

CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL  
HEALTH, DISABILITIES, AND  
ADDICTION

JOINTLY WITH THE

COMMITTEE ON VETERANS

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September 15, 2023  
Start: 10:05 a.m.  
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HELD AT: COUNCIL CHAMBERS, CITY HALL

B E F O R E: Linda Lee, Chairperson  
Robert F. Holden, Chairperson

COUNCIL MEMBERS:

Shaun Abreu  
Joann Ariola  
Diana Ayala  
Erik D. Bottcher  
Tiffany Cabán  
Shahana K. Hanif  
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## A P P E A R A N C E S (CONTINUED)

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Gen (Ret) Loree Sutton, MD  
Psychiatrist, Former/First Commissioner  
Department of Veterans Services

Michael Moreno  
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Chapter 126 Vietnam Veterans of America

CMSgt (Ret) Edward Schloeman  
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Psychologist, Developer  
Reconsolidation of Traumatic  
Memories Protocol

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Eileen Maher  
Civil Rights Union Leader  
VOCAL-NY

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2 SERGEANT AT ARMS: Good morning and welcome to  
3 the New York City Council Committee on Mental Health  
4 jointly with Veterans. At this time, please place  
5 your phone on vibrate or silent mode. If you want to  
6 submit testimony, send it to  
7 testimony@council.nyc.gov. Once again that's  
8 testimony@counsel.nyc.gov. At this time, during this  
9 hearing, do not approach the dais. Thank you for  
10 your cooperation. Chair, we are ready to begin.

11 CHAIRPERSON LEE: Okay, great.

12 [GAVEL]

13 Good morning, everyone and Happy Friday. My name  
14 is Linda Lee. I'm chair of the Mental Health--  
15 Committee on Mental Health, Disabilities, and  
16 Addictions. And I'd like to begin by thanking my  
17 colleague, Chair Robert Holden of the Committee on  
18 Veterans, and everyone else for joining us today to  
19 hold this important hearing on mental health services  
20 for veterans.

21 And I also would like to recognize we've been  
22 joined by councilmembers Abreu and Councilmember  
23 Ariola, and additionally, the Committee will also  
24 hear the following pieces of legislation, including  
25 Introduction number 793, sponsored by Chair Holden,

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3 requiring the Department of Health and Mental Hygiene  
4 to report on referrals to assisted outpatient  
5 treatment programs, Introduction number 946 sponsored  
6 by Councilmember Hudson creating a mental health  
7 coordinator to inform city employees about mental  
8 health support and services, and Resolution number  
9 581. Sponsored by Councilmember Dinowitz,  
10 recognizing November as Veteran Appreciation Month in  
11 New York City.

12 According to the New York State Department of  
13 Health, as of 2021, there were almost 969,000  
14 veterans living in New York State, representing about  
15 6% of the state's total adult population. In New  
16 York City, during the same year, there were  
17 approximately 282,664 veterans, accounting for a  
18 little over 4% of the city's adult residents. These  
19 veterans have served our nation with honor and  
20 courage, but many of them face significant barriers  
21 to accessing quality mental health care and other  
22 supportive services.

23 According to a recent study by the New York  
24 Health Foundation, veterans experience mental health  
25 disorders, substance use disorders, posttraumatic  
stress and traumatic brain injury at higher rates

2 compared to their civilian counterparts. Veterans in  
3 New York die by suicide at a much higher rate than  
4 the general state population, nearly twice as high in  
5 2019.

6 These alarming statistics reveal the urgent need  
7 for more resources and interventions to address the  
8 mental health needs of our veterans, and this is  
9 especially fitting because we're in the middle of  
10 National Suicide Prevention Month. So, a very  
11 important topic to be discussing today. But many of  
12 our veterans face stigma, isolation, or lack of  
13 awareness about the available resources. Some  
14 veterans also encountered difficulties navigating the  
15 complex and fragmented system of care, or face  
16 eligibility or affordability issues. As a result,  
17 many do not receive the timely and appropriate care  
18 they deserve.

19 Today, we seek to examine the multitude of  
20 services provided for veterans in New York City and  
21 learn how we can best support them going forward. I  
22 want to thank representatives from the New York City  
23 Department of Health and Mental Hygiene, New York  
24 City Department of Veterans Services, and other  
25 interested stakeholders and members of the public,

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3 including any individuals with lived experience who  
4 have taken the time to join us, and we look forward  
5 to hearing from you. And finally, I would like to  
6 thank the mental health disabilities and addiction  
7 committee staff who worked hard to prepare for this  
8 hearing, including Legislative Counsel, Sarah Souter  
9 and Senior Legislative Policy Analyst Christie Dwyer.  
10 So I thank all of you also for being here, who are  
11 giving testimony today. And as someone who used to  
12 run a social service agency, I can say firsthand that  
13 navigating the services sometimes, and figuring out  
14 what's available, can be very difficult. And so  
15 hopefully, some of that are the issues that we'll be  
16 tackling today. And you know, and we couldn't-- it  
17 couldn't be more fitting because this population is  
18 very much in need of services and access. So thank  
19 you all for being here.

20 And I will now turn over to my colleague Chair  
21 Holden for his opening remarks.

22 CHAIRPERSON HOLDEN: Thank you, Chair Lee, and  
23 good morning welcome to today's joint, Veterans and  
24 Mental Health, Disabilities, and Addiction oversight  
25 hearing on veterans posttraumatic stress disorder,  
among other topics. I am Councilmember Robert

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2 Holden, Chair of the New York City Council's  
3 Committee on Veterans.

4 Those who have served in the military face unique  
5 challenges. We all know that. The stress  
6 encountered in service can play a major role in  
7 mental health issues, substance abuse disorders,  
8 which can also lead to psychological distress,  
9 trauma, suicide, homelessness, and involvement in the  
10 criminal justice system.

11 Now I'm going to speak from personal experience  
12 growing up in a household with a father who fought in  
13 World War Two and experience undiagnosed  
14 posttraumatic stress disorder. This is going to get  
15 personal, so it is traumatic, and it takes its toll  
16 on everyone. Three siblings, when my mom had to  
17 raise my siblings and I to the point where my-- my  
18 dad had dropped out, dropped out of life, couldn't  
19 hold jobs. And it takes its toll on the family, to  
20 the point where everyone's affected. Every one of my  
21 siblings left home early. My brother actually went  
22 to high school in Buffalo couldn't take living in a  
23 household. I left. I got married at 21. My  
24 brother, the same thing, he-- he left the house

25



2 early, most in their late teens. And my sister also  
3 got married at 20 years old just to escape.

4 So this is very personal to me that we find a  
5 solution and try to address posttraumatic stress  
6 disorder because it takes its toll not only on the  
7 individual, the veteran, and that's traumatic, but  
8 the family, the people who are living around that  
9 person.

10 So of course, we have to really dedicate our  
11 experiences in life, and obviously we bring that to--  
12 to the council. But this is very personal to me, on  
13 so many levels going up. So when I hear of new  
14 programs, when I hear that we should invest more in  
15 our veterans, of course I'm going to jump at that.  
16 But I learned-- and again, forgive me for-- for some  
17 of this, because I needed-- this is a kind of  
18 therapeutic for me, at this point. I had no  
19 relationship with my father. He would not talk about  
20 his experiences in the Philippines during World War  
21 Two, the horrific fighting, hand-to-hand combat was  
22 told to me. I never knew it when I was growing up.  
23 I never got any information from my dad. My uncle  
24 who also lived in the same building, served with him  
25 in the Philippines. That was on my mother's side.

2 He was a surrogate father to me. But he said after  
3 my father died in in 1995, he said, you know, he  
4 said, "Robert, you were very-- you were very tough on  
5 your dad." He said, "You didn't understand. You  
6 never met your real father," he said, "You never met  
7 your real father. Because your father was the  
8 greatest guy I knew. And it was a pleasure to serve  
9 with him. But the war changed him. And he couldn't  
10 cope with life." In those days, they didn't have  
11 help. No help whatsoever from the VA. My mother  
12 went down. I went down with my mother, as I got  
13 older, I went down with my mother to try to plead our  
14 case, that we needed help the family needed help. We  
15 got none.

16 So this is a mission for me, personally, to  
17 really get this out, that we need to support our  
18 veterans, because it affects, like I mentioned,  
19 everyone. It's still affecting me today, my  
20 experiences as a kid. You can't help it. And if we  
21 could put any resources into the veterans to treat  
22 them, because we owe that to them. We owe it to  
23 them, to help them to recover from this-- from this  
24 stress. The only thing my father ever said to me  
25 growing up was, "I had men die in my arms." He was

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2 in the medical unit. He said, "I had men dying in my  
3 arms." And he broke up. But I talked to Vietnam  
4 vets too, and they break up when they talk about  
5 their experiences. They are traumatized.

