman Cohen and members of the Committee. Thank you for the opportunity to testify at this important hearing focused on the ThriveNYC initiative. My name is Lisa Furst, and I am Assistant Vice President of the Center for Policy, Advocacy and Education of the Mental Health Association of New York City (MHA-NYC). For more than 50 years, MHA-NYC has provided direct services, public education and advocacy to address the needs of New Yorkers living with behavioral health needs in New York City and beyond.

ThriveNYC is a groundbreaking multi-year effort to support the mental health of New York City residents across all ages and severity of conditions from prevention to early intervention to strategies to serve those with more serious mental health challenges. The comprehensive set of initiatives is one of the most ambitious packages of mental health services in the nation, leading the way for municipalities across the country. MHA-NYC is honored to be partnering with the administration to administer NYC Well, the city's front door to behavioral health services that uses state of the art telephone, text and web based technologies to respond to the mental health needs of tens of thousands of New Yorkers, 24 hours a day, 7 days a week. NYC Well offers a variety of services and accepts calls, texts and chats from individuals in four core languages, including English, Spanish, Mandarin and Cantonese, and maintains a live translation service that enables the program to speak with individuals in more than 200 additional languages. NYC Well offers: 1) crisis counseling and suicide prevention services; 2) is the single point of access for mobile crisis team referrals (MCT); 3) provides information and referral for behavioral health services, including "warm handoff" services to connect individuals directly to service providers in the community; 4) follow up services for all who contact the program; 5) short term counseling; and 6) a peer support service option for those who wish to connect with a peer specialist.

NYC Well had a “soft launch” on July 1, 2016, and a “hard launch,” accompanied by a robust public awareness campaign on October 24, 2016. Since its launch, NYC Well has reflected the impact of its goals as New Yorkers have increasingly reached out to learn about the service, seek connection to resources and support, and receive life-saving interventions in moments of crisis. NYC Well offers considerably expanded service over its predecessor, LifeNet, including follow-up offered on every call regardless of the risk level of callers or chat/text visitors to ensure that everyone reaching out for help gets connected to care. Follow-up is offered at varying intervals, depending on the needs of the person making contact with the program (30 minutes after inbound contact to ongoing follow-up offered a month later). With the exception of high risk scenarios where NYC Well attempts to ensure that connection to emergency services was made, follow up calls are conducted at a time and through the mode (call or text) that the caller or chat/text visitor identifies as convenient. Low risk follow-up typically happens 48 hours after the initial contact, and high risk follow up contacts range from 48-hour response following a mobile crisis visit, to 24-hour response following completion of a safety plan or referral to a crisis respite center, and 30 minute to 1-hour response following referral to emergency services. Follow-up with callers frequently involves repeat contacts to ensure connection with care, and to problem-solve through treatment-interfering personal and systemic barriers.

Individuals contact NYC Well from across the five boroughs, and in the third quarter of this fiscal year, the majority of contacts, in order of prevalence, were from Manhattan, followed by Brooklyn Queens the Bronx, and Staten Island, respectively. The remaining contacts to the program were from New York State (25%) and contacts from locations other than in New York (20%). Of those who contact the program, 85% opt to speak with crisis counselors, while 15%

opt to speak with peer specialists. Additionally, 75% contact the program by phone, while 25% of those who contact the program do so via text and chat. The NYC Well program strives to provide New Yorkers with fast, reliable access to a peer specialist or crisis counselor, and in the last quarter, the program answered 89% of all contacts within 30 seconds, with an average answer speed of 27 seconds for the quarter.

In the last quarter of this fiscal year (January 1 – March 31, 2017) the program had 69,187 contacts by phone, text or chat, with a range of 600-900 contacts per day. The total number of contacts include those that are with peer specialists in the program, of which there were 11,414. The majority of contacts are support contacts (34%), followed by information and referral contacts (29%), crisis contacts (9%), and the remaining contacts include those which were abandoned by the individual, incomplete or non-mental health related contacts (27%). The top five presenting concerns from individuals include mood concerns (21.7%), anxiety concerns (18.5%), stressful life events (17%), interpersonal concerns (12.2%) as well as other concerns (8.4%). Approximately 22% of contacts relate to concerns that are not listed in these top five. Of those indicating substance use, the top five substances reported to be used included alcohol (7%), marijuana/hashish (3%), crack/cocaine (1%) and nicotine (1%).

