



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Michelle Morse, MD, MPH
Acting Health Commissioner

Testimony

of

Jamie Neckles
Assistant Commissioner, Bureau of Mental Health
New York City Department of Health and Mental Hygiene

before the

New York City Council

Committee on Mental Health, Disabilities and Addiction

On

Int. 986-2024, Int. 989-2024, Int. 996-2024, Int. 1103-2024

November 25, 2024
Committee Room – City Hall
New York, NY

Good morning, Chair Lee and members of the Committee. I am Jamie Neckles, Assistant Commissioner for the Bureau of Mental Health at the New York City Department of Health and Mental Hygiene (the Health Department). Thank you for the opportunity to testify today on Introduction 1103 of 2024 – proposed legislation regarding outreach following violent and traumatic events.

The Health Department has concerns regarding this legislation. We understand that violent and traumatic events take a serious emotional and physical toll on individuals and communities. The Health Department supports a wide array of mental health services – 988, mobile crisis teams, youth mental health services in schools, Teenspace, and much more. The Health Department is constantly working behind the scenes to better understand community needs and tailor our response system.

Introduction 1103 was introduced on November 13th. We have reviewed the legislation but have had little time to discuss with our agency partners.

Generally, we have concerns about implementing a one-size fits all response to traumatic events. Each person and situation is unique. We recommend an approach that offers choice and control to the person who experienced the trauma. This could be done through 988 NYC palm card that encourages New Yorkers to call, text or chat with NYC 988 counselors or peers if they need someone to talk to following a traumatic event. NYC 988 is available via talk, text and chat any time of day, every day of the year. 988 counselors and peer support specialists are trained to listen, provide emotional support and help to identify the next best step for each unique situation.

For many people, confidential, telephonic support feels safe, and is a convenient way to cope with their distress. They can talk, text or chat as long as they want and reach back out as needed, whenever they want. In discussion with a 988 counselor, the person can be connected to the full array of mental health services available in our City. Some people may benefit from in-person de-escalation by a mobile crisis team that can respond within a few hours citywide. Still others may prefer a referral to a support group or mental health clinic in their neighborhood. Every situation is unique, people have different preferences so we provide options.

The Health Department is deeply committed to supporting the mental health of New Yorkers We recommend a person-centered, trauma informed approach to mental health care that offers people choices. The most effective way to do that is to encourage people to contact a NYC 988 counselor or peer when they want to and how they want to. In conversation with NYC 988, they can share their story, be heard, learn coping skills and be connected to the services that meet their needs and preferences.

**Testimony of Office of School Health Jointly with NYC Department of Health & Mental Hygiene and NYC Public Schools
Before the NYC Council Committee on Mental Health, Disabilities, and Addiction**

November 25, 2024

Testimony of Dr. Erica Lynne Smith, Director of School Mental Health

Good morning Chair Lee, and members of the Committee on Mental Health, Disabilities, and Addiction. My name is Dr. Erica Lynne Smith, and I am the Director of the School Mental Health (SMH) program, within the Office of School Health (OSH), a joint office in New York City Public Schools and the Department of Health and Mental Hygiene (The Health Department). Thank you for the opportunity to discuss Intros. 986, 989, and 996 regarding supports around student wellness. I am joined today by Marnie Davidoff, Assistant Commissioner for the Bureau of Children, Youth, and Families (CYF) at the Health Department, and Beverly Logan, Executive Director of Counseling Supports and Amallia Orman, Director of Student Voice from the Office of Safety and Youth Development at NYC Public Schools. I am also joined by my colleague Jamie Neckles, Assistant Commissioner for the Bureau of Mental Health at the Health Department, who will be addressing Introduction 1103 in her testimony. We greatly appreciate your continued partnership in supporting our students, families, and schools.

Before I discuss the proposed legislation, I want to provide a landscape of what school mental health programming looks like today across NYC Public Schools.

The Office of School Health's School Mental Health Program (SMH) works with schools in a variety of ways. We partner with multiple offices at NYCPS at the local, district and central level and share our mental health expertise to design and implement services that meet the unique needs of each school. Complementing the work that NYCPS has done with over 5,000 school social workers, SMH works with external partners to bring clinical mental health to schools. We work directly with 548 schools and oversee any mental health provider delivering services onsite. We oversee the contracting, operations, and delivery of mental health services. We assist providers and schools in translating policies that impact delivery of mental health services including fiscal sustainability of partnerships. We are involved in the establishment and licensure process for Article 31 clinics in partnership with our Children, Youth and Family colleagues in Mental Hygiene and our NY state partners in the Office of Mental Health. There are over 200 Article 31 clinics serving over 150,000 students with more pending approval. Once approved these clinics will serve thousands of additional students.

Services are offered through Article 31 clinics or community-based organizations (CBOs) that employ mental health professionals licensed to address treatment and supportive needs. Clinics

provide traditional outpatient mental health services in schools. These clinics provide treatment from Licensed Mental Health Professionals and provide a range of individual, group and family treatment interventions. Services are provided to address different needs across three tiers of services: Targeted, Selective, and universal services.

1. Targeted services meet the needs of students that have a diagnosable mental health disorder that require intensive and specialized interventions and supports.
2. Selective services are intended for students that may be presenting or at-risk of developing symptoms associated with a mental health diagnosis. Many of them are preventive and reduce the risk of the development of a diagnosable mental health disorder. These services can be provided alone or function as a support to other interventions. These services can include learning how to regulate emotions or supportive counseling.
3. Universal services are more generalized, are provided school-wide, and can include services like presentations, and professional development for teachers.

There are unique challenges and opportunities that exist when providing services in schools. SMH emphasizes to our partners the importance of incorporating all three tiers as part of a comprehensive approach when delivering mental health services in schools.

As I mentioned earlier, we work hand in hand with the Health Department's Division of Mental Hygiene's Bureau of Children, Youth and Families and the NYCPS Office of Safety and Youth Development. CYF and OSH collaborate closely on the process involved in opening a licensed mental health clinic in a school. Providers seeking State licensure to open a school-based clinic require a letter of support from the local government. While CYF reviews the provider's application, OSH assesses the school's need and readiness for a satellite clinic and provides implementation support in the delivery of onsite services. We also partner with the Office of Safety and Youth Development (OSYD) in an advisory capacity and assist in furthering their work in the areas of crisis prevention and intervention and suicide prevention. In the schools we work in we partner with all NYCPS supportive staff including school social workers and guidance counselors.

I will now turn to each of the bills, except Int. 1103 which Jamie will address.

Overall, we appreciate the Council's interest in the topic of wellness and the value of bringing student voice to the conversation. We look forward to having further discussions on how to best accomplish this goal.

Intro 989 would require the Health Department to create a student wellness club toolkit and make it available to NYC Public Schools middle and high schools. The Health Department is already tasked with creating materials for the public. We can advise on content for the development of a toolkit and we look forward to having a conversation with Council on how to

best accomplish this goal. NYCPS could distribute the toolkit as they see fit for their school communities.

Intro 986 would require the Health Department to develop a pilot program to involve mental health professionals in student wellness clubs in NYC Public middle and high schools.

The Health Department provides oversight and expertise in clinical mental health supports in schools so we can speak to the clinical workforce aspect of the bill. Relying on a volunteer workforce to fulfill a mandate could pose significant challenges to implementation, and raises issues related to safety and fair compensation. Student clubs are organized on a school-by-school basis and reflect the unique interests of the student body and staff capacity to organize and oversee these activities. However, OSH has begun conversation with organizations that run student wellness clubs with a mental health focus. These organizations are currently going through our standard processes to ensure student safety and privacy. These are evidence-based models that assist schools and students in establishing clubs that promote education and destigmatization of mental health topics in a manner appropriate to students. We are at the beginning stages of small pilots to understand how these models work in NYCPS. We look forward to sharing the outcomes of these pilots at a later time.

I will now speak to Introduction 996, which would require the Health Department to develop and offer a peer-to-peer mental health training program in schools, and NYC Public Schools to distribute information to students on such program. Peer support programs should complement rather than substitute for clinical services provided by trained mental health professionals. The Health Department understands the value of peer support programs for youth mental health as part of a comprehensive approach. NYCPS is seeing excitement from students who want to do the work, because they understand the importance of their own mental health and engaging with fellow students. The 2023-24 Chancellor's Student Advisory Committee (CSAC) in partnership with NYCPS staff, recommend the development of peer-to-peer programs facilitated by a School Counselor or mental health professional. We look forward to speaking with Council to determine ways forward for student proposals like this to come to fruition, ways to support promising peer-to-peer programs currently in pilot phase, through processes in which students feel seen and heard.

The Office of School Health, the Health Department, and NYC Public Schools are committed to supporting the mental health and well-being of our students. Thank you for the opportunity to testify today. We look forward to collaborating with the Council and NYC Public Schools to strengthen youth mental health initiatives. I am happy to answer any questions.



Shannon Edwards | AI For Families | shannon@aiforfamilies.com

November 26, 2024

Dear Chair Lee, Chair Joseph, and the additional members of the Committee on Mental Health, Disabilities and Addiction.

My name is Shannon Edwards. I am a mother of two teenagers and a digital marketing consultant with a focus on data privacy, cybersecurity, and responsible AI. I've spent more than two decades in the consumer technology industry, with extensive experience on the commercial side of data-driven businesses. Additionally, I am a Certified Ethical Emerging Technologist (CEET) and hold a number of certifications related to cybersecurity and AI governance.

On Sept. 10, I joined the Parent Coalition for Student Privacy and the NY Civil Liberties Union in sending a letter to the Mayor, the Department of Education Chancellor, and the Commissioner of Health, expressing our deep concerns with the way in which Talkspace allows for sharing users' personal information with third parties for marketing purposes in a manner that would be illegal if the contract was signed by the Department of Education rather than the Dept. of Health.¹

This letter followed months of requests that I had made to the DOE imploring them to consider the role the department was playing in the promotion of a partnership that was not only legally dubious but entered into with a company known for its aggressive data collection practices.²

Data is in demand today like never before, creating a serious data privacy risk for our children.