6 So today's hearing, we will-- you know, we will  
7 review promising posttraumatic stress treatment  
8 models such as animal-assisted therapy,  
9 reconsolidation of traumatic memories model which--  
10 which is known as RTM, which I-- I'm trying to-- I  
11 would love to go through that myself. I just-- When  
12 I-- when I heard about it, I said that-- this is--  
13 this sounds great. Or even the use of psychedelics  
14 with a goal of identifying ways to make these  
15 treatments widely available and accessible to  
16 veterans.

17 So we'll be hearing my bill, Intro 793, which  
18 would require the Department of Health and Mental  
19 Hygiene to report on referrals made by city agencies  
20 and hospitals to assist-- to assisted outpatient  
21 treatment programs, like Kendra's Law. Kendra's Law  
22 is a vital tool-- tool to protect the rights and well  
23 being of people with serious mental illness and the  
24 communities they reside in. It is not only important  
25

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2 for people with mental illness, but it's also for  
3 society as a whole.

4 And to ensure that the law is being used  
5 properly, we need enhancement-- enhanced oversight  
6 over the program's use in New York City so that no  
7 one falls through the cracks. And I want to thank  
8 the Administration, the advocates, legal service  
9 providers, volunteers, and any of the individuals  
10 with who have lived through these experiences.

11 So finally, I would like to thank the committee  
12 staff who worked to prepare this hearing, Committee  
13 Counsel David Romero, Legislative Policy Analyst  
14 Anastasia Zimina, as well as my Chief Of Staff  
15 Danielle Yucuzina, and of course, Chair Lee for this  
16 important hearing. This is probably, for me-- and  
17 again, I just want to-- the experiences, and I don't  
18 want to get emotional, but this can affect several--  
19 like I mentioned, it affected my generation, the  
20 baby-- baby boomers, whose dads and moms served in  
21 the service. The greatest-- I consider the greatest  
22 generation, and they came back, they weren't treated.

23 So let's catch up. Let's come up with some new  
24 programs. Let's try everything possible to really  
25 help the veterans who served our country. And so I--

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2 This is, to me, I am committed to this. I think it's  
3 a godsend that I was given the Veterans Committee.  
4 My mom dedicated her life to reading to veterans at  
5 the VA hospital in Manhattan every weekend, she would  
6 go and read to them. My mom passed away last year.  
7 And then I was made veteran's Chair. So that to me,  
8 is a chilling kind of motion to-- and actually almost  
9 like it completes the final chapter of what I have to  
10 do in life. So, I can't wait to hear some of the  
11 information on this hearing, and some of the experts,  
12 but I thank everyone here and let's-- let's all pull  
13 together and work together to try to address the  
14 mental health for our veterans. Thank you Chair.

15 CHAIRPERSON LEE: Thank you so much Chair Holden  
16 for sharing your personal story and especially just  
17 emphasizing why this hearing is so important today.  
18 Yeah, thank you.

19 I just want to also recognize we've been joined  
20 virtually, by Councilmember Cabán and we have also  
21 been joined by Councilmember Paladino as well.

22 So before we get started with the testimonies, I  
23 just wanted to read a statement on behalf of  
24 Councilmember Hudson who could not be here today, but  
25

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2 it's about her bill, Introduction number 946. So I'm  
3 just going to quickly read this for the record.

4 Sorry.

5 "Good morning. I'd like to thank Chairs Lee and  
6 Holden for the opportunity to provide a brief  
7 statement on Introduction 946, which is being heard  
8 today. Currently, one in five New Yorkers  
9 experiences mental illness annually, according to the  
10 Mayor's Office of Community Mental Health, and  
11 hundreds of thousands of them, largely black, Latinx,  
12 and AAPI New Yorkers, are not connected to mental  
13 health care.

14 As New Yorkers came out of the initial stages of  
15 the pandemic. Many have unaddressed trauma stemming  
16 from economic hardship, social isolation, and other  
17 factors. And while the stigma of mental health care  
18 is slowly eroding, many New Yorkers have no idea  
19 where to turn to receive help. Intro 946, first  
20 introduced in December 2017 by my predecessor, would  
21 require each city agency to have someone designated  
22 as its mental health coordinator. This person would  
23 ensure all agency employees know about mental health  
24 and related services available to employees like the  
25 Employee Assistance Program, The Office of Labor

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2 Relations BeWell Program, and mental health coverage  
3 provided as part of city health insurance, and ensure  
4 the agency complies with laws and regulations  
5 concerning accessibility and support for employees  
6 with mental health needs.

7 This bill does not require the city to secure  
8 additional funding for a new employee, and solely  
9 requires agencies to designate a mental health  
10 coordinator.

11 This bill had the support of the previous  
12 administration. When the bill was heard last  
13 session, OLR Commissioner Campion said the agency  
14 supported the bill and shared the quote, "Counsel's  
15 interest in promoting a mentally and physically  
16 healthier workforce", end quote. I hope the new  
17 administration follows in the steps of its  
18 predecessor and supports this bill's passage. I  
19 would like to thank Miss Beverly Johnson, who will  
20 testify later today, about her own challenges with  
21 receiving mental health support on the job, for her  
22 tireless work on this bill. She's the real reason  
23 this bill is being heard today, and is the reason  
24 this bill has 42 co-sponsors in the City Council.  
25 Thank you."

2 And I will now turn it over to the Legislative  
3 Counsel to administer the oath.

4 COUNSEL: Thank you, Chair. We will now hear  
5 testimony from members of the administration. Will  
6 you please raise your right hand?

7 Do you affirm to tell the truth, the whole truth,  
8 and nothing but the truth before this committee, and  
9 to respond honestly to Councilmember questions?

10 ALL: I do. Thank you, you may begin when ready.

11 COMMISSIONER HENDON: Good morning Chair Holden  
12 Chair Lee, committee members and advocates. My name  
13 is James Hendon. I'm proud to serve as commissioner  
14 for the New York City Department of Veterans  
15 Services. Thank you for holding this hearing on  
16 mental health services for veterans. I'm joined  
17 today by Dr. Lauren Demello, Executive Director of  
18 Mental Health and Care Coordination, remotely, Ellen  
19 Greeley, Assistant Commissioner for Policy and  
20 Strategic Partnerships, also remotely, and Paul  
21 Vallone, Deputy Commissioner for External Affairs.  
22 I'm also joined by Jamie Neckles, Assistant  
23 Commissioner for the Bureau of Mental Health at the  
24 Department of Health and Mental Hygiene, who's  
25 available for Q&A on Intros 0793, which requires the



2 Health Department to report on referrals to assist in  
3 outpatient treatment programs, and Intro 946, which  
4 requires the creation of a mental health coordinator  
5 to inform city employees about mental health support  
6 and services.

7 Our veterans adhere to a military culture that  
8 values honor, courage, duty, self-sacrifice,  
9 discipline, teamwork, never giving up, holding  
10 oneself to a higher standard and being part of  
11 something greater. Yet many of our servicemembers  
12 and veterans suppress the most acceptable approaches  
13 to dealing with physical and emotional pain, and  
14 often are reluctant to seek professional help.

15 We at DVS continue to build a military culture  
16 competence system that is responsive to meet the  
17 emotional needs of servicemembers and veterans across  
18 a spectrum of programs and services, as well as work  
19 with a multitude of community-based and behavioral-  
20 health partners to improve their practice when caring  
21 for service members, veterans, and families. In  
22 building this system, we are aware that emotional  
23 health is a product of many factors we call social  
24 determinants of health. Think of emotional health as  
25 the dependent factor based upon a series of

2 independent variables, such as socioeconomic status,  
3 education, employment, social support networks,  
4 access to health care, food insecurity, access to  
5 housing and utility services to name a few. We take  
6 a holistic approach and addressing these areas as  
7 they all impact the emotional wellness of our  
8 constituency.

9 Along our spectrum of services, we spend a  
10 significant degree of our partnership work on  
11 improving military cultural competence and quality of  
12 services for servicemembers, veterans and families.

13 This work in conjunction with emotional wellness  
14 programming have resulted in the following programs:

15 First up is VetConnectNYC. VetConnectNYC is a  
16 multi-service provider platform. Veterans can  
17 complete intake through an online intake form, or  
18 they may speak to a DVS Care Coordinator at one of  
19 our locations throughout the five boroughs, or by  
20 phone. The care coordinators then input the client  
21 into the platform, a brief interview was conducted  
22 which includes two voluntary mental health  
23 screenings, the GAD-7, or General Anxiety Disorder 7,  
24 and PHQ-9, the Patient Health Questionnaire 9, which  
25 screen for anxiety and depression respectively. The

2 screen is reviewed with each client, and mental  
3 health services are offered. All referrals are sent  
4 to our numerous selection of providers, which include  
5 the VA Vet Centers, the VA Medical Centers, other  
6 governmental agencies, private and nonprofit partners  
7 and veterans crisis lines.