The majority of contacts are in English (98%) and Spanish (2%), with Mandarin, Cantonese and other languages representing smaller proportions of contacts managed by the program. The gender breakdown of contacts includes 56% female and 39% male, with approximately 4% of individuals choosing not to disclose their gender. The majority of contacts are from adults aged 20-69, who represented 84% of contacts to the program. However, individuals from across the life cycle make contact with the program, including pre-teenagers and teens, who represented 9% of contacts in the past quarter, to older adults, who represented

7% of contacts in the last quarter.

Noteworthy is that NYC Well is an important resource for individuals in the community who haven't been connected to treatment in the past. NYC Well Crisis Counselors spoke with 6,863 contacts who reported no prior history of treatment, which was (27%) of 25,588 who responded to questions about their treatment history this quarter. NYC Well Crisis Counselors made 13,923 referrals this quarter alone to programs and to crisis and support services. In addition, NYC Well spoke to 12,322 individuals who reported a history of outpatient treatment, indicating that they wanted a different service or something additional to what they were receiving, and saw NYC Well as a resource to help them find that additional service.

It is MHA-NYC's goal to ensure that all New Yorkers needing access to behavioral health services receive assistance at the time they need it, in the language that they speak, and in the modality in which they most wish to communicate. We are proud to be part of the ThriveNYC initiative, and look forward to continuing to partner with city leadership to increase access to, and the quality of, behavioral health care throughout New York City. Thank you for the opportunity to share an update on NYC Well, a life-saving resource for New Yorkers in emotional distress.



**Center for Alternative Sentencing
and Employment Services (CASES)**

ThriveNYC Testimony for the Committee on Mental Health,
Developmental Disability, Alcoholism, Substance Abuse
and Disability Services

Marketa Friedland, LCSW, CASAC

Tuesday, May 2, 2017
Council Chambers, City Hall, New York, New York

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CASES

Good Morning. Thank you all for taking the time to hear about my experience with ThriveNYC. I am Marketa Friedland. I am a Licensed Clinical Social Worker and a CASAC. I gained my Master's in Social Work from Hunter College in 2010 and have worked as a social worker and psychotherapist in a variety of social service agencies prior to coming to the Center for Alternative Sentencing and Employment Services (CASES). I have worked for two years as a Senior Clinician at CASES' Nathaniel Clinic, an Article 31 clinic, located in central Harlem with a unique focus on individuals with behavioral health needs and criminal justice involvement. I am currently working with the Center for Employment Opportunity (CEO) through the ThriveNYC initiative and the Connections to Care grant to provide CEO with onsite expertise and experience in the areas of mental health and substance abuse assessment and treatment.

CASES strives to increase public safety through innovative services that reduce crime and incarceration, improve behavioral health, promote recovery and rehabilitation, and create opportunities for success in the community. CASES tailors evidenced based, family focused and trauma informed services to each individual client's unique needs and strengths. CASES currently houses around 20 Alternative to Incarceration, Reentry and Behavioral Health programs and serves over 4,800 people annually across those programs.

CASES is also a member of the New York City Alternative to Incarceration/Reentry Coalition. The coalition's mission is to reduce crime, strengthen families and bring hope and opportunity to New York City's most underserved communities by providing a full spectrum of services for individuals involved in the criminal justice system. The coalition provides holistic services, including substance abuse services, legal services, housing services, mental health services and more, across all five boroughs for tens of thousands of individuals each year. As an organization and a member of the ATI Coalition, CASES appreciates the continued support provided by this Committee.

CASES' work highlights the importance of ThriveNYC. Fostering the discussion of mental health as a public health concern has the potential to dramatically reduce the number of individuals with serious mental illnesses who are punished through the criminal justice system, rather than cared for through the mental health system. ThriveNYC's 54 targeted interventions are beginning to create a safer and healthier New York City. CASES' clients and staff have already benefited from opportunities through Connections to Care (C2C) partnerships that connect community based organizations and access additional mental health professionals through the support provided by the New York Mental Health Service Corps (MHSC).