While addressing the mental health of our teens is a valid and welcomed endeavor, the type of data these interactions generate is of grave risk for misuse, theft, and future damage to our children.³

Talkspace clearly states in its privacy policy that every piece of information collected during the platform's registration process is available for marketing purposes.⁴ As it relates to the Teenspace partnership this includes: name, address, date-of-birth, school, and a set of personal and invasive questions related to why a child is considering the service. Additionally, an October 2024 audit we had conducted of the ad marketing tools embedded on the NYC-specific registration pages found more than 60 cookies and trackers including Snapchat, Meta, TikTok, LinkedIn, Google and more.

The data shared with social media companies was recently exposed by the Federal Trade Commission⁵ as 'vast' in scope and without the safeguards required to protect consumers, and in particular, kids:

¹ <https://studentprivacymatters.org/privacy-concerns-about-nycs-promotion-of-the-teenspace-online-counseling-service/>

² <https://foundation.mozilla.org/en/privacynotincluded/talkspace/>

³ <https://pmc.ncbi.nlm.nih.gov/articles/PMC9643945/>

⁴ <https://www.talkspace.com/public/privacy-policy>

⁵ <https://www.ftc.gov/news-events/news/press-releases/2024/09/ftc-staff-report-finds-large-social-media-video-streaming-companies-have-engaged-vast-surveillance>



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“A new Federal Trade Commission staff report that examines the data collection and use practices of major social media and video streaming services shows they engaged in vast surveillance of consumers in order to monetize their personal information while failing to adequately protect users online, especially children and teens.”

A privacy disaster is a looming that should be addressed with urgency before moving forward with any similar partnership.

Unfortunately, the fact that the Teenspace partnership has continued as is for twelve months despite my initial outreach in the Spring, and the subsequent well-referenced and substantiated concerns delivered in two letters with the Parent Coalition for Student Privacy and NYCLU since September, makes it difficult to see how families could have confidence in the city pursuing any additional mental health partnerships.

It’s a widespread and largely unaddressed issue that is surely to get worse in the years to come.

In 2023, Internet Safety labs looked at 1,357 apps used in schools, including many of those available and required in New York City Schools. The organization found that a ***staggering 96% were deemed “unsafe”*** because they shared information with third parties and/or contained ads.

The organization’s founder, Lisa LeVasseur, said: *“It’s like pulling a thread” ... “Even data that may seem innocuous can be used maliciously, potentially—certainly in ways unanticipated and undesired. These kids are not signing up for data broker profiles. None of us are, actually.”*⁶

Commercial entities will continue to exploit their relationship with the “nation’s largest public school system” for investor appeasement, venture funding, and ultimate financial gain.

Just six months after the partnership’s launch, Talkspace touted in their investor transcript call the benefits of working with the nation’s largest cohort of teens: *“Moving to our Direct to Enterprise segment. We grew revenue in the quarter 20% year-over-year to \$9.6 million, driven by our team’s initiatives, including New York City.”*⁷

These high-stakes financial dynamics will continue to put pressure on schools trying to determine the appropriateness of apps and platforms to introduce to their classrooms. And when we layer on the additional risks inherent with mental health data, this issue should be considered with urgency.

With my fellow privacy advocate Leonie Haimson, I also ask that this partnership is halted until a proper review can be conducted and changes made, and that this is completed before any additional endeavors are explored in this space.

Thank you for this opportunity to share my written testimony.

Shannon Edwards | aiforfamilies.com | nylondon.biz

⁶ “Districts, Take Note: Privacy Is Rare in Apps Used in Schools,” Education Week, July 2023, <https://www.edweek.org/technology/districts-take-note-privacy-is-rare-in-apps-used-in-schools/2023/07>

⁷ <https://investors.talkspace.com/news-and-events/events-and-presentations>

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**Testimony by the Arab-American Family Support Center
New York City Council Committee on Mental Health, Disabilities, and Addiction
November 24, 2024**

At the Arab-American Family Support Center (AAFSC), we have dedicated ourselves to creating an inclusive safe haven for immigrants and refugees since 1994. We promote well-being, prevent violence, and prepare families to learn, work, and succeed. Our organization serves all who are in need, but with over 30 years of experience, we have gained cultural and linguistic competency serving New York's growing Arab, Middle Eastern, North African, Muslim, and South Asian (AMENAMSA) communities. Our staff speak over 30 different languages – including Arabic, Bangla, Hindi, Spanish, and Urdu – enabling us to serve populations that mainstream providers struggle to reach. Through our comprehensive and complementary programming, AAFSC prioritizes wraparound support for all clients and community members, including mental health programming and individual counseling.

As countless members of the AAFSC community grapple with the uncertainty of their families' safety and well-being in their home countries and confront deep-seated historical trauma reignited by the events of the past year, the local climate of hostility in NYC and nationwide adds an additional dimension of distress to the already precarious emotional state of our communities. As immigrants and refugees across NYC face heightened discrimination, hate crimes, and acute financial insecurity, we recognize the need for community-centered, trauma-informed support is essential and direly needed in our city's response to and handling of police responses to violent incidents in the community.

Despite the rise in hate crimes and bias incidents, AAFSC frequently encounters cases where victims are reluctant to report their experiences for fear of subjecting themselves to further traumatization by the police, as well as the perception (and, too frequently, the reality) that reporting their experience to law enforcement does not come with any benefit to themselves or resources to alleviate the pain of their situation. As a result, community-based organizations like AAFSC are utilized as first responders to these events. While the presence of community care in these incidents is essential, the lack of adequate police response to crimes against our communities represents a failure to our city's duty of care, and, practically, means that hate crimes and other incidents are grossly underreported, rendering these experiences invisible in crime data, which consequently undermines efforts to allocate resources or enact policies to address what we know to be a widespread issue. Coupling law enforcement support with mental health resources is critical to rebuilding trust between communities and the public systems that exist to serve them and can ensure those impacted by crimes have access to the resources they need.

Furthermore, AAFSC strongly advocates that City Council recognize the need for implementation of this legislation to account for the cultural and linguistic needs of the communities they will be supporting and to ensure outreach to affected community members is linguistically accessible and leverages the community-based mental health service infrastructure that can offer tailored services and wrap-around care.

We recognize that for communities to truly thrive, mental health support should be in plentiful supply and accessible to all, with the power to wholistically improve community safety. While AAFSC and our fellow community-based organizations continue to advocate for this to become a reality (which will

require an increase to mental health funding), we acknowledge that passage of Int 1102-2024 and acts to better integrate our law enforcement and public health systems is an important step in the right direction.

Thank you for your consideration. The Arab-American Family Support Center stands ready to collaborate with you to ensure that the most vulnerable among us can thrive.



Asian American Federation

Testimony to the Committee on Mental Health, Disabilities and Addiction

November 25, 2024

Written Testimony

Thank you, Committee Chair Linda Lee for the opportunity to provide testimony. I am Amber Song, Senior Program Coordinator at the Asian American Federation (AAF). We are a leadership organization that proudly represents the collective voice of more than 70 member nonprofits serving 1.5 million Asian New Yorkers.

Asian American Mental Health: Current Landscape

Asian Americans are one of the fastest-growing populations in New York City. Comprising 1,525,851 individuals – 17% of the city’s total population – Asian Americans are diverse in ethnicity, languages spoken, socioeconomic status, and immigration status. About 66% of Asian Americans are foreign-born, and 44% have limited English proficiency, reflecting the lack of access to resources for many households. Concurrently, Asian Americans face a myriad of mental health concerns; in New York State, suicide is the second-leading cause of death for Asian Americans ages 15-24, and the third leading cause for Asian Americans ages 10-14 and 25-34. Research has also indicated that Asian Americans experience higher rates of depression as compared to White Americans. Despite these mental health concerns, Asian Americans are less likely to seek help for these issues. Studies show that only 2% of Asian Americans will discuss depression symptoms with their primary care provider, and the New York Mayor’s Office of Community Mental Health reports that a majority of Asian New Yorkers with depression symptoms do not seek help for their mental health. Additionally, Asian New Yorkers continue to deal with a historic increase in anti-Asian violence, perpetual economic insecurity, and the accompanying stress and anxiety.

AAF’s Mental Health Programming, Research, and Advocacy

AAF has dedicated its efforts to mental health advocacy, research, and programming to significantly improve mental healthcare access for the New York Asian community since 2017. In 2022, AAF released its online mental health directory that highlights New York mental health providers who have the cultural knowledge and language skills to serve Asian communities – the first-ever database of its kind. We have continued to expand this directory over the past two years, and to date have more than 500 providers available in the system.

In February 2024, we released a mental health report, Seeking Help, Finding Hope, to highlight mental health challenges in the Asian community. AAF collaborated with 15 Asian-led, Asian-serving partner organizations to collect data from 543 Asian New Yorkers speaking 10 unique languages and coming from 23 different ethnic backgrounds. We found that a majority of survey participants experienced feelings of isolation or anxiety to some extent or greater, and reported mental health symptoms such as fatigue, insomnia, headaches, loss of appetite, and heart palpitations over the last year. Consistent with the research as described above, the report also highlighted only 21% of survey respondents with mental



Asian American Federation

illness received mental health treatment, and they were less likely than other racial groups to receive treatment for their mental health concerns.

In June 2024, we also created the first-ever, comprehensive Asian American Mental Health Hub, an online resource to increase access to mental health data, services, and resources that are tailored to the pan-Asian community in New York.

AAF has also been successful in mobilizing our member and partner organizations to advocate the mental health needs of the New York pan-Asian community. The Asian American Mental Health Roundtable is a coalition of 12 Asian-led, Asian-serving organizations convened by AAF to encourage dialogue and collaboration around addressing challenges, creating solutions, and sharing resources on the topic of culturally competent mental healthcare access for Asian New Yorkers. In partnership with the Roundtable, AAF created a policy agenda that identifies gaps and barriers to access to mental healthcare for Asian New Yorkers and makes recommendations to policy makers, legislators, funders, and the City of New York to help them make informed decisions on how to advance equity and inclusion in mental health policies and practices for Asian New Yorkers.