8       The next program is transition assistance  
9 programs and peer-to-peer connectedness. Any  
10 transition can trigger stressful situations, but this  
11 is especially true of servicemembers departing from  
12 active duty, student veterans acculturating to  
13 college life and veterans retiring from employment.  
14 These vulnerable veterans represent the largest group  
15 in committing suicide. Onward Ops, formerly known as  
16 the Expiration of Terminal Service Program, or ETSP,  
17 identifies service members departing from military  
18 service, enrolls them in their programming, and  
19 assigns a mentor, usually in the same geographic area  
20 that the veteran is returning to, and also helps that  
21 veteran receive assistance and preparing resumes,  
22 registering for VA benefits in health care, including  
23 mental health, and connects them to community  
24 programs. Big Apple TAP, and TAP is short for the  
25 Transition Assistance Program. DVS, at the beginning

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2 of this year, sponsored a virtual Transition  
3 Assistance Program, and separately an in-person  
4 program in collaboration with the Mets at Citi Field  
5 this past June. We organize panel discussions on  
6 education, job preparation, employment, VA benefits,  
7 disability claims, and housing. We plan to conduct a  
8 similar program for women veterans in the spring of  
9 2024.

10 The next program is a Joseph P. Dwyer Program.  
11 The 2021 DVS Military and Community Family Survey  
12 revealed that roughly one quarter of veterans  
13 reported they feel lonely three or more days in a  
14 typical week. That survey can be found found at  
15 [nyc.gov/vetsurvey](https://nyc.gov/vetsurvey) by the way. It's at  
16 [nyc.gov/vetsurvey](https://nyc.gov/vetsurvey). Social isolation has been found  
17 to be a factor in those seeking mental health  
18 services. To enhance social engagement, fortify  
19 emotional wellness, and encourage help seeking  
20 behavior, DVS began a pilot program with the state--  
21 with state of New York funding for its own private  
22 first-class Joseph P. Dwyer program. DVS issued a  
23 request for information in February or March of 2023,  
24 and we received 21 responses, providing a broad  
25 selection of in-person arts, music, health and

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2 wellness, athletic culinary, educational and other  
3 community-based programs aimed towards piquing the  
4 wide interests of veterans, veteran family members of  
5 all service areas, genders, race, ethnicities,  
6 disability statuses, ages, and other demographics.

7 To date, four programs are being funded. These  
8 include yoga at an American Legion, a Veterans of  
9 Foreign Wars post in Staten Island, Zumba dancing at  
10 an American Legion Post in Brooklyn, rehabilitating  
11 at an American Legion Post in Queens, and offering  
12 equine therapy with Columbia University's Man O' War  
13 Program. In compliance with procurement guidelines,  
14 we will post a concept paper followed by issuing a  
15 request for proposals to distribute the remaining  
16 proportion of state funds. Our target date for  
17 posting that content paper is early October.

18 Crisis data set mapping: Led by a VA and  
19 Substance Abuse and Mental Health Services  
20 Administration facilitator, DVS curated a group of  
21 representatives drawn from medical facilities, mental  
22 health providers, city agencies, colleges,  
23 universities, military chaplains, and nonprofit  
24 organizations to help community stakeholders  
25 visualize how at-risk servicemembers, veterans and

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2 family members float through the crisis care system.

3 Our community of practice discussions center on  
4 identifying stakeholders at various intercept points  
5 such as first contact, acute care, care transitions,  
6 ongoing treatment, and recovery support.

7 For food insecurity, since July of 2020, during  
8 the height of the pandemic, DVS has collaborated with  
9 HelloFresh, the Campaign Against Hunger and Black  
10 Veterans For Social Justice to pack 2000 food kits  
11 for approximately 1000 service members, veterans, and  
12 families with these donated items from HelloFresh  
13 food packing company. Each food kit contains four  
14 meals, so we effectively prep 8000 meals each week.  
15 Over the three-year period, we've packed more than  
16 312,000 kits, translating into more than 1.2 million  
17 meals.

18 Mission Vet Check: Mission Vet Check is a buddy  
19 check, wellness calling program where volunteers call  
20 New York City veterans on a regular cadence to check  
21 in on them. Launched in May of 2020, we have  
22 facilitated more than 34,000 total calls with an  
23 approximate 25% answer rate, resulting in over 100  
24 calls per week. Of those answered calls, DVS is  
25 proud to have been able to serve the over 1200

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2 requests for service since launching. These requests  
3 range from food assistance, to eviction preparation,  
4 to mental health assistance, to benefits, navigation,  
5 and more.

6       The Veterans Mental Health Coalition: The  
7 Veterans Mental Health Coalition is a group of mental  
8 health professional practitioners, researchers, and  
9 organizational leaders that meet once a month to  
10 discuss various topics on mental health. The group  
11 focuses on veterans' mental health concerns for each-  
12 - during each meeting, and discusses updated research  
13 and data, treatments, organizations, programs, and  
14 accessibility of those programs and barriers to care.  
15 Yesterday's Mental Health Coalition meeting focused  
16 on substance abuse disorders. Next month's meeting  
17 will focus on posttraumatic stress disorder, and  
18 members of the committee are invited to attend.

19       The Military Family Advocate Program: This  
20 program-- This new program is a joint collaboration  
21 between DVS and NYC public schools where schools can  
22 opt in to have a designated member of their staff  
23 serve as the school's military family advocate. The  
24 designated person is typically a guidance counselor.  
25 Military family advocate training will be conducted

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2 at the beginning of October, and halfway through the  
3 school year after the return from Christmas break.

4 The training will consist of four parts: (1)  
5 military cultural competency and understanding the  
6 common concerns surrounding military families, (2)  
7 how to therapeutically engage with children and  
8 parents from those families, (3) how and where to  
9 access resources such as mental health treatment,  
10 employment, food, et cetera, and (4) ways to create  
11 opportunities throughout the school year to reduce  
12 stigma. The program will be piloted in Staten Island  
13 this year, and we will expand it to other boroughs in  
14 the following year.

15 Additionally, with support from the Mayor's  
16 Office of Community Mental Health, DVS began to  
17 implement two health assessments known as the Patient  
18 Health Questionnaire (not a PHQ-9), and the General  
19 Anxiety Disorder 7 (which is GAD-7) to screen our  
20 clients for depression and anxiety. Since February  
21 of 2021 DVS staff have conducted more than 1300  
22 health assessments for which approximately 28%  
23 indicated severe anxiety or depression. Since then  
24 DVS has made 529 referrals for mental health  
25 services. This is 44 times the number of referrals



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2 compared to the period before the implementation of  
3 health screens.

4 Using these screeners further enhances DVS's  
5 ability to identify mental health needs of our  
6 clients, and accurately. This helps us connect them  
7 quickly to resources. DVS has also made suicide  
8 prevention among service members, veterans, and their  
9 families a top priority through our collaborations.  
10 DVS has sought and received trainings from experts  
11 affiliated with the US Substance Abuse and Mental  
12 Health Services Administration, and the US Department  
13 of Veterans Affairs to develop a network of  
14 culturally competent, community-based organizations  
15 able to tackle the challenges of assisting returning  
16 service members and veterans who cope with physical  
17 and emotional distress, helping them and their  
18 families.

19 DVS also supports the US Department of Defense  
20 and US Department of Veterans Affairs endorsed Onward  
21 Ops, or expiration of Terminal Service Sponsors  
22 Program. We supported it by identifying community-  
23 based entities which can assist in recruiting and  
24 managing veteran and civilian sponsors willing to  
25 ease the reintegration of returning service members

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2 to their hometowns or new residential communities in  
3 New York City. We've been successful in enlisting  
4 the Staten Island performing provider system as a  
5 lead organization for this network, and continue our  
6 efforts in reaching out to other suitable  
7 organizations, including the leadership of the  
8 American Legion, and the Veterans of Foreign Wars.  
9 Anyone who would like to become a mentor can visit  
10 [nyc.gov/vetmentor](http://nyc.gov/vetmentor) to sign up.

11 DVS participates with New York State agencies on  
12 several working committees dedicated to improving  
13 health outcomes for veterans, including the VA and  
14 SAMHSA Governor's Challenge Program, the New York  
15 State Suicide Prevention Centers Helping Those Who  
16 Help Others Coalition, and the New York State Office  
17 of Mental Health's launch of 988.

18 In conclusion, we thank you for the opportunity  
19 to testify on this matter, and look forward to any  
20 questions you or other committee members may have.

21 Thank you.

22 CHAIRPERSON HOLDEN: Thank you. Thank you,  
23 Commissioner. I just-- And I'm going to-- I'm going  
24 to ask questions off the script, because I'm looking  
25 at them. And you mentioned, we have-- We are joined

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2 by Councilmember Williams, Bottcher, Hanif. And  
3 you've got-- Okay. Thanks.

4 COMMISSIONER HENDON: Mr. Chair, I'm so sorry. I  
5 just want to make sure as far as our other colleagues  
6 who are testifying remotely that they are with us,  
7 and that they are able to-- that they've been sworn  
8 in too, just so that, you know, that we can be all  
9 unified with this, if that's okay.