Specifically, the CASES and Center for Employment Opportunity (CEO) partnership forged through the ThriveNYC initiative and the Connections to Care grant has allowed CASES to share key information and knowledge in the areas of mental health and substance abuse assessment and treatment with CEO staff. CASES offers targeted trainings in areas including psychoeducation, substance abuse, mental illness, treatment options, and community resources. As a result of this information sharing and training, CEO has developed a more supportive and

CASES

motivational method of working with its clients. Clients report feeling safer and more willing to ask for help as they continue to define and work toward their goals. Through onsite client engagement and community referrals, including to CASES' Nathaniel Clinic, we are beginning to see improvement both in client-staff interaction and in clients' abilities to overcome barriers and challenges while facing various psychosocial stressors in their lives and in their communities.

Through our Connections to Care partnership with CEO, CASES promotes the ThriveNYC goals of raising awareness of mental illness, reducing stigma around mental illness, and highlighting the importance of understanding and incorporating cultural competency in clinical work with clients. CASES also fosters an ongoing discussion with CEO about the impact criminal justice involvement can have on an individual's ability to obtain and retain employment. Moving forward, CASES plans to focus on developing and implementing training around engagement in mental health services, particularly for youth. These discussions are made possible by the ongoing trainings developed by CASES, specifically for Connections to Care.

The New York Mental Health Service Corps (MHSC) initiatives focus on filling the gaps in mental health and substance use services throughout NYC by placing mental health clinicians, including social workers, psychologists, and psychiatrists, in high-need and underserved communities. These initiatives have benefitted CASES clients and staff directly. Clinical psychologist, Dr. Jahanara Ullah, has been placed at CASES' Nathaniel Clinic through the MHSC. She provides direct services, including individual psychotherapy, cognitive behavioral therapy and harm reduction, to uninsured individuals. She also provides specialized assessments using evidence-based tools (such as the DLA-20), violence and recidivism risk assessments, and care coordination. Her presence expands the number of clients CASES' Nathaniel Clinic is able to serve. She brings a robust knowledge of clinical methods that has benefited not only CASES' clients, but also CASES' staff.

CASES would like to congratulate the Mayor and First Lady on the ThriveNYC initiative. We see that this initiative is already having enduring impacts on the individuals receiving mental health services and on those providing mental health services. CASES believes the continuation of ThriveNYC will lead to additional benefits for our clients. ThriveNYC supports our efforts to identify vulnerable individuals who require care earlier and more comprehensively and creates additional opportunities to connect these individuals to appropriate services prior to or upon interaction with the criminal justice system. ThriveNYC's goal to destigmatize mental illness, reframe it as a public health issue and to develop systems to support this goal is a long range endeavor. We see ThriveNYC moving that ambitious goal forward in exciting and effective ways.

Thank you.

5/2/2017

To: Committee on Mental Health, Developmental Disability,
Alcoholism, Substance Abuse and Disability Services

My name is Dionna King, and I am the policy coordinator with the New York Office of the Drug Policy Alliance. Drug Policy Alliance's mission is to advance policies and attitudes that best reduce the harms of both drug use and drug prohibition, and to promote the sovereignty of individuals over their minds and bodies. Our staff knows that addressing problematic drug use will require comprehensive approaches and evidence-based solutions that can help save lives, reduce criminalization, and address racial disparities.

Thank you for inviting DPA to deliver testimony on New York City's comprehensive plan to provide services and reduce the stigma surrounding mental health and substance misuse.

A year into implementation of the Thrive NYC plan, essential resources were distributed to combat the increase in overdose-related deaths. Simultaneously, necessary public education on the health benefits of harm reduction practices to address substance use is occurring throughout the city. While these steps are encouraging, there are residents of New York City who remain inadequately served, namely the incarcerated, the homeless, and residents in communities of color

New York City is in the midst of an affordable housing crisis, which has led to a significant increase in the homeless population. Due to the lack of affordable, supportive housing, the shelter system has had to respond to an influx of people seeking shelter – a number of them are people with mental health needs and people who use drugs. New York City has prioritized naloxone training for shelter employees so they are able to respond to emergencies; while many have applied this training to revive a person experiencing an overdose, shelter residents have also been *discouraged* from administering



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naloxone to other residents, in some cases this has resulted in death that could have been prevented. Further, homeless people who are not in the shelter are dying in the streets from overdose. There were 61 homeless deaths due to overdoses in FY 2016, making it the leading cause of death among people who are homeless. This is an increase of 16 deaths attributed to overdose in FY 2016 from FY 2015. While it is important to train shelter staff, naloxone must also be made available to unsheltered people through peer-to-peer or community outreach.