How Int-1103 Can Help Asian Communities

Int-1103-2024: Community Outreach Regarding the Availability of Mental Health Counseling in Response to Violent and Traumatic Incidents was introduced on November 13th, 2024. The proposed legislation would require that the Police Department, within 24 hours of a determination that a violent or traumatic incident has occurred, notify the Department of Health and Mental Hygiene (DOHMH) of such incident. A violent or traumatic incident means an act or series of acts causing serious physical injury or death, including but not limited to gun violence or suicide. Upon receiving notice of a violent or traumatic incident, DOHMH would be required to conduct outreach to affected community members regarding the availability of mental health counseling and other social services from City agencies and City-funded non-governmental organizations.

Tragedies among the New York Asian community, such as the murder of Christina Yuna Lee, Michelle Go, Win Rozario, and countless others have shown how community members can be left reeling after such traumatic and violent incidents. Without the proper mental health and social support, the Asian American community – who already face a host of mental health and mental healthcare access concerns – can experience worsened mental health after these incidents. It is important that community members are able to access the appropriate resources that they need to heal from community tragedies.

Recommendations

We urge the City Council, as well as members of the relevant Committees and City agencies to consider the following recommendations as the City evaluates the passage of Int-1103-2024.



Asian American Federation

1. Ensure that the specific mental health needs of the Asian community are met when mental health and social service resources are provided to the community in the event of a traumatic or violent incident.
 - a. We implore the relevant agencies – the Department of Health and Mental Hygiene, and the NYPD – ensure that the social and mental health resources are linguistically accessible to Asian communities by translating materials into commonly spoken Asian languages and ensuring the translations are culturally relevant and reflect linguistic connotations and nuances. This also involves holding these agencies accountable for compliance with Local Law 30, a New York City law adopted in 2017, to ensure that all New Yorkers have access to city services, regardless of their English proficiency.
 - b. As seen by our Asian American Mental Health Roundtable, culturally and linguistically competent resources build trust among Asian community members and reduce stigma against mental health, resulting in increased access to care. The City and relevant agencies must ensure that materials and services recommended and promoted to community members in the aftermath of a traumatic/violent incident are linguistically and culturally competent for Asian New Yorkers.
2. Ensure that the City and Police Department prioritizes and works directly with Asian-led, Asian serving CBOs, like the organizations in our Asian American Mental Health Roundtable, as DOHMH alone cannot provide the needed culturally and linguistically competent mental health and social service resources to the Asian community.
 - a. Our Asian-led, Asian-serving Roundtable organizations have the tools and staff to provide culturally and linguistically competent care to the Asian community, serving 18 different ethnic groups and speaking 32 different languages.

Given community-based organizations' (CBOs') close ties with community members, forged by years of working deeply within Asian communities, they know how to best outreach to Asian New Yorkers about mental health services and resources. DOHMH should provide these organizations with adequate funding to lead on communication with community members and to provide mental health and social service resources to ensure that the Asian population is appropriately reached.

Oftentimes, our Roundtable partners will receive referrals from mainstream City agencies, such as DOHMH, to provide mental health services to Asian communities with no additional funding. As Council Members consider the passage of the proposed legislation, we call on the City to work **directly** with Asian-led, Asian-serving organizations who have a track-record of providing culturally and linguistically competent mental health services. We implore that the direct pipeline to CBOs, in the aftermath of the NYPD determining the occurrence of a traumatic or violent incident, be defined clearly in the legislation. The legislation should clarify and define that CBOs be among those who are providing services and resources with increased funding to do so.



Asian American Federation

- b. The City must also ensure that the relevant departments and agencies appropriately support CBOs as they lead on delivering services and resources. This includes the departments undergoing cultural sensitivity training to better understand the communities CBOs are serving, providing flexibility to CBOs to provide resources and services in a responsive manner, providing training opportunities to build up the capacity of nonprofits, and reducing reporting responsibilities, when possible.
 3. Ensure that the City invests in Asian-led, Asian-serving CBOs so they can continue to provide culturally competent and linguistically competent care.
 - a. We urge the City to allocate funding in the City's budget to provide Asian-led, Asian-serving CBOs with directed funds to build their capacity and services. The referral of clients through Int-1103 to community-based providers would increase the demand on these already overburdened organizations and place a strain on the already-scarce culturally and linguistically competent resources, which leaves marginalized communities, especially those with limited English proficiency, unable to access the mental health care they need.
 - b. The City should prioritize investing in preventative mental health treatment to address the mental health needs of vulnerable populations, such as the Asian community, who may be more susceptible to mental health issues in the aftermath of a traumatic or violent incident. While our Asian CBOs are the best option for Asian New Yorkers to access mental healthcare services, these organizations continue to be underfunded and overburdened with addressing the urgent mental health needs in the community daily.

Thank you for the opportunity to testify on this crucial matter, and we look forward to working with the City as it works to address and support the mental health of the most vulnerable New York communities.



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Testimony in Support of Expanding Mental Health Support in Schools

November 26, 2024

To the Committee on Mental Health, Disabilities, and Addiction:

My name is Molly Senack, and I am testifying today on behalf of the Center for Independence of the Disabled, New York (CIDNY) as their Education and Employment Community Organizer. This testimony is supported by Sharon McLennon Wier, Ph.D., MEd., CRC, LMHC, Executive Director of CIDNY.

Too often, efforts to protect the safety and wellbeing of New York City students have excluded mental healthcare, leaving students with mental health-related disabilities (e.g. anxiety, PTSD, ADHD, etc.) particularly vulnerable. The NYC public school system has faced widespread and ongoing shortages of school psychologists, social workers, and guidance counselors. It averages one social worker for every 456 students and one guidance counselor for every 277 students. The national guidance says the ratio for both should be 1:250, or 1:50 if the students present with higher needs. As a result, many students have spent their adolescence with limited access to the help they need. The impact of this can be severe: in 2021 the National Center for Education Statistics found that students with disabilities were more than twice as likely to drop out of high school as their nondisabled peers (10.7% vs 4.7%).

Meanwhile, students today are experiencing trauma at unprecedented levels. More than 8,600 NYC children lost at least one parent to COVID-19, the number of students living in temporary housing has gone up, students who are the children of asylum seekers must cope with drastic changes: in environment, culture, language barriers, and, often, PTSD. All students are navigating the social, emotional, and intellectual demands of school with the added burden of the pandemic's interruptions of their personal development and learning.

The effects of these factors are clear, and they are devastating: a NYC Department of Health Survey found that approximately 9% of the City's high school seniors reported they attempted suicide in 2021, and the rate of chronic absenteeism (where a student misses at least 10% of school days) was 36% during the 2022-2023 school year.

NYC Council is currently considering several pieces of legislation that will expand mental healthcare programs in New York City public schools, and will therefore, improve the lives of the students, especially those with disabilities who need that support:

- **Int 0986-2024**, which will develop a pilot program to involve mental health professionals in student wellness clubs.
- **Int 0989-2024**, which will develop toolkits and informational materials on student wellness and mental health for student wellness clubs.
- **Int 0996-2024**, which will require the creation of a peer-to-peer mental health training program.

- **Int 1103-2024**, which will improve community outreach regarding mental health services available to students after a traumatic event.

There is no question that students in NYC are experiencing a mental health crisis. Passing these bills will provide more access to mental healthcare in our schools: they will expand training, resources, and awareness. This is critical to protecting the safety, wellbeing, and opportunities for optimal personal growth and learning of our students, particularly those with disabilities.

Thank you for your time.

Sincerely,

Molly Senack (She/Her)
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New York City Council Fiscal Year 2025

Executive Budget Hearings

Committee on Health and Committee on Mental Health, Disabilities, and Addiction

November 27th, 2024

Testimony of Miral Abbas, Health Partnerships Coordinator

Coalition for Asian American Children and Families

Good Afternoon, my name is Miral Abbas, and I am the Health Partnerships Coordinator at the Coalition for Asian American Children and Families, or CACF. **I'm here today to urge the Council to pass legislation 1103-2024 and consider an increase in funding for Access Health NYC.** This bill will uplift community-based organizations who conduct vital, on-the-ground health outreach to hard-to-reach communities to address mental health and other pertinent matters.

I'd like to thank the Health Committee Chair Lynn Schulman and members of the Health Committee; as well as the Chair Linda Lee and members of the Committee on Mental Health, Disabilities, and Addiction for their extraordinary commitment to making sure New Yorkers can access the health services they need, and for supporting Access Health NYC for over 9 years.

Access Health NYC is a city-wide initiative that supports 37 community based organizations across all 5 boroughs of NYC and enables community organizations to provide education, outreach, referrals & assistance to hard-to-reach populations about accessing vital healthcare, such as those who are uninsured, who are undocumented, who have limited English proficiency, have disabilities, are LGBTQ+, and who are unhoused. Access Health is led by 4 key agencies that train, evaluate, and provide guidance to Access Health organizations, one of which is CACF, the Coalition for Asian American Children and Families.

CACF is the nation's only Pan-Asian Children and Families' advocacy organization. Our mission is to advocate for equity and opportunity for marginalized AAPI children and families. Every day,



we work with our 90+member organizations, youth and parent leaders, and community allies to push for systemic changes and vital resources to support New Yorkers that struggle the most.

Access Health’s Awardee organizations primarily serve Asian American Pacific Islander and Middle Eastern (AAPI/MENA) communities, by providing necessary language accessibility and culturally sensitive resources and programs. Access Health gathers a plethora of accessible health, legal, housing, and many more resources, to help a variety of community members.