10 CHAIRPERSON HOLDEN: Yeah. I just want to-- I  
11 want to get your experiences, because you're a  
12 veteran. And I want to speak, rather than some--  
13 some of the scripted questions I have on these  
14 programs. My-- my dad never-- He didn't know that he  
15 had a problem. Very few, I think veterans-- I still  
16 speak to a lot of veterans as I go around, and you  
17 just have to bring up their experiences to really get  
18 it out. And they and they kind of break down.  
19 Almost every veteran that I spoke to that was in  
20 combat, has-- has very similar experiences. That  
21 they-- that-- it's-- it's inside them.

22 So how do we get that out? I mean, you have  
23 VetConnect, you have all these, you know, great  
24 programs. But how do you-- The outreach to me seems  
25 the most important. That means going to the

2 veterans. That's why the Veterans Service  
3 Organizations I'm so big on, because they're all  
4 there together.

5 COMMISSIONER HENDON: Mm-hmm.

6 CHAIRPERSON HOLDEN: But getting them to even go  
7 there is, you know, Veterans To Go, and participate  
8 in the veteran service organizations. But first, we  
9 have to save the veteran service organizations, but--  
10 because that's kind of like-- that's certainly  
11 therapy for them to talk to colleagues who had the  
12 similar experiences. And that's why it's very  
13 difficult, that we're now getting support from the  
14 City of New York to keep it-- keeping these veterans  
15 service organizations open.

16 But in your experiences-- In your experiences,  
17 not only in service, but in just talking to all the  
18 veterans, what would you say is the biggest thing  
19 that your agency is doing to really reach the-- the  
20 veterans that need help, that don't know it?

21 COMMISSIONER HENDON: I think the biggest thing  
22 for us, Mr. Chair, is trying to identify the vets,  
23 trying to find the folks, so we can even get the  
24 relationship going. You know, I always say in front  
25 of the committee, it's 24.2% of all veterans in this

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2 city actually self-identify, 29.6% in the state, 33.6  
3 nationally--

4 CHAIRPERSON HOLDEN: Can you pull the mic a  
5 little closer please?

6 COMMISSIONER HENDON: I'm sorry. I said, less  
7 than a quarter of the veterans in this city self-  
8 identify. And so, to me, a lot of the work is to try  
9 to identify our brothers and sisters in the shadows,  
10 the other 75%, just to at least get the relationship  
11 going. And if you have the relationship, oftentimes,  
12 their mental health needs are going to come up  
13 through something else.

14 Before doing this job, I ran an incubator for  
15 military veterans, and had a lot of folks running  
16 their businesses, who were dealing with all sorts of  
17 other things. But we bonded through them as  
18 entrepreneurs. And then when they got comfortable,  
19 other things came out and we were able to help them.  
20 And so I feel as though a lot of it is how do we  
21 increase our service area, where more folks are tied  
22 to us so that it increases the likelihood that they  
23 will open up at some point so we can help them in  
24 other ways. I think that's-- that's the key, is  
25 identify folks, Mr. Chair.

2 CHAIRPERSON HOLDEN: But again, these are major  
3 hurdles, because they affect so many people. They  
4 affect the families. So every time-- You know, every  
5 time I go to the Borden Avenue homeless shelter,  
6 which I don't believe should exist. I think we  
7 should not have any of our veterans-- they should be  
8 in supportive housing, they should have their own  
9 places, they should have transitional housing, they  
10 should not be in a congregate setting, in a homeless  
11 shelter. We should give them a place.

12 But I-- When I do speak to them, and I mentioned  
13 it to this a number of times, that they all say  
14 they're not getting-- They-- Other veterans in the  
15 in the shelter will say people here need mental  
16 health treatment, and they're not getting it. They  
17 say they're not getting it.

18 COMMISSIONER HENDON: Mm-hmm.

19 CHAIRPERSON HOLDEN: So I'm trying to get a  
20 program, I mean, in that shelter, you know, and I'm  
21 sure you're doing it, where you can get them all  
22 together and talk about it, and try to pull it out  
23 and have mental health professionals there to-- to  
24 try to help-- to go go over to the individuals, to  
25 the men and say, let me-- let's-- let's have a--

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2 let's have a meeting. Let's have a private meeting.

3 It's-- Because then-- then you can see they'll

4 straighten out their lives. Some of them-- Again,

5 20 years. I met one individual 20 years in the

6 Marines, and he was in that shelter. 20 years of

7 service to our country, and he's in that location for

8 a long time not receiving the mental health

9 treatment.

10 So you're-- In the budget that we provide in the

11 City of New York, for mental health for veterans,

12 what-- what would you say is the is the-- the main

13 focus-- and I think it's outreach, but what is-- you

14 know, obviously, treatment is important, but

15 identifying it first. How do we do that on a greater

16 scale?

17 COMMISSIONER HENDON: Well, to as far as

18 identifying, what we're working to do is make sure

19 anyone who does provide some sort of services, social

20 services in this city, that they're asking that

21 question: Have you served in the military? And if

22 that person says yes, to make sure that they tie him

23 in with us, so we know who they are. Not just us,

24 but also with our fellow agencies. This is something

25 we've been working on for a while. It's also-- We

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2 recently executed the agreement with the speaker, so  
3 that now through Speaker Adams office, every  
4 Councilmember should receive-- Every one that we  
5 have, who is in Councilmember Bottcher's district, or  
6 Councilmember Abreu's district, or Chair Lee's  
7 district, you will know who we know. And the idea is  
8 if we keep getting the touches up, that at some point  
9 when that person is ready to come and seek help, or  
10 ready to say, "Look, I want to talk to somebody,"  
11 they can come to us. This stuff is nuanced, because  
12 you-- I have things I need to deal with from my time  
13 in Iraq, that I haven't yet, and I will get to that  
14 at some point. And it just takes time. And that's  
15 just me speaking for me, Mr. Chair.

16 You know, sometimes it's about, "let's make sure  
17 we know who you are and start to work with you." So  
18 that when that time comes when you're ready to talk  
19 and ready to see somebody, we've got everything set  
20 up. And I think that's a piece of it. So a lot of  
21 it is, just let's keep identifying-- we want to  
22 leverage everyone as far as-- yeah.

23 CHAIRPERSON HOLDEN: But after-- so after they  
24 contact, what is the average length of time it takes

25



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2 for a DVS care coordinator to reach out to a veteran  
3 after they submit a vet connect request form?

4 COMMISSIONER HENDON: Two business days, Mr.  
5 Chair.

6 CHAIRPERSON HOLDEN: Two business days?

7 COMMISSIONER HENDON: Yes.

8 CHAIRPERSON HOLDEN: That's good. And, tell me  
9 about the-- So DVS coordinators receive mental  
10 health-- You know, do DVS coordinators receive  
11 Mental Health First Aid training or similar training  
12 to help them identify veterans with potential mental  
13 or behavioral health needs?

14 COMMISSIONER HENDON: All coordinated have  
15 received training, and they will receive additional  
16 training coming up no later than end of the year.  
17 But all of our coordinators are trained as far as  
18 Mental Health First Aid, Mr. Chair.

19 CHAIRPERSON HOLDEN: So-- So does DVS collect  
20 data on the number of veterans that utilize  
21 VetConnect?

22 COMMISSIONER HENDON: We do. And that's-- It's  
23 in what we publicly report, also. So our six-month  
24 look can be seen in the Local Law 215 report. Our  
25 one-year look, as far as annual, can be seen in our

2 Local Law 44 report. We publish that at  
3 nyc.gov/vetreports.

4 CHAIRPERSON HOLDEN: Does DVS perform any  
5 outreach or public awareness campaigns about how  
6 veterans in New York City can access mental health  
7 and behavioral services? And we talked about this  
8 like at-- You know, I said, "What about getting bus  
9 shelters?" And, you know, how do we-- how do we get  
10 the word out even beyond what we're doing? You know,  
11 because you have-- you have a database.

12 COMMISSIONER HENDON: Mm-hmm.

13 CHAIRPERSON HOLDEN: And there's, there's other  
14 ways to reach veterans. And I always said, like, you  
15 know, "Bus shelters." I'm on a basic level of  
16 advertising. But there's-- Of course, the veteran  
17 service organizations are very, very important to  
18 bring in. But almost like we should have summits,  
19 you know, to really talk about this because it is a  
20 major problem in this community.

21 COMMISSIONER HENDON: So we-- And I want to allow  
22 for-- you know, Dr. Lauren D'Mello, from our team is  
23 also with us remotely to add to this, but a lot of it  
24 is working with our partners to get to that one-plus-  
25 one-equals-three, as far as getting the word out.

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3 You mentioned summits. We were just a part of a  
4 summit on veterans mental health held by Fordham  
5 University just this past-- earlier this week, as an  
6 example. Also, we work with our partners to help  
7 spread the word, and we put a good number of  
8 resources on [nyc.gov/vetmentalhealth](http://nyc.gov/vetmentalhealth). But I want to  
9 just defer to Lauren to add anything else to that,  
10 just so you have the full idea of what we do to try  
11 to penetrate here.