Naloxone distribution can help address opioid-related deaths within the homeless population, but what is most important for individuals with mental health and/or substance misuse issues is access to stable, affordable housing. According to a study conducted by the National Center on Addiction and Substance Abuses, supportive housing was successful in reducing the use of, and costs associated with, crisis care services including shelters, detox centers, jail, and medical care. The city is continuing to respond to the increase in homeless population by building new emergency shelters. However, shelters are not long-term solutions nor are they conducive to meeting the needs of people with co-occurring disorders. In year two of Thrive NYC, securing barriers-free, permanent supportive housing for people experiencing problematic drug use, who have mental health needs, or who experience both must be central components of this public health plan.

Through the Thrive NYC plan, an additional 81 primary care prescribers have been successfully trained in prescribing and administering buprenorphine; while this is commendable, additional public education on the benefits of buprenorphine must be conducted in New York's communities of color. New York City has attempted to promote increased access to buprenorphine by encouraging physicians to become certified. Despite these efforts, buprenorphine patients are significantly more likely to live in high-income, predominantly white areas of New York City, while methadone

patients are significantly more likely to live in low-income, predominantly Black or Latino areas. While methadone maintenance is a viable treatment, patients administered buprenorphine experience improved retention, health, and social outcomes. As Thrive NYC enters its second year, and more doctors become trained in the administration of buprenorphine, New York City must prioritize the equitable distribution of prescribers who serve Medicaid recipients and patients in low-income communities. Further, outreach and mass public education on the potential benefits of buprenorphine must commence in communities of color to reduce the racial disparities in prescribing. Finally, Thrive NYC must adopt measures to address the population that is chronically underserved in matters concerning overdose prevention. For more than 30 years, opioid dependent detainees in the Rikers Island correctional facility have been offered medication assisted treatment through the Key Extended Entry Program, or KEEP. Thankfully, depopulating and closing Rikers Island is now a city mandate, but the KEEP program should be maintained and expanded in all of New York City's jails. Several New York City jails have adopted in-prison or re-entry harm reduction measures to mitigate the risk of overdose. However, there are still treatment gaps. In 2015, Queensboro Correctional Facility executed a naloxone pilot program for re-entrants. This commonsense measure should not only be adopted into policy, but also expanded in all of New York City jails. To paraphrase Dr. Ross McDonald, the director of New York City's correctional health program, every person who enters New York City's jails with an opioid addiction represents an opportunity for treatment, and the possibility of saving a life.

At DPA, we hope that in year two of the Thrive NYC plan more resources will be invested to further community-based treatment and harm reduction efforts and that effective and innovative ideas such as safe consumption sites and harm reduction housing will be embraced. The opioid crisis will wane in time, as drug crises have in the

past. Nevertheless, if New York City does not create the health and treatment infrastructure to appropriately respond to emerging drug issues, we will be ill prepared to handle the next crisis

Thank you.



Oversight - ThriveNYC Update

New York City Council Committee on Mental Health, Developmental Disability, Alcoholism
Substance Abuse and Disability Services

Testimony by

Christy Parque, President and CEO
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May 2, 2017

Thank you, Chair Member Cohen, for convening today's hearing of the Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services and allowing The Coalition for Behavioral Health to offer our thoughts on the Thrive NYC (Thrive) initiative.

The Coalition for Behavioral Health, Inc. (The Coalition) is the umbrella advocacy and training organization of New York's behavioral health community, representing over 140 non-profit community-based agencies that serve more than 450,000 consumers. Our members serve the entire continuum of behavioral health care in every neighborhood of New York City. Coalition members provide access to the range of outpatient mental health and substance use services, supportive housing, crisis intervention, peer support services, employment readiness, Personalized Recovery Oriented Services (PROS), Club Houses, education and nutritional services, as well as many other supports that promote recovery. The Coalition also trains on average 175 human services providers monthly on cutting edge and proven clinical and best business practices through generous support from the New York City Council, New York City Department of Health and Mental Hygiene (DOHMH), New York State Office of Mental Health OMH), and in conjunction with foundations and leaders from the behavioral health sector.