Over multiple years, Access Health NYC has allowed community-based organizations that have built trust and are culturally responsive and language accessible, to provide critical services to local community members. **Uplifting organizations, such as those under Access Health NYC, is a step towards equitably addressing health disparities and bridging gaps for historically marginalized communities.**

As aforementioned, Access Health NYC serves numerous, hard to reach communities, many of whom face higher rates of marginalization, and hate crimes. In 2023 alone, there were 669 hate crimes reported in New York City, a number that has risen from the past 2 decades. More than half of these hate crimes were motivated by racial or LGBTQ+ bias; most individuals who resonate with the communities that Access Health NYC Awardees serve. Hate crimes impact not only those directly hurt, but also individuals who identify with those impacted by the crime. Witnessing these hate crimes can lead to feelings of uncertainty and adverse mental health outcomes.

According to Access Health NYC’s fiscal year 2024 evaluation data, **75% of Awardee organizations provided mental health education programs, and mental health was one of the largest impacts in their community. Awardees reported that there was a deep need for culturally appropriate mental health support, especially among immigrant communities.**

Community members often turn to their respective community organizations for mental health services given their cultural and linguistic responsiveness, and above all, the built trust they have in them. Community-based organizations understand their community members’ mental health struggles, and accordingly provide informed programs and tools that support those both directly and indirectly affected by hate crimes and any forms of discrimination.



Passing legislation 1103-2024 will allow community-based organizations like those from Access Health NYC, to effectively provide mental health outreach services in times of crisis, in effective manners. It is imperative that the Department of Health provide clear avenues of support, and rely on accessible resources that may aid those in times of crisis. This legislation will ensure stronger communication between health institutions and community-based organizations, who are better equipped and well-situated to support the mental health needs of historically marginalized communities. This initiative provides an opportunity to encourage this communication, while uplifting NYC's community-based organizations who are experts in providing mental health services, and ready initiatives such as Access Health NYC.

As aforementioned, Access Health NYC Awardee organizations are critical in providing a range of holistic and accessible resources to numerous hard to reach communities, and despite their immense work especially since the Pandemic, the initiative has received no increases in funding. Almost all organizations reported expending more resources than they had received from Access Health on staffing vital health outreach programs. **Access Health organizations are vastly under-funded for the important work they do.** Access Health NYC organizations serve at the front line, and given their knowledge and roots in the communities they serve; its imperative that we increase funding of initiatives that effectively reach NYC's many diverse and hard to reach communities. **An enhancement to Access Health NYC will ensure that the City can better target challenging health needs through trusted community-based support. This would be an effective investment to equitably address the growing health needs of New York's most vulnerable populations.**

We support the passing of legislation 1103-2024 that will encourage DOHMH to rely on its community partners in times of adversity and mental health support, and an increase in funding for front-line initiatives such as Access Health NYC.

Thank you.

Testimony to the Committee on Mental Health, Disabilities and Addiction

Organization: Garden of Hope

Thank you, members of the Committee on Mental Health, Disabilities and Addiction, for holding this hearing and giving us an opportunity to testify. My name is Adeline Zhao, and I serve as the Mental Health Counselor at Garden of Hope, a linguistically and culturally competent nonprofit organization dedicated to serving adults, seniors, youth, and children affected by domestic violence, sexual assault, human trafficking, hate violence, and other forms of violence, as well as promoting family well-being, community justice, and providing mental health services to Chinese communities.

I stand before you today, as a member of AAF's Asian American Mental Health Roundtable, to highlight a critical issue: the mental health challenges faced by Chinese immigrants in NYC in response to violent and traumatic incidents. As the City considers the passage of Int-1103, it is vital to recognize the urgent need for culturally competent mental health support.

Recent years we have seen a rise in violent events, leaving lasting emotional scars on victims, witnesses, and entire communities. Trauma can lead to anxiety, depression, and PTSD, making timely and accessible mental health support essential. However, many individuals in Chinese communities remain unaware of available resources due to stigma, language barriers, and mistrust of institutions, which often prevent them from seeking help. In fact, Asian Americans are less likely to receive mental health treatment than other racial/ethnic groups, with only 20.8% of Asian adults with mental illness receiving treatment in 2020.¹

At Garden of Hope, we have seen firsthand how culturally specific, language-accessible services can make a difference. Our programs are tailored to address the unique needs of Chinese immigrants in New York City. In 2023, we provided trauma recovery services to 1,071 adults and 317 children and youth, with 94% of adult clients having limited English proficiency. With a dedicated team of 21 bilingual staff members, we deliver culturally competent mental health services that overcome barriers and promote well-being.

Trauma impacts individuals differently, depending on their age, culture, and personal history. It is vital that mental health resources reflect this diversity. For example, counselors who are trained in both trauma-informed care and cultural competency can provide a more effective response, particularly in cross-cultural or multilingual contexts. The city should prioritize working directly with Asian-led, Asian-serving CBOs, such as our roundtable partners, at the start of program implementation. The cultural and linguistic needs of the Asian community must be met when New York City Department of Health & Mental Hygiene (DOHMH) provides mental health services and resources through Int-1103.

In conclusion, I urge this committee to prioritize investments in mental health outreach programs, enhance access to trauma-specific counseling, and foster partnerships that empower communities to respond with compassion and resilience. Together, we can mitigate the long-term impact of violence and foster hope and healing.

Sincerely,
Adeline Zhao, LMHC
Mental Health Counselor/Program Manager Garden of Hope

¹ <https://www.samhsa.gov/data/report/2020-nsduh-detailed-tables>



Testimony before the Public Hearing on Int. 1103
Presented by the Korean American Family Service Center (KAFSC)
November 25, 2024

Good afternoon, Chair of the Committee and Council Members. My name is Bella SoYoung Park, and I am a Bilingual Counselor at the Korean American Family Service Center (KAFSC), where we serve immigrant survivors and victims of Domestic Violence and Sexual Assault. On behalf of KAFSC, thank you for providing the opportunity to testify today as a member of the Asian American Federation's (AAF) Asian American Mental Health Roundtable.

We are here to bring attention to the critical mental health needs of New York City's pan-Asian community as the City considers the passage of Int. 1103. This bill has the potential to address long-standing mental health disparities in our communities, but only if the cultural and linguistic needs of Asian New Yorkers are intentionally prioritized throughout its implementation.

New York's Asian communities face unique mental health challenges and barriers to accessing care due to stigma, language and cultural barriers. Stigma surrounding mental health is deeply rooted in many Asian cultures, discouraging individuals and families from seeking help. Language barriers further isolate those in need, and culturally inappropriate services often fail to meet the needs of our community members.

Asian-led, Asian-serving organizations, like KAFSC and our Roundtable partners, are essential to breaking down these barriers and bridging the gap for underserved Asian New Yorkers through culturally and linguistically competent mental health services. Yet, too often, these organizations are expected to shoulder the burden of providing care without sufficient investment from the City.

For example, many of our partners receive referrals from the Department of Health and Mental Hygiene (DOHMH) without receiving the necessary funding to expand capacity. City agencies often lack the cultural competence to serve Asian communities effectively, turning instead to community-based organizations (CBOs) like KAFSC. While we are proud to play this role, it is unsustainable without proper support.

To ensure that Int. 1103 delivers the intended benefits to Asian New Yorkers, the City must invest in Asian-led, Asian-serving CBOs from the outset. This investment will enable us to provide the culturally and linguistically competent mental health services that our communities desperately need.

At KAFSC, we have seen firsthand how culturally sensitive care can transform lives, providing holistic, culturally attuned support that empowers individuals to heal and thrive. With the right funding and resources, we—and organizations like us—can do even more.



Whether it is through our counseling services, community workshops, or partnerships with other Roundtable members, we provide holistic, culturally attuned support that empowers individuals to heal and thrive.

In closing, we urge the City to adopt Int. 1103 with a commitment to prioritize collaboration with Asian-led, Asian-serving organizations. The unique needs of New York's Asian communities demand nothing less.

Thank you for your time and consideration,

Bella Park, Bilingual Counselor, MHC-LP
Korean American Family Service Center (KAFSC)



New York City Council Hearing on Proposed Legislation relating to Youth Mental Health

before the

Committee on Mental Health, Disabilities and Addiction

on

Monday, November 25th at 10:00am

**Testimony By: Jonathan Chung, MPA
Director of Public Policy & Advocacy
National Alliance on Mental Illness of New York City (NAMI-NYC)**

Good morning, Chair Lee. My name is Jonathan Chung, Director of Public Policy and Advocacy at the National Alliance on Mental Illness of New York City (NAMI-NYC). For over 40 years, NAMI-NYC has served as a leading voice for the mental health community throughout the city, providing groundbreaking advocacy, education, and support services for individuals affected by mental illness, their families, and the greater public, all completely free-of-charge. Our renowned peer- and evidence-based services are unique in that they are led both for and by individuals and families affected by mental illness and are reflective of the diversity of New York City. Thank you for the opportunity to testify today in support of Introductions 0986-2024, 0989-2024 and 0996-2024.

NAMI-NYC supports Int. 0986-2024, legislation sponsored by Council Member Joseph, which would require the Department of Health and Mental Hygiene (DOHMH) to establish a two-year pilot program to involve mental health professionals and professional candidates in student wellness clubs across public middle and high schools. This would represent a critical investment in early intervention and prevention. By integrating professional guidance into these wellness clubs, we can advance mental health education, reduce stigma, and empower young people to prioritize their well-being in safe, supportive spaces that foster peer connections.

NAMI-NYC supports legislation sponsored by Council Member Lee, Int. 0989-2024, which would require DOHMH to create comprehensive student wellness club toolkits. These resources, paired with guidance for peer-led spaces focused on mental health and well-being, represent a meaningful step toward empowering students to take charge of their mental health. By mandating the Department of Education (DOE) to make these materials accessible to all middle and high school students, as well as making available a faculty member and a mental health professional to serve as advisors to student wellness clubs, this legislation ensures that young people across the city are equipped with tools to foster supportive, stigma-free environments.

Finally, NAMI-NYC supports Int. 0996-2024, legislation sponsored by Council Member Stevens that would require DOHMH to develop and implement a peer-to-peer mental health training program for public middle and high school students. By teaching students to recognize the signs of mental health issues, assist their peers, maintain personal mental well-being, and connect with resources, the program empowers young people to take active roles in fostering supportive, informed communities.