12 CHAIRPERSON HOLDEN: Does DVS or The Mayor's  
13 Public Engagement Unit collect data on the number of  
14 veterans the program has helped--

15 COMMISSIONER HENDON: We do, uh--

16 CHAIRPERSON HOLDEN: -- and connect to the health  
17 care coverage?

18 COMMISSIONER HENDON: I'm so sorry. Yes, we do  
19 collect that as far as the number of veterans we have  
20 helped through it. It's-- 150 folks have reached out  
21 to us through the GetCoveredNYCVet program. Of that  
22 150, 12 Ultimately were identified as being, you  
23 know, candidates who could go and receive VA health  
24 care. GetCoveredNYCVet is our way of allowing for  
25 someone to speak with the typical PEU specialist and  
not only get set up with the New York State of Health

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3 for the family if need be, but if someone in that  
4 family is eligible-- eligible VA health care, to  
5 identify them, tie them in with us, and then we  
6 connect them to the VA.

7 CHAIRPERSON HOLDEN: So what barriers do veterans  
8 face when trying to access health care coverage for  
9 mental health and behavioral health services?

10 COMMISSIONER HENDON: I think one of those-- one  
11 of the barriers is not all veterans are eligible to  
12 receive health care services from the Veterans Health  
13 Administration, Mr. Chair. And so that's one  
14 barrier. And so we work to cover that in terms of  
15 saying, "Okay, what other entities can we tie you in  
16 with?" Another barrier is the--

17 CHAIRPERSON HOLDEN: But could you just elaborate  
18 on that?

19 COMMISSIONER HENDON: I'm saying-- so not all--  
20 not everyone who served in the military is  
21 technically eligible for veteran's health care, for  
22 health care from the VA.

23 CHAIRPERSON HOLDEN: But give us an example of  
24 that.

25 COMMISSIONER HENDON: An example is, if you--  
let's say you were national guardsmen, and you never

2 deployed on federal orders. So we had someone who  
3 worked in our team for a while who was eight years  
4 National Guard, but never deployed on federal orders.  
5 She is not eligible for VA health care as an example.  
6 And so there's certain things that are carved out  
7 where if you don't have a certain amount of time in  
8 service, and it's about the nature of that service,  
9 you may not be able to access the VA for healthcare.  
10 And so that's why we make it a point to really tie  
11 them in with whatever is available as far as our  
12 local partners on the ground and other nonprofits.

13 That's one example. Another example of an issue  
14 as far as a barrier-- not a barrier, but just the  
15 perceived, you know, "I don't want my employer to  
16 know that I'm wrestling with something, and I want to  
17 maintain my privacy." That's another thing that can  
18 be a barrier to someone looking to access these  
19 services. So yes.

20 DEPUTY COMMISSIONER VALLONE: I'll just-- I'll  
21 just jump in on that. By the way, it's good to see  
22 the Councilmembers and the Mental Health Committee.  
23 I love when we join together because sometimes we  
24 just see the views of the committees we're on and  
25 then when you get to do a joint hearing, you get to

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2 hear about veterans issues in the mental health  
3 committee. And that was a tremendous resource when  
4 we would bring that back to veterans in the district.  
5 Chair Holden and Chair Lee, the first thing they said  
6 was identifying, and the Commissioner said, "The  
7 first problem is identifying the veterans." That's  
8 one of the barriers also. And the 51 councilmembers  
9 play a pivotal role in being able to break the  
10 barrier down.

11 So for example, when I was-- They were doing the  
12 ID-- veterans ID for New York City for all migrants,  
13 immigrants, and citizens. With the New York City ID  
14 card, they didn't have a box for veterans, and it  
15 took such a long time to add the veteran identifier.  
16 So everywhere the Commissioner and I go we always  
17 ask, "How many veterans do you have in this  
18 organization?" They don't know. And even within the  
19 labor force within your own organizations, you always  
20 start with, "How many veterans do you have?" And  
21 bringing the veterans conversation to every bill, to  
22 every resolution, every housing project, "How many  
23 veterans are part of it?" Then starts this  
24 conversation of, "Well, if we don't know, how can we  
25 know? How can my Councilmember's district office be

2 part of that? How can we then reach out to the VSO  
3 organizations that are doing the critical work? And  
4 how do we get the respect of the veteran to open the  
5 door so that we could help?" And that's where the  
6 commissioner has been tremendous on-- And I know  
7 Councilmember Paladino and Councilmember Holden now  
8 having veteran resource centers in their council  
9 office. It was a huge help to get to the barrier of  
10 the veterans in your district. And then this  
11 conversation, whether it's mental health, or, "How do  
12 we help veterans?" becomes more of a part of your  
13 office, part of your daily routine, because it's part  
14 of everything you do, not just this Committee. So I  
15 would keep that in the background.

16 I know we have Dr. D'Mello and Ellen Greeley. We  
17 are looking this way, Lauren, because I see you up on  
18 the TV screen. But they have some critical knowledge  
19 in this area. So Dr. D'Mello, I think we had a  
20 question you were going to jump in on before also.

21 DR. D'MELLO: I think one of our-- one of our  
22 greatest initiatives is the Military Family Advocate  
23 within the Department of Education. So often in  
24 these situations, children are voiceless. They don't  
25 know where to go for help. They don't know how to

2 ask for care. They are silent, similar to the story  
3 that Councilmember Holden shared. Through the  
4 Military Family Advocate Program, we will have  
5 guidance counselor's be able to identify these  
6 children, reach out to them, therapeutically engage  
7 with them, and then connect not only with them, but  
8 their whole family. But our services, and the  
9 plethora of services, mental health services that we  
10 offer throughout New York City. So I think that's  
11 one of our best initiatives. And we'll be able to  
12 access all the children within New York City.

13 ASSISTANT COMMISSIONER GREELEY: Can I-- Can I  
14 jump in there for a minute? I would say that one of  
15 the best ways is what you already experienced,  
16 Councilmember Holden. It's really word of mouth.  
17 And the and I believe that the Dwyer Program is going  
18 to offer us a tremendous opportunity for our-- our  
19 veterans to connect with services, because they are  
20 doing a program that they enjoy, and it's word of  
21 mouth, that I think it's essential, and building the  
22 trust with the various providers that will yield  
23 great results in connecting our veterans to our  
24 services. I think it begins very much-- very much of  
25 a word of mouth experience.



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2 CHAIRPERSON HOLDEN: Yes. It's word of mouth,  
3 and also, um, you know, which is why I'm saying the  
4 Veteran Service Organizations are so important,  
5 because that's-- that's probably where it starts, but  
6 also in the neighborhoods, which-- which is really  
7 what I'm looking for. And then-- But just in the  
8 general public, like, you know, I remember, and I  
9 brought this up at a previous hearing that, you know,  
10 we have bill-- everybody, or most council districts  
11 have billboards, and many of them sometimes in a  
12 neighborhood, and some-- they're all peeling, and  
13 they're not, you know, they're not updated.

14 And then when I brought this up to the billboard  
15 company, they put up a recruitment poster for the  
16 Marines, and it stayed up for years. But I think we  
17 all should have outreach. You know, instead of a  
18 recruitment poster, sometimes maybe we should also  
19 have a poster for a helpline. Like that-- Like the  
20 Veterans Emergency Crisis Hotline, to publicize that.

21 So, let me just ask you Commissioner, and then  
22 I'll turn it over to my-- my colleague, Chair Lee.  
23 If a veteran is having a mental health crisis, and  
24 needs immediate assistant-- assistance? What-- Is  
25

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3 there a number? I mean, I don't want to say 911. Is  
4 there a number that they could call and get help?

5 COMMISSIONER HENDON: Well, there's three  
6 different entry points, and I'll turn it over to  
7 Lauren to add to this. It's-- You know, it's--  
8 depending on the-- how acute the issue is need, what  
9 we found is folks will come in through either 311,  
10 through 988, or through 911. As far as the  
11 escalation of the needs. So 311-- you know-- 911, as  
12 far as different-- and for veterans, it's 988+1. And  
13 so as far as just different intakes when someone is  
14 in crisis, the-- the place they tend to reach out to,  
15 Mr. Chair.

16 CHAIRPERSON HOLDEN: Yeah, but what--

17 DEPUTY COMMISSIONER VALLONE: Mr. Chair, with-- I  
18 think Lauren, Dr. D'Mello is going to jump in and--

19 CHAIRPERSON LEE: Oh, okay.

20 DEPUTY COMMISSIONER VALLONE: Sorry about that.  
21 Lauren?

22 DR. D'MELLO: There's one more modality. They  
23 can also utilize our city's mobile crisis units.  
24 They're similar to EMS, except they're more  
25 therapeutically involved. So that's another option

2 of receiving care when Veterans are having a mental  
3 health crises.