We are grateful for the opportunity to offer our thoughts on Thrive, the \$850 million (over four years) package of 54 initiatives that is the first comprehensive compendium of municipal funded programs not only in New York City, but in the nation.

Firstly, we laud this initiative for its strong grounding in data to drive the identification of the needs and the development to appropriate services to create strong and healthy individuals and communities.

I will focus my testimony on a few key areas of Thrive.

Mental Health Service Corp

The commitment to target skilled staff and resources to underserved and high need areas is an important goal that we support. However, our members have raised several concerns that lead us to believe that Thrive is not taking advantage of the existing dedicated members of the behavioral health professions. Our member organizations are concerned with the capacity and division of supervisory roles. There are also concerns about how the Corp members and agencies using their services are funded that should be resolved.

We recommend Thrive and The City invest in our existing hardworking, loyal and dedicated staff to ensure continuity of care in our programs. Retention and recruitment in the field continues to be a serious problem due to low and non-competitive wages and competition for staff who leave to work for better paying jobs in City government, hospitals, insurance and managed care companies. We hear from our members that positions are vacant for as long as a year with turnover rates pushing up to 50% annually.

- **We recommend that the City invest in contracted provider staff by increasing contract salaries, offering loan forgiveness, free licensing tutorials and support, and the same opportunities for trainings and clinical hours being offered to the Corp Members.**
- **The Coalition strongly supports the commitment of Thrive by its inclusion of a Work Force Summit and we encourage the funding and support for our workforce not be contained by the restraints of the Thrive budget but be seen as support for strong community based businesses with a workforce of 15,000 big hearted New Yorkers.**

NYC Well

We are proud of the good work of MHA-NYC and Beacon Health Options in bringing the very comprehensive and innovative NYC Well program to fruition. We think the inclusion and embracing of technology is setting the

standard for accessing and receiving much needed services care. However, we must be mindful that as the City broadly embraces these innovative and technology based solutions, the infrastructure of the community based providers and their contracts have not kept up with the costs of these kinds of interventions.

- **Our contracts overhead must reflect the costs and supports needed to innovate and embrace changing delivery and financing systems. Not only do we need concrete capital investment in hardware, software and tech upgrades but this means that the sector now needs to attract new and forward thinking staff such a data scientists, technology officers and quality assurance and compliance officers.**

Shelter Newborn Home Visiting Program & Staff Training

The expansion of the Newborn Home Visiting program to the NYC shelter system is a great proactive effort to support vulnerable infants and new mothers. Maternal depression has a very real and negative impact on child development should the mother's depression go untreated. To have the desired impact of holistically helping the 39,557 individuals and 22,392ⁱ kids in shelter we must provide comprehensive mental health and substance use disorder services across the age and family composition spectrum in the shelter system. After screening for depression, we must ensure that there are easily accessible on site or nearby resources for shelter residents to access services with their families. Essential to the success of these services is including and making available resources for onsite childcare to support the adults while they attend appointment. Unlike many single adult shelters, family shelters do not by and large have onsite behavioral health services or access to staff who are trained in these areas.

We also strongly recommend that the City begin immediately training our shelter staff, from security and maintenance staff all the way up to social workers and housing specialists, in the evidenced based practices of Trauma Informed Care and Motivational Interviewing techniques. This would help to transform the culture of the shelters and better support this hardworking and underappreciated workforce.

- **Last year The Coalition's Center for Rehabilitation and Recovery trained 1,448 key staff.** Our Center focuses training on staff of Personalized Recovery Oriented Services (PROS) programs. PROS is a comprehensive recovery oriented program for individuals with severe and persistent mental illness. The goal of the program is to integrate treatment, support, and rehabilitation in a manner that facilitates the individual's recovery. Goals for individuals in the program are to: improve functioning, reduce inpatient

utilization, reduce emergency services, reduce contact with the criminal justice system, increase employment, attain higher levels of education, and secure preferred housing.