Peer-to-peer models have proven effective in reducing stigma, encouraging help-seeking behaviors, and promoting early intervention. This program will not only equip students with practical tools

but also create a lasting impact by normalizing conversations about mental health and ensuring no student feels isolated or without support.

Collectively, these initiatives take critical steps to address the growing mental health challenges faced by the city's youth. Such efforts align with NAMI-NYC's values and mission to promote mental health education and early intervention while reducing barriers to resources. From our own new ventures in the youth peer to peer field, driven by the needs of our community, and from the emphasis of the 4th stop on the mental health road map, policy to cement the availability of these kinds of programs for younger New Yorkers is incredibly important. These peer-led initiatives not only encourage open dialogue but also create safe spaces where students can feel seen, heard, and supported.

We commend Council Members Lee, Joseph and Stevens for their work on these innovative approaches and their potential to improve the mental health outcomes of New York City's youth, and Speaker Adams for her continued leadership on this issue. Thank you for the opportunity to testify today.

Respectfully Submitted,

Jonathan Chung



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**Testimony of
William Juhn, Senior Staff Attorney
on behalf of the Disability Justice Program
at New York Lawyers for the Public Interest
before the Council of the City of New York
Committee on Mental Health, Disabilities and Addiction
November 25, 2024**

My name is William Juhn and I am a Senior Staff Attorney with the Disability Justice Program at New York Lawyers for the Public Interest (“NYLPI”). Thank you for the opportunity to present my testimony today.

We write in support of Int. 1103 requiring the Police Department to notify the Department of Health and Mental Hygiene (“DOHMH”) of violent or traumatic incidents within 24 hours and requiring DOHMH to conduct outreach to affected community members regarding mental health counseling. This is an important step in addressing the harm caused by police violence and ensuring that traumatized community members receive timely support. We also want to emphasize that this legislation shines a much-needed light on police misconduct. We need more transparency and accountability in these tragic incidents to save lives and ensure justice.

While we support this legislation, we urge the Council not to stop here and to recognize that we need more fundamental changes to prevent police misconduct and violence, especially in mental health crisis calls. On March 27th, NYPD officers yet again fatally shot a young man -- 19-year-old Win Rozario of Queens, while he was experiencing a mental health crisis for which he had called 911 for help. How many more individuals must die at the hands of police before we finally adopt a more humane, peer-led, and person-centric approach to mental health crises? We

already know that peers and trained mental health professionals—not police officers—are best equipped to de-escalate crises and connect individuals to care.

Unfortunately, the City’s current attempt to offer a non-police program -- the Behavioral Health Emergency Assistance Response Division (“B-HEARD”) program -- does not meet this goal. The B-HEARD still authorizes extensive police involvement and is likely to continue the violent responses by the NYPD. For example, in Fiscal Year 2024, more than 70% of all mental health calls in the B-HEARD pilot areas were still directed to the NYPD.

The City must join other cities across the country – including Los Angeles, San Francisco, Albuquerque, Denver, New Haven and many more – to **remove police** entirely from the equation, and **ensure that *healthcare workers respond to healthcare crises***. According to NYLPI and Human Rights Watch’s [joint-research](#), there are at least 160+ emergency response programs nationwide that engage in crisis response activities without police as the initial responders or as automatic co-responders.

Closer to home, New York State is already taking action. The state legislators are working to pass a bill known as Daniel’s Law (Senate Bill [S2398](#)/Assembly Bill [A2210](#)), which would establish a statewide emergency and crisis response system where police are no longer the default first responders to health emergencies. Under Daniel’s Law, the state will only fund emergency response plans where extensively trained peers and emergency medical technicians control the response to a health emergency, and the role of police would be strictly limited to situations involving imminent risk of serious physical harm to the public. And even then, police would respond in tandem with the new peer – emergency medical technician teams. The bill currently has more than 50 sponsors in the Assembly and the Senate.

Likewise, the City must establish a system whereby individuals who experience a mental health crises receive appropriate services which will de-escalate the crisis and which will ensure

their wellbeing and the wellbeing of all other New Yorkers. Only those who are trained in de-escalation practices should respond to a mental health crisis, and the most appropriate individuals to receive such training are peers and health care providers.¹ Police officers, who are trained to uphold law and order, are not suited to deal with individuals experiencing mental health crises, and New York's history of its police killing 20 individuals who were experiencing crises in the last nine years alone, is sad testament to that. Eliminating the police as mental health crisis responders has been shown to result in quicker recovery from crises, greater connections with long-term healthcare services and other community resources, and averting future crises.²

The scores of people experiencing mental health crises who have died at the hands of the police over the years is a microcosm of the police brutality around the world. Disability is disproportionately prevalent in the Black community and other communities of color,³ and individuals who are shot and killed by the police when experiencing mental health crises are disproportionately Black and other people of color. Of the 20 individuals killed by police in the last nine years, 17 – or 85% -- were Black or other people of color. The City Council simply cannot stand by while the killings continue. Now is the time to remove the police as responders to mental health crises – and certainly we must all oppose the Mayor's efforts to increase the role and funding of the NYPD as it relates to people with mental disabilities. Lives are literally at stake.

¹ See Bazelon Center for Mental Health Law, "When There's a Crisis, Call a Peer: How People With Lived Experience Make Mental Health Crisis Services More Effective," (2024), <https://www.bazelon.org/wp-content/uploads/2024/01/Bazelon-When-Theres-a-Crisis-Call-A-Peer-full-01-03-24.pdf>; Martha Williams Deane, *et al.*, "Emerging Partnerships between Mental Health and Law Enforcement," *Psychiatric Services* (1999), http://ps.psychiatryonline.org/doi/abs/10.1176/ps.50.1.99?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Acrossref.org&rft_dat=cr_pub%3Dpubmed&#/doi/abs/10.1176/ps.50.1.99?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Acrossref.org&rft_dat=cr_pub%3Dpubmed.

² Henry J. Steadman, *et al.*, "A Specialized Crisis Response Site as a Core Element of Police-Based Diversion Programs," *Psychiatric Services* (2001), http://ps.psychiatryonline.org/doi/10.1176/appi.ps.52.2.219?utm_source=TrendMD&utm_medium=cpc&utm_campaign=Psychiatric_Services_TrendMD_0.

³ Mayor's Office for People with Disabilities, "Accessible NYC" (2016), https://www1.nyc.gov/assets/mopd/downloads/pdf/accessiblenyc_2016.pdf.

[Correct Crisis Intervention Today – NYC](#) , of which NYLPI is a staunch member, has developed the needed antidote. Modeled on the [CAHOOTS](#) program in Oregon, which has successfully operated for 35 years without *any* major injuries to respondents or responders – let alone deaths -- the CCIT-NYC proposal is positioned to make non-police responses available to those experiencing mental health crises in New York City. The proposal avoids the enormous pitfalls of the City’s B-HEARD pilot, which the City inaccurately refers to as a non-police model. Hallmarks of the CCIT-NYC proposal are:

- teams of trained peers and emergency medical technicians who are independent of city government;
- teams run by culturally-competent community organizations;
- response times comparable to those of other emergencies;
- 24/7 operating hours;
- calls routed to 988 rather than the police-operated 911; and
- oversight by an advisory board of 51% or more peers.

The full text of the CCIT-NYC proposal can be found at <https://www.ccitnyc.org/ourproposal>.

In addition to Int. 1103, we also support Int. 0986-2024 (which would create a pilot program to involve mental health professionals and professional candidates in student wellness clubs in public middle and high schools), Int. 0989-2024 (which would require DOHMH to create student wellness club toolkits), and Int. 0996-2024 (which would create a peer-to-peer mental health training program for public middle and high school students). These are all important bills that would address the mental health needs of our youth.

Thank you for your consideration. I can be reached at (212) 244-4664 or wjuhn@nylpi.org, and I look forward to the opportunity to discuss how best to respond to the needs of individuals with mental health diagnoses in New York City.

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About New York Lawyers for the Public Interest

For nearly 50 years, New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights advocate for New Yorkers marginalized by race, poverty, disability, and immigration status. Through our community lawyering model, we bridge the gap between traditional civil legal services and civil rights, building strength and capacity for both individual solutions and long-term impact. Our work integrates the power of individual representation, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities, we strive to achieve equality of opportunity and self-determination for people with disabilities, create equal access to health care, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color.

NYLPI's Disability Justice Program works to advance the civil rights of New Yorkers with disabilities. In the past five years alone, NYLPI disability advocates have represented thousands of individuals and won campaigns improving the lives of hundreds of thousands of New Yorkers. Our landmark victories include integration into the community for people with mental illness, access to medical care and government services, and increased accessibility of New York City's public hospitals. Working together with NYLPI's Health Justice Program, we prioritize the reform of New York City's response to individuals experiencing mental health crises. We have successfully litigated to obtain the body-worn camera footage from the NYPD officers who shot and killed individuals experiencing mental health crises. In late 2021, NYLPI and co-counsel filed a class action lawsuit which seeks to halt New York's practice of dispatching police to respond to mental health crises, and in the context of that lawsuit, seeks relief on behalf of individuals affected by the Mayor's Involuntary Removal Policy.

Testimony for New York City Council
Committee on Mental Health, Disabilities and Addiction Hearing

Linda Lee, Chair
Monday, November 25, 2024

by

Paula Magnus, Deputy Director and Chief Revenue Officer
Northside Center for Child Development, Inc.

Good afternoon, Chairperson Lee & Committee Members

My Name is Paula Magnus, Deputy Director and Chief
Revenue Officer
Northside Center for Child Development, Inc.

I want to thank the Committee for its innovative leadership in proposing this trio of mental health legislation. Given that suicide is the second leading cause of death for young Americans, the Council's initiative to combat stigmas that block youth from seeing mental health services may save lives.

