



Working together to prevent suicide + help save lives.

**The Samaritans of New York, Inc. (Suicide Prevention Center)
Testimony of Fiodhna O’Grady, Director of Government Relations
in Support of Int. No. 1162-2025 (Annual Suicide Reporting), 1-27-2026.**

Good afternoon, Chair Caban, and Members of the Committee.

My name is Fiodhna O’Grady, and I am the Director of Government Relations at Samaritans of New York’s suicide prevention center, one of 400 Samaritans branches in over 40 countries. Thank you for the opportunity to speak in strong support of Int. 1162-2025.

Samaritans operates NYC’s only completely confidential 24-7 suicide prevention hotline, funded by the Council, answered by 80-100 trained volunteers. We also support families grieving after a suicide and work, and provide training in schools and communities to prevent crises before they escalate.

Samaritans is also deeply engaged in suicide-prevention policy at the city, state, and national levels. As a member of The National Council for Suicide Prevention that tracks how changes in federal systems, data collection, and crisis-response infrastructure affect local communities, we recognize the critical need to ensure that LOCAL suicide-surveillance systems and oversight, particularly for populations known to face elevated risk, including LGBTQ+ youth, and veterans, are in place.

From that vantage point, I want to be very clear: timely and transparent data matters.

We are encouraged that this bill requires demographic and geographic breakdowns, because disparities in suicide risk are real and demand targeted prevention strategies. As this law moves forward, we urge you to pay careful attention to implementation. That includes ensuring reports are timely or include provisional data so they are not delayed, coordinating across agencies so the information is complete, establishing clear privacy standards that protect families

while still allowing data to be released, and being transparent when information is limited or provisional.

Please also consider including sexual orientation and gender identity, where possible, so populations known to face elevated risk are not left out of the picture.

Annual suicide reporting will strengthen the City's ability to understand what is happening on the ground, identify emerging trends, and respond in real time to communities under strain. It allows policymakers to invest where the need is greatest and helps community-based organizations adjust outreach and education efforts before more lives are lost.

Congratulations on your new position as Chair of this committee. I look forward to working with you and your team. Thank you for your leadership and for your commitment to protecting New Yorkers in crisis.

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The Samaritans of New York, Inc. (Suicide Prevention Center)

Re: Int. No. 1162-2025 (Annual Suicide Reporting)

Samaritans strongly supports New York City's efforts to improve suicide-prevention policy through greater data transparency. Annual suicide reporting will strengthen the City's ability to understand what is happening on the ground, identify potential emerging trends, and allow policymakers to respond in real time to the needs of New Yorkers who are at risk for suicide or in crisis.

Below are some questions and considerations we think are important to help this mandate achieve its intended goal. While DOHMH has already testified, we believe the content is still useful to review should the bill move forward.

1. Timeliness of Determination

Why this matters:

Delays in suicide classification are a common barrier to timely reporting. National systems often rely on provisional data while final determinations are pending. If DOHMH has concerns about meeting the reporting timeline, provisional data can help maintain annual publication. Importantly, DOHMH has released provisional data about suicides in the past, so this should not pose an issue. Moreover, the Department has an active webpage that documents provisional vital statistics, which is updated through Q3 of 2025 as of January 26, 2026. <https://www.nyc.gov/site/doh/data/data-sets/vital-statistics-data-provisional.page>

Key question for DOHMH:

How long after a death does final suicide determination typically take, how much additional time is needed before cases are reportable? If delays are a concern, would the Department object to utilizing clearly labeled, provisional data in order to meet annual requirements?

2. Interagency Coordination

Why this matters:

Reliable data on suicides depend on multiple agencies operating under different legal and operational constraints. Clear coordination is essential for timely, complete reporting. Weak coordination can contribute to publication delays and leave gaps in the data that undermine the mandate's goal for a comprehensive picture of suicide in NYC.

Key question for DOHMH:

Which agencies must participate (OCME, NYPD, HHC, NYCD, DOE, DHS, etc.)? What formal agreements currently exist and what more is needed to ensure consistent data sharing?

3. Privacy Protections, Suppression Protocols, and Missing Data

Why this matters:

The mandate's broad privacy language could lead to over-suppression or omission of key information. Without clear standards, privacy concerns could substantially weaken the report's value and oversight. Written protocols and transparency requirements could help balance confidentiality with utility.

Key question for DOHMH:

What specific minimum cell-size thresholds, geographic aggregation rules, and pre-publication disclosure-risk review processes would the Department apply, and how would these be documented in each report?

Legislative Consideration:

Can the mandate include a requirement for the Department to adopt and make public written suppression and aggregation protocols and disclosure when data are withheld or incomplete for privacy or quality reasons?

4. Occupational Category: Definitions and Taxonomy

Why this matters:

Occupation is technically complex, particularly given modern labor patterns and incomplete records. Poor classification can lead to unhelpful or misleading data. Public-health agencies typically use standardized taxonomies (like Census or Bureau of Labor Statistics codes); limited detail leads to broad or "unknown" categories.

Key question for DOHMH:

How will occupation be defined and verified, what taxonomy will be used, and how will unemployed, retired, undocumented, students, freelance and gig workers be categorized?

5. Sexual Orientation and Gender Identity (SOGI)

Why this matters:

LGBTQ+ populations, who have documented suicide-risk disparities, are noticeably omitted from this mandate. While sexual orientation and gender identity are often absent from suicide-related vital statistics, Samaritans urges their inclusion here to ensure the City can fully understand the scope of risk and the impact of inequities.

While we recognize there are real operational and legal challenges to collecting these data, we nonetheless encourage the Council to pursue inclusion or phased inclusion to strengthen the City's prevention response.