4 CHAIRPERSON HOLDEN: Thank you. Thanks for that.

5 I just want to know, you know, what Paul Vallone was  
6 saying about knowing that they're even veterans, like  
7 in agencies, if they're if they're arrested, or if  
8 the veteran is arrested. I spoke to some probation  
9 officers. They didn't even know about the Veterans  
10 Treatment Court. So that is to me-- and we-- so we  
11 still have a lot of work to do. And I had five--  
12 five probation officers in my office, and only one, I  
13 believe, knew about Veterans Treatment Court. So--  
14 And again, that's, you know, there's the police. So  
15 we talked about-- There's a-- there's a little  
16 checkmark when a person is arrested, are they a  
17 veteran? Because they-- Veterans Treatment Courts  
18 are very, very important. And do you know if the  
19 Manhattan Veterans Treatment Court-- Because at the  
20 last hearing we had they weren't in operation. Do  
21 you know if they're in operation?

22 COMMISSIONER HENDON: I do not at this time, Mr.  
23 Chair.

24 CHAIRPERSON HOLDEN: Right.

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2 COMMISSIONER HENDON: We can get back on that. I  
3 want to speak to this point. We've been focused on  
4 Criminal Justice Agency, or CJA, as a way to identify  
5 anyone who touches the criminal justice system in New  
6 York City, if they were a veteran. So this is an  
7 example of us working with a different organization  
8 to have them utilize-- The V.A. has a platform  
9 called SQUARES, or the Status Query Exchange and  
10 Response System, where you can do a bulk upload of  
11 all of those whom you contact, and it will come back  
12 and say, "These are the people here who are  
13 veterans." This is a way for us to make sure that we  
14 know anyone who was justice involved, if they were a  
15 veteran, to know who they are right away. The sooner  
16 we know, the more visibility that has for Veterans  
17 Treatment Court. And so that's how we're trying to  
18 triage that situation.

19 CHAIRPERSON HOLDEN: Great. Great. Thank you.  
20 Thank you. And I'll turn it back to my Co-Chair.

21 CHAIRPERSON LEE: Thank you. Yeah. I have to  
22 say even the last joint hearing we had on the  
23 Veterans Treatment Courts, a lot of that still has  
24 stuck in my mind. Because, you know, before we had  
25 that hearing, I think the last time there was an

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2 oversight hearing was in 2015. And it's amazing to  
3 me that those Veterans Treatment Courts are not  
4 utilized more, especially when we're talking about,  
5 you know, areas in overlap with the criminal justice  
6 system. And so, I'm just wondering. You know, it  
7 would be great to follow up to see which ones are up  
8 and running. And I remember the gentleman who came  
9 and talked, and he was saying he was one-- the one  
10 and only, I think, or one of the few mentors.

11 COMMISSIONER HENDON: Herb Sweat, yup.

12 CHAIRPERSON LEE: Yes, I remember that. And I  
13 remember how powerful that was. And it-- which is  
14 kind of connecting to my question about the peer-to  
15 peer-connectedness program that you guys have.  
16 Because, you know, one of the things we did with our  
17 Mental Health Roadmap on the City Council was include  
18 the importance of peer-to-peer services, because we  
19 know how important that is, in terms of someone's  
20 recovery and the success of their recovery. And just  
21 wanting to know-- I mean, because what you said in  
22 your testimony here is pretty powerful. These  
23 vulnerable veterans represent the largest group in  
24 committing suicide. And so, I was just wondering if  
25 you could dive a little deeper into the Transition

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2 Assistance Program and peer-to-peer connectedness.

3 Like, how many peers do you have at this point? How  
4 many folks are involved in the plan-- I mean, not the  
5 plan, the program? And-- And what are some of the  
6 ways that you're seeing success, or maybe more help  
7 and resources that are needed?

8 COMMISSIONER HENDON: So Chair Lee, I want to-- I  
9 want to I guess, before answering that, just call out  
10 that we will never turn down someone who wants to  
11 help our veterans, regardless of whether they've  
12 served in military or not. We always say lead with  
13 love. And so just to be clear, anyone who wants to  
14 be a part of this, we tell them go to  
15 [nyc.gov/veteranmentor](http://nyc.gov/veteranmentor) to sign up to work with our  
16 folks. And so, just to put that out there.

17 CHAIRPERSON LEE: That's good to know.

18 COMMISSIONER HENDON: Separately, you know,  
19 within the agency, we have three, you know, peer  
20 coordinators, as far as veteran peer coordinators.  
21 These folks focus specifically on helping our  
22 veterans who have housing needs, which is really the  
23 largest piece in the chart as far as areas that we  
24 focus on. And so there's the three that are on  
25 staff. At the same time, we leverage other

2 organizations and partners who have their own  
3 versions of veteran peer coordination programs and  
4 other partnership programs. So really, we work to  
5 amplify this through our partners.

6 And another example of it is a program that is  
7 funded by the State called the Joseph P. Dwyer  
8 Program, which helps to-- fights to prevent veteran  
9 suicide, and fights to normalize help-seeking  
10 behavior, where we are looking to take state funding  
11 and effectively get it out to our veteran  
12 organizations, so think about our veterans of--  
13 Vietnam Veterans of America groups, or American  
14 Legion groups, Veterans of Foreign Wars, et cetera,  
15 so that they have the resources to go on the ground  
16 in a hyperlocal way and engage our brothers and  
17 sisters.

18 CHAIRPERSON LEE: Thank you. And I think, just  
19 as a comment to-- one of the things that we're  
20 working on in general across the mental health sector  
21 is-- I think one of the barriers, if you ask me, and  
22 challenges is that sometimes a lot of the services  
23 that are needed are not necessarily covered through  
24 insurance. And so, the question that I have more on  
25 the state side with Medicaid, as well, as, you know,

2 private insurance is what types of these services can  
3 we cover more? And I know that-- You know, and I'd  
4 be curious to hear from your perspective, because  
5 before when you were talking about how, you know,  
6 there are certain requirements to receive those  
7 benefits for veterans. You know, I guess my question  
8 is: Do you think that if more of those were--  
9 services were covered, it would-- it would help sort  
10 of lessen the barrier of access, right? Is that one  
11 of the reasons why you're seeing that people are not  
12 getting help? Or is it a lot of the other factors?

13 COMMISSIONER HENDON: I think identification is  
14 the biggest one. Whenever we speak about a veteran.  
15 Whenever we just tell ourselves, I'm thinking of a  
16 veteran, there are three other people I don't even  
17 know. You know, we just tell ourselves that. So I  
18 think that's the biggest piece. At the same time,  
19 you know, we are doing everything we can to see how  
20 can we leverage the 1115 waiver process, or what is  
21 available through Medicaid to fund certain  
22 initiatives? To fund things like-- An example is  
23 our aftercare, or the followup support we provide to  
24 those we house, who have supportive needs. And so  
25 that is something that we are exploring. The same



2 thing, as far as: How can we build Medicaid to  
3 support those with-- who have food insecurity?  
4 Someone-- We feed have 8000 meals that we push out  
5 every week. How can we use Medicaid to maybe  
6 increase that amount? You know, and so those are  
7 things that we are actively looking at as an agency.

8 DR. D'MELLO: Can I jump in there also, please?

9 CHAIRPERSON HOLDEN: Of course.

10 DR. D'MELLO: I just wanted to add that less than  
11 half of our veterans take advantage of the VA  
12 resources and services. And that's another big  
13 challenge is trying to convince, and to really refer  
14 our veterans into the system. And, again, once they  
15 receive those services, for those that qualify, those  
16 free services, or they're limited in terms of  
17 payment. Also, the medication that they receive is  
18 free. So it's not as much of a financial issue for  
19 those veterans that qualify in that particular case.  
20 Again, I think those other factors come into play  
21 about why aren't they taking advantage of the VA  
22 resources that are there? And many of those  
23 resources at the V.A. are, you know, obviously,  
24 purposely designed to meet the challenges and needs

2 and the unique characteristics of the veteran  
3 population.

4 COMMISSIONER HENDON: This has to be said, just  
5 so that we all are on the same sheet of music. The  
6 issue we're dealing with at the federal level is that  
7 the V.A. doesn't really market its services. It  
8 doesn't go out of its way to tell people what it  
9 offers, or tell everyone-- how is it that, you know,  
10 everybody in this room knows what USAA is, and who  
11 USAA is, yet we have people who have served our  
12 nation really don't know what's available to them on  
13 the V.A. side. It's a public policy situation where  
14 they have the second largest budget in all the  
15 federal government, yet they serve roughly a third at  
16 best of all whom they can serve. If I serve more  
17 people, it's going to cost more money, and so there's  
18 institutional pressure on me to not cost more. And  
19 so I think that that's not saying anything on the  
20 good people who work there. It's saying things on a  
21 larger-- Do we as a nation want to really pay the  
22 cost to be right by these men and women who have  
23 served? And so, because of that we at the city  
24 level, and our friends at the state level, and our  
25 VSO friends often are filling this gap to try to get

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2 the word out to folks, so we can try to be able to  
3 have them take advantage of things that are earned  
4 benefits. So I just wanted to make that clear.