Speaking for the Clinical Staff at Northside, we believe the overall approach of the legislation, having mental health professionals offer students peer-to-peer mental health training programs and helping students create Student Mental Health Wellness Clubs is excellent. Here's why: most children will listen to teachers if, what the teacher is saying, "is on the test," but helping students identify mental health issues for which they want help - -

isn't promoted by the threat of tests and grades. Instead of the traditional 'teach, then test' paradigm, the Council's proposal to utilize mental health professionals to facilitate student dialogue and understanding of mental health issues, and how to get past them, is much preferred.

Northside Center for Child Development is a Harlem based, 78 year old children's mental health clinic, and we strongly support the legislation being considered today.

Thank you Council Members for all of your efforts to work with the City's Mental Health Professionals to help students lead happy, productive and mentally healthy lives.



PARENT COALITION FOR
STUDENT PRIVACY

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Nov. 25, 2024

Thank you Chair Lee, Chair Joseph, and other members of these committees.

My name is Leonie Haimson, and I am co-chair of a national organization called the Parent Coalition for Student Privacy.

On Sept. 10, along with the NY Civil Liberties Union and AI for Families, we sent a letter to the Mayor, the Department of Education Chancellor, and the Commissioner of Health, expressing our deep concerns with the way in which Talkspace allows for the sharing of its users' personal information with unnamed third parties for marketing purposes in a manner that would be illegal if the contract was signed by the DOE rather than the Dept. of Health.¹ As you know, Talkspace has a paying \$26 million contract with the city to provide free online mental health services to teens.²

In our letter, we also pointed out that Talkspace has been criticized for its lax privacy policies by Massachusetts Senator Elizabeth Warren and other Senators, and also by users for delivering inconsistent and irresponsible services. Our letter was covered by Daily News, Chalkbeat, and others.³

On Sept. 23, the NYC Dept. of Health responded, arguing that they did not have to abide by the state student privacy law since they were not an education agency but assuring us that their contract was no less protective.⁴

Since we sent our initial letter, we discovered that when a NYC student visits the Teenspace website on their phone, their personally identifiable information is automatically shared with 15 ad trackers and 30 cookies, as well as Facebook, Amazon, Meta, Google, and Microsoft among others, which

¹ <https://studentprivacymatters.org/privacy-concerns-about-nycs-promotion-of-the-teenspace-online-counseling-service/>

² <https://www.nyc.gov/office-of-the-mayor/news/869-23/mayor-adams-dohmh-commissioner-dr-vasan-launch-teenspace-tele-mental-health-service-nyc>

³ See <https://www.nydailynews.com/2024/09/10/advocates-raise-alarm-about-privacy-with-nycs-teen-mental-telehealth-service/>, <https://www.chalkbeat.org/newyork/2024/09/10/privacy-advocates-raise-concerns-free-teletherapy-teens-data/>, <https://statescoop.com/privacy-advocates-nyc-teen-counseling-talkspace/>, <https://www.k12dive.com/news/talkspace-nyc-data-privacy-teenspace/727070/>

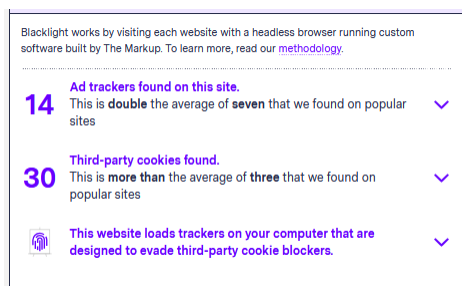
⁴ <https://studentprivacymatters.org/wp-content/uploads/2024/10/DOHMH-Teenspace-Response-Letter-9.23.24.pdf>

we saw from using the Blacklight privacy audit tool.⁵ Our discovery was later confirmed by a security company that does privacy audits.

We also learned that in California, a class action lawsuit has been filed against Talkspace, pointing out how the personal information of its clients is shared with TikTok, including the mental health information of minors.⁶ These findings are particularly concerning, given how the city is suing many of these companies for undermining children’s mental health and designing their platforms to be addictive to maximize their revenues.⁷

On Oct. 16, we sent a follow-up letter to the Dept. of Health, asking for a meeting and for the Talkspace website to be immediately taken down until it is fixed to stop collecting and sharing children’s personal information with ad trackers and social media companies.⁸ Yet even as DOH officials keep promising to meet with us, they keep putting it off.

I checked the Teenspace website again today and found that the website is still sharing personal with 14 ad trackers, 30 third-party cookies, and numerous social media companies.



We believe that the Department of Health should be required to cancel its contract with Talkspace immediately, and demand that they take their website down until these unacceptable disclosures are stopped.

The need to support children’s mental health is critical but allowing their personal information to be shared and misused in this way risks further undermining it. Moreover, the Teenspace example provides evidence of how the city should not be outsourcing these crucial services to for-profit companies like Talkspace, and that the protection of student privacy must always be paramount.

Thank you for the opportunity to testify today.

⁵ <https://themarkup.org/blacklight>

⁶ <https://injuryclaims.com/news/class-action-privacy-data-and-tcpa/talkspace-data-sharing-lawsuit>

⁷ <https://www.nyc.gov/office-of-the-mayor/news/125-24/mayor-adams-lawsuit-against-social-media-companies-fueling-nationwide-youth-mental-health#/0>

⁸ <https://studentprivacymatters.org/wp-content/uploads/2024/10/NYCLU-PCSP-AIF-response-to-DOHMH-regarding-Teenspace-privacy-violations-2024.10.16.pdf>

TESTIMONY
of
The Legal Aid Society
to
The New York City Council
Committee on Mental Health, Disabilities and Addiction

Int 0986-2024

A Local Law in relation to a pilot program to involve mental health professionals and professional candidates in student wellness clubs in public middle and high schools.

Int 0989-2024

A Local Law in relation to a pilot program to involve mental health professionals and professional candidates in student wellness clubs in public middle and high schools A Local Law to amend the administrative code of the city of New York, in relation to student wellness club toolkits

Int 0996-2024

A Local Law to amend the administrative code of the city of New York, in relation to the creation of a peer-to-peer mental health training program.

Int 1103-2024

A Local Law to amend the administrative code of the city of New York, in relation to community outreach regarding the availability of mental health counseling in response to violent and traumatic incidents.

November 25, 2024

Prepared by: Melinda Andra, Esq.
Dawn Yuster, Esq.

Introduction

The Legal Aid Society welcomes the opportunity to testify and thanks Chairperson Lee and the Committee on Mental Health, Disabilities and Addiction for holding this important hearing. We also wish to thank the Council members who introduced this key legislation aimed at increasing student access to mental health supports.

New York faces an enduring youth mental health crisis that pre-dated, and was then exacerbated by, the COVID-19 pandemic. The number of children and youth struggling with severe mental health needs has risen sharply while wait times for accessing treatment have remained lengthy—taking weeks, months, or even a year or more. The consequences of untreated mental health challenges in children and adolescents are long term and profound: they correlate with poor academic achievement, teenage pregnancy, unstable employment, substance use, behavioral challenges, and poor medical outcomes. As one of the most devastating consequences of untreated mental health conditions, suicide is the second leading cause of death in youth between 10 and 24 years old.¹

Given the continuing mental health crisis for children and youth, including rates of anxiety, depression, and suicidality at unprecedented levels, The Legal Aid Society appreciates the efforts of the City Council to prioritize the mental health and well being of students by recommending the creation and support of student wellness clubs and toolkits and a peer mental health program, as part of broader efforts to develop and fund a comprehensive, integrative school mental health system with continued support for the Mental Health Continuum and School-Based Mental Health Clinics.

Our Perspective

The Legal Aid Society is the nation's largest and oldest provider of legal services to low-income families and individuals. Throughout our more than 145-year-history, The Legal Aid Society (LAS) has been a tireless advocate for those least able to advocate for themselves. Our mission is simple: we believe that no New Yorker should be denied their right to equal justice because of poverty. From offices in all five boroughs, the Society annually provides legal assistance to low-income families and individuals in nearly 200,000 legal matters each year.

The Criminal Defense Practice is the premier public defender program in the country, handling 125,000 criminal matters in a typical year. Our victories in and out of the courtroom protect the constitutional rights of our clients and strive for greater humanity in the criminal legal system. Many thousands of our clients with criminal cases in Criminal Court and Supreme Court are school-age teenagers and young adults who need and are legally entitled to receive educational services and many of them are young parents with children who also require educational services.

The Civil Practice provides specialized, comprehensive, legal assistance across a range of areas that benefits more than 135,000 New Yorkers each year. Through our efforts, we secure essentials of life for our clients such as stable housing, family law assistance, access to health care, and life-changing immigration law assistance so that our clients can effectively care for themselves and their families. Many clients of the civil practice are parents of children who attend New York City Public Schools.

The Juvenile Rights Practice provides comprehensive representation as attorneys for children who appear in New York City's Family Courts due to involvement with the family

regulation system, the juvenile legal system, and other proceedings affecting children's rights and welfare. Our Juvenile Rights staff typically represents a total of more than 20,000 children each year. Our work with these most vulnerable New Yorkers keeps them safe and makes our city's families and communities stronger.

The Legal Aid Society engages in educational advocacy for our clients, in the areas of special education, school discipline, and school placement and programming through the Education Advocacy Project in the Juvenile Rights and Criminal Defense Practices and the Education Law Project in the Civil Practice. In addition to representing these children each year in school meetings, administrative hearings, appeals, and court proceedings, we also pursue impact litigation and other law reform initiatives on behalf of our clients. Our perspective comes from our daily contacts with children, youths, and their families as well as our frequent interactions with courts, social service providers, and NYC agencies, including the Departments of Education (DOE), Health and Mental Hygiene (DOHMH), the Administration for Children's Services (ACS), the Health + Hospitals (H+H), and the Human Resources Administration (HRA).

The Legal Aid Society submits the instant testimony focusing on measures intended to ensure that New York children and youth have access to the mental health and behavioral supports they need to flourish in school.

I. Int 0986-2024 - A Local Law in relation to a pilot program to involve mental health professionals and professional candidates in student wellness clubs in public middle and high schools.