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Key question for DOHMH:

What barriers would DOHMH identify to the responsible inclusion of sexual orientation and gender identity data, and what procedural or policy steps could help reduce those barriers over time?

(Likely barriers include: Data not routinely collected/often missing, risk of misclassification, privacy concerns, legal/confidentiality constraints, the need for new protocols, training, or systems, etc.)

Legislative Consideration:

Inclusion of SOGI data in the mandate directly with a caveat of “where possible,” along with publication of missing-data rates to address reliability and privacy concerns. Alternatively, if full inclusion is not immediately feasible, could it be phased in?

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**The Samaritans of New York, Inc. (Suicide Prevention Center)
Testimony of Kumarie Cruz, Director of Education and Bereavement Services
in Support of Int. No. 1162-2025 (Annual Suicide Reporting)**

Good morning, Chair Caban and Members of the Committee. Thank you for the opportunity to speak today.

My name is Kumarie Cruz, and I serve as the Director of Bereavement and Education Services at Samaritans of New York. Thank you for the opportunity to speak today in support of Int. No. 1162-2025.

The majority of my work is with people who are living in the aftermath of suicide loss. I sit with parents, partners, siblings, and friends who are trying to make sense of something senseless, something that has shattered their entire world and changed their lives forever. I also work with schools and community groups to help people talk openly about suicide before a crisis becomes fatal.

Today I want to underscore how critical this legislation is.

When the City has accurate, timely information about suicide deaths, it can better recognize where pain is concentrating, which communities are under strain, and what kinds of prevention efforts are most urgently needed. Data, when used carefully and responsibly, becomes a way to prevent future loss.

As this mandate is implemented, we urge the Council to ensure that strong privacy protections are paired with transparency, that agencies coordinate effectively, and that missing or provisional data are clearly explained rather than omitted. These details will determine whether the report becomes a living prevention tool or simply a retrospective document.

We also encourage the Council to look closely at populations known to face elevated suicide risk, including LGBTQ+ New Yorkers, and to consider how sexual orientation and gender identity data could be incorporated safely and thoughtfully.

This bill sends an important message: that New York City is committed not only to responding to crises, but to learning from them in order to prevent the next one.

Thank you for your time and for your dedication to this work.



The
Jewish
Board

New York City Council Committees on Mental Health

Oversight Hearing on Mental Health, Disabilities and Addiction:

Intro 1055

January 27, 2026

Bridget McBrien, Director of Government Relations, The Jewish Board

The Jewish Board is one of New York City's largest human services organizations, serving approximately 35,000 New Yorkers of all ages and backgrounds across the five boroughs. Our programs primarily support low-income individuals and families navigating mental health challenges, histories of abuse, and intellectual and developmental disabilities.

At The Jewish Board, we have seen the behavioral health crisis up close. Between 2021 and 2023 alone, 166 of our clients attempted suicide—many more than once. Of those, 73 percent required hospitalization or an emergency room visit. Many of our therapists are newly licensed LMSWs who often feel unprepared to assess or respond to suicide risk. Until recently, our 375 clinicians working across outpatient clinics and our One Call Intake Center—the organization's behavioral health access hub—had little training in evidence-based practices to identify, prevent, and treat individuals at risk. We support Intro 1055 requiring the commissioner of health and mental hygiene to report annually on suicides that occur in the city. Better data of how many New Yorkers are impacted by a behavioral health crisis resulting in death should lead to an increase of support to prevent such occurrences.

In 2023, with a \$2 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), supplemented by private foundation partners, The Jewish Board launched a *Zero Suicide* initiative across nine outpatient clinics and our One Call Center. Over two years, this evidence-based prevention model has transformed our approach to suicide prevention. By embedding universal screening, clear intervention pathways, and expanded access to treatment, we are now better equipped to identify risk early and provide life-saving care. This investment reaches more than 11,000 clients in our clinics and 3,500 callers to our One Call line annually. The Jewish Board is proud to be one of only 17 organizations nationwide selected by SAMHSA to implement this model.

Continued federal support through SAMHSA is critical to sustaining and expanding initiatives like *Zero Suicide*. This grant was temporarily suspended in Jan 2026 when SAMHSA announced without notice a total of \$2B of grant revocations, before reversing this decision the following day.

This crisis of sudden federal contracting change shows that local investment remains essential. The Council's support of community mental health providers has been vital, but further investment in evidence-based training for the behavioral health workforce is needed. For example, The Jewish Board's Social Worker Residency Program—designed to train and retain early-career clinicians—is currently funded entirely by private foundation dollars. Without more supportive government contracting, innovative programs like this remain at risk.

We are grateful to the City Council for convening this hearing and for your steadfast commitment to the mental health of all New Yorkers. Thank you for your time and consideration, and for your partnership in strengthening New York City's mental health system.

I can be reached at bmcbrien@jbfcs.org for any questions.

**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: 1/27/2025

(PLEASE PRINT)

Name: FIODHNA O'GRADY

Address: _____

I represent: The Samaritans of New York

Address: Suicide Prevention Center

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

in favor in opposition

Date: 01/27/2026

(PLEASE PRINT)

Name: Kumarc Gruz

Address: _____ South Ozone Pk NY 11420

I represent: samaritans NYC

Address: _____

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Name: John Whitaker

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I represent: myself

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Name: Michael Motal

Address: _____

I represent: Five Borough Veterans

Address: Brooklyn, NY

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Name: GERARD A PLACIDE

Address: _____ BROOKLYN, 11233

I represent: FIVE BOROUGHS

Address: _____

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Date: _____

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Name: SECTION JAMES FLYARD

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I represent: 5 BOROUGHS VETERANS

Address: _____

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