5 CHAIRPERSON LEE: Yeah, I think that's definitely  
6 what you're hitting upon is a challenge across the  
7 board with folks who are dealing with a lot of the  
8 mental and substance abuse issues. And actually,  
9 that's a perfect segue to my next question, because I  
10 just wanted to know how it has been-- Because I know  
11 that you had cited it a few times in your testimony  
12 that you're partnering with different agencies like  
13 DOHMH. And also what is your partnership with OCMH  
14 look like, because I know that OCMH was-- you know,  
15 has a certain budget and some of it I was-- I was  
16 told or informed is to be used for things like, you  
17 know, public service announcements or advertising.  
18 And so, just wondering how that-- if there's a way to  
19 collaborate, or if you guys already are  
20 collaborating, if you could talk about that a bit  
21 more

22 COMMISSIONER HENDON: So Chair Lee, I'll say a  
23 little bit and I'll throw to Dr. D'Mello from our  
24 team and Assistant Commissioner Greeley, to let them  
25 get into it. For us, a sea change was us being moved

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2 as an agency from falling under the special  
3 initiatives line, as far as in the mayoral hierarchy  
4 to falling under Deputy Mayor Ann Williams-Isom in  
5 the Health and Human Services line. So now it's a--  
6 an easier, and just a more direct relationship with  
7 all who do work in the services space. So at the  
8 principal-- the principal level, there's constant  
9 interaction between me and those other agency heads.  
10 I just want to call that out. I want to throw to Dr.  
11 D'Mello as far as other things, when it comes to  
12 coordination, and to AC Greeley.

13 DR. D'MELLO: Lauren, do you want to talk?

14 ASSISTANT COMMISSIONER GREELEY: Sorry. Do you  
15 want to think about the partnerships with OCMH first?

16 COMMISSIONER HENDON: Yeah. The question was  
17 about other areas of coordination between us and city  
18 agencies and other things we're doing to collaborate  
19 on mental health and veterans' concerns.

20 CHAIRPERSON LEE: Yeah. More in particular OCMH  
21 as well as DOHMH.

22 COMMISSIONER HENDON: Yeah.

23 I'll start off in that OCM is the reason we do  
24 the GAD-7 and PHQ-9, Madam Chair. They were the  
25 group that got us into that. They were also the

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2 group that helped us-- that helped us design Mission  
3 Vet Check, that buddy check program I mentioned,  
4 which is us going on offense and constantly calling  
5 our people, so we keep the touches with them. So  
6 when it comes to OCMH, I'd argue those are two areas  
7 that we department with them.

8 What was the other one again? I'm sorry, ma'am.  
9 You said OCMH and-- DOHMH: Um, I want to-- You  
10 know, I'll say one thing on this, and then just open  
11 it up. You know, I know that we have had  
12 participation from folks who DOHMH within our Veteran  
13 Mental Health Coalition, and as part of our crisis  
14 mapping work. I know that we've had representatives  
15 from the Department of Health, Department of Health  
16 and Mental Hygiene there.

17 Also we've been very grateful to DOHMH, for  
18 giving us better clarity and visibility on what the  
19 veteran suicide data is in this city. The most  
20 recent data is that from 2017 to 2019, it was 65 of  
21 our veterans died by suicide. And so when you look  
22 at 16.8 per day, nationally, and you look at 21.7 per  
23 year for us, we believe that our numbers are much  
24 lower here in New York City compared to other places  
25 due to a lot of the gun laws here. And so we're just

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2 grateful for that. And just anything that you'd add,  
3 you want to say on this as far as the veterans  
4 relationship, anything more you want to add, Lauren,  
5 you want to add to?

6 ASSISTANT COMMISSIONER NECKLES: Sure. I can add  
7 a little bit. Good morning, thanks for having this  
8 hearing and calling attention to this issue. In  
9 addition to the data that we're sharing regarding  
10 suicide, which we track closely, and which thankfully  
11 has been flat in the city for more than a decade, we  
12 also invest heavily in the Health Department in our  
13 local crisis hotline 988, which, of course, if  
14 anybody dials the first option, press one for  
15 specialty Veterans Services. So it's critical to  
16 have that resource available to anybody who can elect  
17 to get the specialty crisis counseling for veterans.  
18 But many people will not choose that, right?, as  
19 we're hearing. There are vets who choose not to get  
20 their services in veteran-specific settings. And  
21 they can continue on to the general 988 crisis  
22 counselors, where they will receive generalist  
23 counseling in the moment, emotional support, and then  
24 connection to local services, and another opportunity  
25 for them to get connected to specialty veterans

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3 services that will come up in the course of making a  
4 referral. The counselor will ask about that. It  
5 factors into benefits and other services rendered.  
6 And we still find people may not choose-- veterans  
7 may not choose those specialty services, and will  
8 continue to be served in our more general mental  
9 health care system.

10 We also have some supportive housing units that  
11 we partner with, with community-based organizations  
12 to provide special to be supportive housing for  
13 veterans, about 500 veterans in our supportive  
14 housing citywide. Half of those units are specialty.  
15 So again, this sort of theme of both specialized  
16 services for people who opt into that, and then  
17 making it available more generally for people who  
18 don't.

19 COMMISSIONER HENDON: And I want to be sure to  
20 give them roses too, in that the work I mentioned on  
21 the 1115 waiver, that was us reaching out to DOHMH to  
22 get a read on how to navigate this. So, as we're  
23 pursuing that it was largely due to Commissioner  
24 Vasan and his team to kind of guide us, as we're  
25 looking to get that right.

CHAIRPERSON LEE: Nice.

2 DR. D'MELLO: We're also create-- We're also  
3 very-- We're also very welcoming of the Dwyer money  
4 that's being transferred over from DOHMH-- From the  
5 OMH-- State OMH, to DOHMH, to us. And we're really  
6 grateful for that funding.

7 DEPUTY COMMISSIONER VALLONE: Chair Lee, I'll  
8 just jump in. Like interagency assistance is so  
9 critical, especially when you have an agency like  
10 DVS, which is the smallest agency in the city. So we  
11 can't do it all alone. So, when we work with our  
12 sister agencies, it's so important, because different  
13 resources, different staff. I'll give you a simple,  
14 right? We always talk about the largest demographic  
15 of veterans are seniors. So you would bring in DFTA,  
16 Department For The Aging, in the back of your head.  
17 They created this great new group called CONY,  
18 Cabinet for Older New Yorkers. They recently added  
19 DVS to that to bring the veteran perspective to Older  
20 New Yorker Cabinet, which has been tremendous,  
21 because now all of a sudden, we're able to have this  
22 conversation with every agency on what they're doing  
23 for older New Yorkers. And then we can come in and  
24 say, "What about veteran New Yorkers?" So it's--  
25 it's a conversation that is starting to take roots,



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2 and not only just with the Administration, but with  
3 the other agencies to say, "Okay, how do we bring  
4 veterans to this conversation?" So we appreciate the  
5 question. Lauren, I don't know if you had anything  
6 else to add on that, but you're so important on  
7 managing those relationships.

8 DR. D'MELLO: Yeah. So we utilize different  
9 agencies in different ways. For example, we have a  
10 partnership with DOC, where we have a specific  
11 coordinator that outreaches incarcerated veterans,  
12 and upon their release we connect them to services.  
13 So that they're-- they are provided with services  
14 seamlessly. We engage them prior. We perform an  
15 intake. We do an assessment. We gather their  
16 documents. So upon their release, everything is set.  
17 And it's better. It's easier for them to integrate  
18 into society. So we have projects with DOC. We have  
19 trainings that come including the Mental Health First  
20 Aid for DOHMH. Of course, our partnership with the  
21 Department of Education, GetCoveredNYC, where we work  
22 with the PEU in the Mayor's Office. So we have  
23 different partnerships, you know, where we try to  
24 engage veterans to provide services and also access  
25 them to health care.

2 CHAIRPERSON LEE: Thank you. Actually, you  
3 answered one of my other questions about your  
4 partnership with DOC. So, thank you for answering  
5 that. And yeah, I mean, I'm a fan of the whole to  
6 govern-- you know, the whole government approach and  
7 breaking down the silos between agencies. Because  
8 you go in through-- Like, I'm a whole person, but I  
9 have to walk through one agency to get this service,  
10 and another agency to get the service when-- And then  
11 you know, if they're not coordinating or talking to  
12 each other, it becomes more difficult. So it's good  
13 to hear that with the veterans, you guys are  
14 coordinating a lot with the different agencies, which  
15 is-- which is good to know.

16 I'm just going to ask one last question before I  
17 turn over to my colleagues, because I don't want you  
18 guys to keep hearing my voice all the time. And then  
19 I'll come back to questions later. But really  
20 quickly: For New York City Well, if a veteran calls  
21 and identifies, and we're able to find out and  
22 identify that they're a veteran, is the process  
23 different when a veteran calls and reaches out at New  
24 York City Well versus someone else, for example? Or  
25 I don't know if-- Yeah?

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2 ASSISTANT COMMISSIONER NECKLES: I can take that.  
3 Sure. So we're-- The federal government launched 988  
4 last July. We had a 13 month transition period,  
5 where we had the two phone numbers live into the same  
6 local call center. TheNYCWell brand were sunseting.  
7 So, it's now 988. So, I'll use that language in my  
8 response to you. And so, when anybody calls 988 they  
9 hear an option for Spanish. And then in English,  
10 they can press one to get connected to the Veterans  
11 Crisis Line, which will again give them those  
12 specialty services. If they then-- If they don't  
13 choose, that they continue into general 988 crisis  
14 counselors, with the city held contract for our local  
15 call center. And they get general emotional support,  
16 more generalized emotional support, and connection to  
17 local resources if they want that.