The Legal Aid Society supports Int 0986-2024, which would direct the Commissioner of Health and Mental Hygiene to create a pilot program to establish student wellness clubs and to recruit mental health professionals for participation in this program and to coordinate with the

Chancellor of the New York City Public Schools to establish this program in New York City middle and high schools.

Young people across the country are experiencing a mental health crisis. According to data collected by the Center for Disease Control and Prevention in 2021, 33.3% of New York City high school students responding to the survey reported persistent feelings of sadness and hopelessness, 16.8 percent of adolescents report seriously considering suicide. Nine point six percent of New York City adolescents responding to the survey reported having attempted suicide one or more times during the 12 month period.¹

The consequences of the mental health crisis are disproportionately dire for our clients, who are low-income and predominantly come from underserved communities. Staff of the Legal Aid Society frequently sees children and youth who are unable to get help and treatment until there is a significant crisis that places them or their families in the city's court system, an expensive and often traumatizing system that is ill equipped to address the mental health needs of New York City's children. Our young people end up receiving care in emergency rooms, hospitals, foster care, and juvenile justice facilities rather than through continual, high-quality outpatient mental health services needed to be and remain healthy. Far too many of our schools are inadequately resourced and unnecessarily routing our children experiencing mental health crises to Emergency Medical Services (EMS), suspending students from school, and invoking law enforcement on student behavior.¹

¹ Kramer, Abigail, NYC Schools Handcuff and Haul Away Kids in Emotional Crisis, The City, May 4, 2023, [https:// www.propublica.org/article/nyc-schools-students-police-emotional-crisis-nypd](https://www.propublica.org/article/nyc-schools-students-police-emotional-crisis-nypd).

There is an expanding body of literature outlining the value of youth peer support in mental health.² The creation of student wellness clubs will provide community support and will enhance and support the already existing efforts the City Council has made to support young people with mental health challenges by funding the Mental Health Continuum³ and through future baseline funding of the successful initiative.

Peer support is recognized as an evidence-based practice for supporting individuals with mental health conditions or challenges. Quantitative and qualitative evidence indicates that peer support:

- improves quality of life;
- increases and improves engagement with services;
- increases whole health and self-management;
- lowers the overall cost of mental health services by reducing re-hospitalization rates and the days spent in inpatient services; and
- increases the use of outpatient services.⁴

Research also indicates that peer support programs are helpful when focused on assisting students with social-emotional or academic problems and disabilities, while promoting protective factors that can help reduce the likelihood of developing mental health conditions.⁵ Peer support

² Bellamy C, Schmutte T, Davidson L. [An update on the growing evidence base for peer support](https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08743-3). *Mental Health and Social Inclusion*. 2017;21(3):161-167.2022, <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-022-08743-3>.

³ The Mental Health Continuum is an innovative, cross-agency partnership between NYC Public Schools (NYCPS), NYC Health + Hospitals (H+H), and NYC Department of Health and Mental Hygiene (DOHMH) to help students struggling with mental health challenges receive expanded, appropriate, and timely mental health care and a range of school support. The New York City Council has supported this initiative by providing \$5M in funding for each the last three years. See <https://mentalhealthcontinuum.com/about-us/>.

⁴ Mental Health America, Peer Support: Research and Reports, <https://www.mhanational.org/peer-support-research-and-reports> (listing various evidence-based peer support reports).

⁵ American School Counselors Association, Position Statement: “The School Counselor and Peer Support Programs,” Rev. 2022, <https://www.schoolcounselor.org/Standards-Positions/Position-Statements/ASCA-Position-Statements/The-School-Counselor-and-Peer-Support-Programs>.

programs can also help create a positive school culture and connectedness to the school community for both mentors and mentees as well as safer schools.⁶

We recommend that instead of recruiting mental health professionals and professional candidates from universities for voluntary participation in this program, that those recruited for participation be paid for their efforts. We cannot further burden our mental health professionals and those seeking to join the profession by asking them to do even more for no compensation. It is critical that professionals working with young people to support their wellbeing and mental health be paid for their efforts, at least a stipend, if not per diem.

The corresponding reporting requirements will enable schools, club advisors, DOHMH staff, and the City Council to assess the effectiveness of the pilot and modify or expand the program to provide the highest level of support possible to students who may benefit from the model. We recommend that the report be posted on the DOE's website in addition to the DOHMH website so it will be accessible to students, families, and school staff. We also recommend that reported data be aggregated to avoid unnecessary data collection of students with unique identification numbers.

II. Int 0989-2024 - A Local Law in relation to a pilot program to involve mental health professionals and professional candidates in student wellness clubs in public middle and high schools A Local Law to amend the administrative code of the city of New York, in relation to student wellness club toolkits.

The Legal Aid Society supports Int 0989-2024, requiring DOHMH to create a student wellness club toolkit to include specific guidance regarding procedures for the creation and approval of student wellness clubs, choosing of appropriate faculty and mental health advisors, processes to encourage student attendance, and suggestions for club activities. The creation of these toolkits by qualified mental health professionals is necessary to the success of the student wellness club pilot program. We also thank the sponsors for their foresight in requiring that the

⁶ *Id.*

toolkit be made available in each of the designated citywide languages in order to maximize participation by English Language Learners and engage multilingual families.

We recommend that the bill be amended to ensure that faculty members and mental health professionals on the school faculty who serve as advisors to student wellness clubs be compensated for their time, expertise, and efforts. Such compensation could be in the form of per diem wages or at least a stipend per term. It is important that we do not overburden our school staff to the point of burn out while seeking to promote mental health and wellness in our young people. Additionally, we recommend adding to the reporting requirement that the report be posted conspicuously on the DOE's website as well as the DOHMH website.

III. Int 0996-2024 -A Local Law to amend the administrative code of the city of New York, in relation to the creation of a peer-to-peer mental health training program.

The Legal Aid Society supports Int 0996-2024, requiring DOHMH to establish a peer-to-peer mental health training program. Peer support is a valuable tool which offers levels of empowerment and engagement that can enhance and complement clinical care for young people with mental health needs⁷ and is an essential element of the success of the student wellness clubs. Knowledge about the essential aspects of mental health, the ability to recognize and cope with one's own mental distress, and the ability to recognize signs of mental distress in others and apply mental health coping skills effectively within peer interactions are skills that will serve young people throughout their lives and which are essential to developing a peer-to-peer model of support.

⁷ Farkas M, Boevink W. [Peer delivered services in mental health care in 2018: infancy or adolescence?](#) *World Psychiatry*. 2018;17(2):222-224.

When creating peer mental health programs, it is important to ensure that students are properly trained, supervised, and supported in their roles in peer-support programs.⁸

However, peer support programs are not a replacement for critically needed clinical mental health services. We greatly appreciate the City Council’s continued advocacy for funding for clinical services available through the Mental Health Continuum and School-Based Mental Health Clinics. For example, one student who received expedited access to mental health services through the Mental Health Continuum had frequently missed school and struggled with panic attacks in school. After attending mental health therapy with a clinician on a weekly basis through the Mental Health Continuum, her attendance and grades improved. In another school, a school counselor reported seeing changes in the behavior of students who began the counseling process with the Mental Health Continuum Social Worker.

In addition, we strongly suggest that the City Council consider an initiative requiring the development of a training like the one proposed by Int 0996-2024 for staff of the New York City Public Schools. Teachers and other professionals working with students are also experiencing high levels of stress and the accompanying mental health needs.⁹ In order to best support student well being it is essential that all school staff have basic knowledge about mental health, including how to employ strategies to maintain mental wellbeing, how to recognize signs of mental distress in oneself and others, and have coping skills for managing personal mental health challenges as well as a knowledge of how to assist colleagues and students experiencing mental health challenges.

⁸ *Id.*

⁹ Sherry, Simon, Ph.D., “Why are Teachers at Greater Risk of Burnout?” *Psychology Today*, 6/26/24, <https://www.psychologytoday.com/us/blog/psymon-says/202406/why-are-teachers-at-greater-risk-of-burnout?msockid=154e00afa3de6ba30464129da2f76ae8>; *See also* Will, Madeline, “Stress, Burnout, Depression: Teachers and Principals Are Not Doing Well, New Data Confirm,” *Ed. Week*, 6/15/22, *Available at* <http://www.edweek.org/teaching-learning/stress-burnout-depression-teachers-and-principals-are-not-doing-well-new-data-confirm/2022/06>.

We also recommend that the peer mental health training program reports be posted on the DOE website in addition to the DOHMH website.

IV. Int 1103-2024 - A Local Law to amend the administrative code of the city of New York, in relation to community outreach regarding the availability of mental health counseling in response to violent and traumatic incidents.

The Legal Aid Society supports Int 1103-2024 requiring the DOHMH to conduct community outreach regarding mental health counseling when informed of a violent or traumatic incident to inform community members of the availability of mental health counseling and other social services from service providers. Our young clients live in communities where they disproportionately experience violent or traumatic incidents, including self-harm and gun violence which can result in fear and anxiety. We suggest that the law be amended to require DOHMH report their plan as to how they will provide the community with the required information to the City Council within 30 days of passage of Int 1103-2024. We appreciate the City Council's efforts to ensure that young people and community members have knowledge of and referrals to clinically trained¹⁰ mental health professionals, particularly when a violent or traumatic incident has occurred in their communities.

Despite the importance of comprehensive referrals for social services, children and young people impacted by violence and traumatic incidents will still face waitlists for access to services. Consequently, we also recommend that the City Council work with the Administration to fund more school-based mental health clinics, baseline and expand the Mental Health Continuum to southeast Queens, and build the capacity of schools to access restorative practices, Collaborative Problem Solving¹⁰, and trauma-informed approaches.

¹⁰ [Collaborative Problem Solving](https://thinkkids.org/) (CPS), is an evidence-based, trauma-informed practice developed at Massachusetts General Hospital, intended to reduce challenging behavior, teach kids the skills they lack, and build relationships with adults. See <https://thinkkids.org/>.