- The Coalition's other training initiatives like the Professional Learning Center, *thanks to Council support*, **trained 2,086 individuals in over 140 trainings on well over 50 different topics** all of which would benefit the homeless services sector.
- **Create a training institute for shelter staff.**

We have outreached state and city partners to offer our assistance to create a training academy, similar to our OMH funded training center for PROS providers, to facilitate the expansion of these trainings to include these homeless services sector.

Engagement With Community Resources & Maximizing Existing Services

While Thrive is a comprehensive program intended to support the range of mental illnesses, and the many populations it affects, Thrive is, for the most part, broadly applied across the City's population. Experience has taught us that mental health supports and the access to those supports, are more effective and more available when tailored to unique populations. And, while Thrive includes initiatives for special populations, such as new mothers, homeless families and homeless youths, and seniors, it has yet to target outreach and funds to other vulnerable populations, such as the LGBTQ of all ages, criminal justice and disabled communities. Fortunately, these populations are currently being served by existing programs and wisely, DOHMH and the Community Services Board has created subcommittees to address the needs of these communities going forward.

We must be wary of duplicating services or programs where similar existing programs may exist. We know that one of our member agencies has more than ten programs that they believe are comparable to Thrive programs. The Coalition believes coordination between the City and these community programs would be cost effective and ensure that culturally appropriate services remain in the community to serve specialized and often hard to reach populations. Also, several of our member organizations have been approached to receive referrals from Thrive initiatives but the referrals haven't happened.

- **We must strive to better use and engage underutilized and under resourced programs in the Thrive Initiative.**
- **We welcome the opportunity to engage with The City to identify opportunities to expand the already far reaching goals and vision of THRIVE.**

Community Services Board

I am happy to share that through my participation as a community services board member and chair of the LGBTQ committee, I have been impressed and inspired by the community stakeholders, including City agencies, in their commitment to addressing both short and long and long term needs. We will report out as we set our goals and develop our work plan.

Mental Health First Aid

The Coalition is proud to have Mental Health First Aid trainers on staff and to be offering these powerful trainings to our members and communities. We trained 126 people in 2016, and will facilitate at least 4 more classes through 2017. We laud the City Council's commitment to combatting Stigma and becoming change agents by attending last year's Council Mental Health First Aid training and encourage you to make this an annual summer traditions for members and their staff.

Finally, we congratulate First Lady, Chirlane McCray, Deputy Mayor Buery and Dr. Gary Belkin on creating the bold vision and roadmap for New York as it leads the way in addressing the broad needs of New Yorkers by creating the long term and concrete solutions contained in Thrive.

Thank you for this opportunity to testify this afternoon.

Respectfully Submitted,

Christy Parque
President & CEO
The Coalition for Behavioral Health, Inc.

¹ <http://www1.nyc.gov/assets/dhs/downloads/pdf/dailyreport.pdf>

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(PLEASE PRINT)

Name: Joanna King

Address: 1338 7th Ave.

I represent: The Drug Policy Alliance

Address: 330 7th Ave

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I represent: My self

Address: _____

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Address: 50 E 127 St PH7

I represent: The Legal Aid Society

Address: 199 Water Street, 3rd floor, NY, NY 10038

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Name: Christy Pargue

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I represent: 1123 William St

Address: NY NY 10038

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Name: DJ Jaffe / Mental Illness Policy Org

Address: 50 E 129 St PH7

I represent: Mental Illness Policy Org

Address: SAME

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Name: Lisa Furst

Address: 50 Broadway, 19th Floor, NY, NY 10004

I represent: Mental Health Association of NYC

Address: Same as above

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Name: Stephanie Cabral

Address: 185 East 206th St #6B BX NY 10458

I represent: Center for Employment Opportunities

Address: 50 Broadway, Suite 1604, NY NY 10004

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Name: Francisco Hernandez

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I represent: Center for Alternative Sentencing & Employment Services

Address: 2090 Adam Clayton Powell Jr. Blvd (CASES)

New York, NY 10027

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Address: Exec Deputy Commissioner

I represent: DOHMH

Address: _____

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Name: DM Richard Barry

Address: _____

I represent: Mayor's Office

Address: City Hall

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Name: First Lady Chirlane M. Cray

Address: City Hall NYC

I represent: Mayor's Office of NYC

Address: City Hall

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