Conclusion

New York City children are clamoring for schools to prioritize their mental health and well-being. The social-emotional well-being of students is intrinsically linked to academic outcome.¹¹ We thank the City Council for its continuing efforts to ensure that every student has access to timely, consistent, and sustainable mental health and social-emotional supports through individualized, intensive intervention provided through School-Based Mental Health Clinics, the Mental Health Continuum, student wellness clubs, and peer mental health training programs.

Many thanks for the opportunity to provide testimony. We are happy to answer any questions you may have.

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¹¹ New York State Education Dep't., Social Emotional Learning: A Guide to Systematic Whole School Implementation, <https://p1232.nysed.gov/sss/documents/GuideToSystemicWholeSchoolImplementationFINAL.pdf>.



Committee on Mental Health, Disabilities and Addiction Hearing
Student Wellness Clubs and Mental Health
Public Testimony
November 25, 2024

To The New York City Council Committee on Mental Health, Disabilities and Addiction:

Good morning. Thank you so much for the opportunity to speak with you today. On behalf of the Free to Be Youth Project of the Urban Justice Center, I would like to thank the New York City Council's Committee on Mental Health, Disabilities and Addiction for convening this important hearing. My name is Amy Leipziger, and I am the Project Director of the Free to Be Youth Project.

Free to Be Youth Project

The Free to Be Youth Project (FYP) is a direct legal service provider dedicated to serving homeless and at-risk lesbian, gay, bisexual, transgender and queer (LGBTQ+) youth. The Project is housed at the Urban Justice Center, a non-profit law collective serving New York City's most disenfranchised poverty populations. Since 1994, we have been providing legal services to LGBTQ+ youth and young adults who are low-income, living on the streets, in homeless shelters, in the juvenile justice system, or in foster care. We regularly travel to Department of Youth and Community Development (DYCD) drop-in centers, including the Ali Forney Center, Safe Horizon's Streetwork Project, and Covenant House, to offer direct legal services and know-your-rights workshops. We also conduct legal clinics at the LGBT Center, HMI, and the Pride Center of Staten Island. We have helped hundreds of LGBTQ+ youth with legal problems like applying for legal immigration status, fighting wrongful denials of disability benefits, changing their names, fighting terminations of their public assistance benefits, and overcoming barriers to obtaining safe and stable housing.

We are here to speak today on behalf of Int 0989-2024, Int 0986-2024, Int 0996-2024, and Int 1103-2024, emphasizing the importance of ensuring that discussions about student clubs and wellness meaningfully include LGBTQ+ students and those disproportionately affected by mental health challenges.

GLSEN School Climate for LGBTQ+ Students in New York

A recent GLSEN survey found that LGBTQ+ youth feel unsafe at school due to their sexual orientation or gender identity.¹ In New York State, a vast majority of LGBTQ+ students regularly hear anti-LGBTQ+ remarks in their schools. Many also regularly hear school staff make homophobic remarks (53%) and negative remarks about someone's gender expression (69%). According to the survey, most students never report these incidents to school staff (57%), and of those who had, only 29% of LGBTQ+ students said that it resulted in effective staff intervention.



In the aftermath of Donald Trump's victory, LGBTQ+ crisis hotlines, like The Rainbow Youth Project, have seen a staggering 700% increase in LGBTQ+ hotline calls, compared to the 800 calls they receive in a typical month.² The alarming rates of hotline calls underscore the critical need for measures like the proposed legislation on wellness clubs. Importantly, a focus on LGBTQ+ youth within these clubs would ensure that some of the most vulnerable students receive the targeted support they need to thrive in school and beyond.

Gender and Sexuality Alliance Clubs in New York City Schools

Genders and Sexualities Alliances (GSAs) in public K-12 schools play a vital role in fostering safe, inclusive spaces for LGBTQ+ students and their allies. Students in schools with active GSAs report significantly lower rates of depression, suicidal ideation, and substance use. Yet, access to these lifelines remains limited as GLSEN reports, only 51% of LGBTQ+ students in New York report having access to a GSA or similar student-led club.

In the annual survey of the New York City Department of Education (DOE), of the over 1,800 schools in NYC, only 481 reported having a GSA on campus. Upon investigation, the Free to Be Youth Project received a call from the DOE "LGBTQ+ Support" office revealing that some schools in fact misrepresent their own status, sometimes listing "yes" to having a GSA without having any GSA infrastructure or membership.

According to the NYC Department of Education (DOE), the regulation governing the formation of a student club is called "Chancellor's Regulation A-601: Activities, Clubs and Organizations"; it outlines the requirements for starting a club, including the need for student initiative, a faculty advisor, alignment with the school's educational goals, and approval from the principal as the final decision-maker. As such, the creation of student clubs like GSA's can be incredibly complicated.

The proposed bills, such as Int. No. 989, which aims to provide toolkits for creating student-led wellness clubs, and Int. No. 986, which introduces mental health professionals into these spaces, can directly address this issue of creating a safe space, like those of GSAs, without the added challenge of navigating regulations to form a GSA. By fostering inclusive, peer-led environments and equipping students with resources to create safe and supportive spaces, these wellness clubs have the potential to reduce bullying and improve mental health outcomes for all students.

Given the high percentages of LGBTQ+ students in New York who experience harassment at school, and the limited access to key resources and supports, it is critical that New York school leaders, education policymakers, and other individuals who are obligated to provide safe learning environments for all students take the steps needed to implement supportive and inclusive school clubs and toolkits.



Recommendations

We recommend that the proposed legislation explicitly prioritize LGBTQ+ inclusivity in the creation and implementation of wellness clubs by incorporating targeted resources, training for staff and student leaders, and a specific focus on addressing bullying and mental health disparities faced by LGBTQ+ students. Namely, these clubs should also offer sexual education resources that limit other negative health outcomes such as HIV and other STIs. They can also be a space that provides specific resources for people looking for homelessness resources, medical care, legal assistance, and other benefits specific to the LGBTQ+ community. This approach would ensure that wellness clubs effectively support vulnerable students and create safer, more equitable school environments.

Thank you for your time.

References

- [1] Kosciw, J. G., Clark, C. M., & Menard, L. (2022). The 2021 National School Climate Survey: The experiences of LGBTQ+ youth in our nation's schools. New York: GLSEN.
- [2] Gawley, P. (2024, November 14). LGBTQ crisis hotline calls spiked 700% after US presidential election. VICE. <https://www.vice.com/en/article/lgbtq-crisis-hotline-calls-us-presidential-election/>

Nov 25,2024

1150 East New York Avenue, Brooklyn, NY 11212

My name is Gabrielle Webb and I attend Brownsville Academy High School. I was born in Jamaica and now live in Brooklyn. I am here to talk about mental health and to ask that the council pass the program [Introduction 996-2024](#).

On October 4, 2024 I tried to take my own life. I had made up my mind that I didn't want to be here anymore. I was struggling mentally and I wasn't getting the help I was supposed to, I didn't feel like I had anybody to talk to.

I felt the need to testify today because I know that I'm not alone. In fact, 9.2 percent of highschoolers attempted suicide. Among teenagers, suicide attempts may be associated with feelings of stress, self-doubt, pressure to succeed, disappointment, loss of a new surrounding. In my case I felt like everything was just coming to me all at once moving to a new country getting hit by a car which unfortunately led to me not being able to sleep or eat and there was also the pressure of going to school. I was at a hard point in my life and I was scared to ask for help.

By increasing the funding that goes to [Introduction 996-2024](#), city council can support students like myself help each other. We could decrease the number of suicide attempts in NYC and provide a world worth living in.

In conclusion, I'm asking that city council members do the right thing. Please vote to increase funding for [Introduction 996-2024](#) programs. Thank you for your time. Your consideration of my story is greatly appreciated.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Erica Smith

Address: Director of School Mental Health

I represent: NYC DSHMH

Address: _____

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Name: Marnie Davidoff

Address: Assistant Commissioner for Children, Youth, and Families

I represent: NYC DSHMH

Address: _____

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Appearance Card

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in favor in opposition

Date: 11/25/24

(PLEASE PRINT)

Name: Zach Tilley

Address: 81

I represent: #Degrees NYC b Goddard Riverside

Address: 352 W 110th St New York, NY 10025

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Appearance Card

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in favor in opposition

Date: 11/25/2024

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Name: Brady Brayden Wan

Address: CACF

I represent: _____

Address: _____

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THE CITY OF NEW YORK**

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in favor in opposition

Date: 11/25/2024

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Name: Marcel Bass

Address: CACF

I represent: _____

Address: _____

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Bella Soloung Park

Address: P.O. Box 591929 Flushing NY 11359

I represent: Korean American Family Service Center, Asian American Mental Health Roundtable

Address: _____

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Adeline Zhao

Address: 42-70 Main St. Flushing NY 11355

I represent: Garden of Hope, Asian American Mental Health Roundtable

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Amber Song

Address: 120 Wall Street, New York, NY 10005

I represent: Asian American Federation (Asian American mental Health Roundtable)

Address: _____

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Date: _____

(PLEASE PRINT)

Name: Cree Atkins Griffin

Address: _____

I represent: Brotherhood Sisters of

Address: 512 West 143rd St

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Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Karate Dacosta

Address: _____

I represent: Brotherhood Sisters of

Address: 512 W 143

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I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Nasirah Fair

Address: _____

I represent: The Brotherhood Sister Sol

Address: 512 W 143rd St

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: KUMARIE CAJZ

Address: _____

I represent: The Samaritans of New York, Inc

Address: suicide prevention center

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: FROCKINA O GRADY

Address: _____

I represent: The Samaritans of New York, Inc

Address: suicide prevention center

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Sharon Leslie Brown Jeter

Address: 130-10 140 Street Suite 1

I represent: Rose of Sharon Enterprises

Address: 43 Madison Street JK

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Amerilia Ornam

Address: Director of Student Voice

I represent: NYC Public Schools

Address: _____

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Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Beverly Logan

Address: Executive Director of Counseling Supports

I represent: NYC Public Schools

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Jamie Neckles

Address: Assistant Commissioner for Bureau of
Mental Health

I represent: _____

Address: NYC DOHMH

Please complete this card and return to the Sergeant-at-Arms