18 CHAIRPERSON LEE: That's good to know. We should  
19 promote that more, because I didn't realize-- When  
20 is New York City Well sunseting?

21 ASSISTANT COMMISSIONER NECKLES: So we're not  
22 using-- we're not advertising the brand anymore  
23 proactively. The calls will still forward--

24 CHAIRPERSON LEE: Okay.

25

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2 ASSISTANT COMMISSIONER NECKLES: --into 988. But  
3 we're keeping the number live for a while. We don't  
4 want to leave anybody hanging, obviously.

5 CHAIRPERSON LEE: Right.

6 ASSISTANT COMMISSIONER NECKLES: And so-- but you  
7 know, as of September 1, we're like not using that  
8 number, hopefully--

9 CHAIRPERSON LEE: Okay.

10 ASSISTANT COMMISSIONER NECKLES: --and sticking  
11 with 988 exclusively. But for-- that has been a  
12 reality for the last 13 months. People have been  
13 calling into the same trained counselors. So I just  
14 want to assure folks that-- that the services are  
15 really consistent. It's just we're going with the  
16 simpler, easier-to-remember, federal number.

17 CHAIRPERSON LEE: Got it. Okay. Thank you. And  
18 I just want to recognize we've been joined by  
19 Councilmember Mealy. And with that, we'll hand it  
20 over to Councilmember Abreu to ask questions.

21 COUNCILMEMBER ABREU: Thank you so much Chairs,  
22 for your testimony, and thank you Holden for that  
23 powerful testimony as well.

24 Regarding PTSD treatment models, I wanted to ask  
25 a question about animal-assisted therapy. The US VA

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2 2015 Healthcare Analysis Information Group Survey  
3 found that 52% of VA healthcare systems offer animal  
4 assisted therapy for veterans, an increase from 25  
5 and 2011. AAT uses animals such as dogs and horses  
6 to help military members and veterans recover from  
7 physical and mental health conditions. It's quite  
8 impressive what animals can do. Dogs, for instance,  
9 can be trained to perform specific tasks, such as  
10 waking an individual suffering from PTSD from  
11 nightmares, interrupting moments of anxiety by  
12 nudging, pawing, or leaning, providing calm and  
13 comfort by laying on top of the individual, blocking  
14 or creating space for an individual by positioning  
15 their bodies in front of them or behind, and bringing  
16 medication.

17 My question is: How widely utilized is this form  
18 of treatment among veterans in New York City?

19 COMMISSIONER HENDON: Thank you so much for that  
20 question, Councilmember Abreu. I'd-- I'd have to get  
21 back to as far as exact data in-- on that, you know,  
22 as far as you know who is using those things? I know  
23 that we will put a future Veteran, Military and  
24 Community, Family Survey out. That may be another  
25 way we can try to get at that too, just to get a

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2 handle on it. Because it-- it may not be just-- we  
3 can ask our friends at the VA to share as much as  
4 they are able with us on it. But as was mentioned,  
5 not everyone uses VA healthcare, so it won't fully  
6 cover it. And I know that a good friend, Ed  
7 Schloeman, will be testifying later today who-- part  
8 of his nonprofit Operation Warrior Shield, has an  
9 effort called Operation Canine Companion. So, he may  
10 be able to answer more on that. But we'll do what we  
11 can to try to get as best information we're able to  
12 get you on that.

13 COUNCILMEMBER ABREU: Okay. So, would that also  
14 apply for-- in terms of the number of AAT programs in  
15 the city, that's also question for them as well?

16 COMMISSIONER HENDON: We've got to do our  
17 homework and just get an idea. But we know of  
18 certain groups. Like, we mentioned that one of our  
19 Dwyer fundees is doing equine therapy, as an example.  
20 You know, I just mentioned Operation Canine  
21 Companion. But I think we've got to go back to the  
22 drawing board to get that answer to you, and just,  
23 you know, serve our community, to get an idea of how  
24 many partners are-- how many veterans are using it.

25

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2 COUNCILMEMBER ABREU: No problem. I just want  
3 to--

4 ASSISTANT COMMISSIONER GREELEY: May I-- May I  
5 offer that the VA gives that grant money for adaptive  
6 sports. And several-- There's several New-York-based  
7 organizations that are-- that receive that funding,  
8 particularly to do equine therapy. So that is--  
9 that's one source.

10 Thank you. I mean, like AAT is very important.  
11 Animals serve so many important purposes. We're very  
12 lucky to have them. And I hope it's a resource that  
13 we can leverage for-- for our for our veterans.

14 Thank you so much.

15 DEPUTY COMMISSIONER VALLONE: Well, Councilmember  
16 Breyer, that's-- it's a great point to think out of  
17 the box of, "What alternative methods are available,  
18 and then how can they be applicable in my district?"  
19 So with the equine therapy, they'll take-- they'll  
20 take veterans from the five boroughs, and give them a  
21 day of peace with the horses in New Jersey, that when  
22 you see the program (and Commissioner Hendon goes  
23 firsthand), and see this special bond, and for one  
24 day in their life, they are with a horse, and they're  
25 getting this critical treatment. But it costs money.

2 So one of the things last year that almost passed was  
3 the Veterans Initiative in the Council. For example,  
4 you could take that money (and every Councilmember's  
5 district is different), and use it for a program like  
6 that, so that your veterans in your district can  
7 benefit from that program. But as always,  
8 everything's a budget. But that's a good way to use  
9 Initiative funding in any way you see fit for veteran  
10 needs in your particular district. And that's why I  
11 always feel like the open-ended initiatives like  
12 that, so that each Councilmember can direct where  
13 those funds could be best used in your VSOs, and your  
14 treatment plans, and the court systems. Anywhere  
15 that you're-- because every district is so different.  
16 Like in my old district, it was the highest amount of  
17 veterans in the city. Veterans are such a big  
18 component, and Councilmember Paladino's office always  
19 have veterans coming in and out, that the more you  
20 can take an active role with that within your own, it  
21 becomes such an additional resource to then get--  
22 like how we started today of identifying veterans  
23 and-- and how we can get the different help. And in  
24 today's testimony and mental health, it's so  
25 important to look at these extra forms of therapy,



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2 what works best, find out from the veteran groups  
3 that are really working with it, and then how can we  
4 expand on it? And it's not really a lot of money  
5 that's involved. It's more along the lines of  
6 connecting the best service to the district, and how  
7 those veterans get back to you and say, "You know  
8 what? That worked. This didn't work. I love this  
9 program." [TIMER BEEPS] I got beeped on my own--  
10 But that's-- that's just to give you like-- we're  
11 listening to Commissioner, and Ellen, and Linda, and  
12 Lauren D'Mello all the time.

13 That's the hardest part is recognizing there are  
14 these groups, but then how do we as a city then bring  
15 our vets to these groups that are doing this critical  
16 work, and expanding it? A lot of it is just a little  
17 bit of funding, but more of it is connecting the  
18 dots.

19 COMMISSIONER HENDON: I have to piggyback--

20 COUNCILMEMBER ABREU: Thank you so much.

21 COMMISSIONER HENDON: -- the one-two punch that  
22 you hear, Councilmember, also is the fact that we are  
23 working to share our data with you. So between you  
24 having the resources to do it, and also knowing who  
25 your veterans are. We hope that that'll be enough to

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2 kind of get us to a better place if you can help more  
3 of your constituents who are veterans access these  
4 opportunities.

5 COUNCILMEMBER ABREU: I appreciate you all.  
6 Thank you so much.

7 CHAIRPERSON LEE: Great, thank you. And next,  
8 Councilmember Paladino?

9 COUNCILMEMBER PALADINO: Good morning, everybody.  
10 How are you? Thank you for coming. As Paul has  
11 pointed out, my office is really, really busy.

12 I just want to bring up something that I wanted  
13 to connect with Tanya about as I was sitting here.

14 Something that came up this week was, we were  
15 looking into-- We have a lot of veterans that come  
16 in, and it's more about families and those that help,  
17 you know, the survivors of the mental illness that  
18 they're suffering. What-- What can we do, and what  
19 are-- what is being done as far as the veterans  
20 services go for the families, and for those that need  
21 help, other than the veterans themselves? What kind  
22 of outreach are we doing for the family members that  
23 have to take care of these veterans? That's one  
24 question.

25

2 The other thing is, also, our veterans need jobs.  
3 And they're searching for them. A lot of them, like  
4 you say, are older now. And some of them are not.  
5 And they need employment. And they're finding it  
6 very, very difficult to find jobs.

7 The other thing is, sitting here on the Veterans  
8 Committee now for 20 months, I-- we come back to this  
9 same thing all the time. And it's all about the  
10 outreach. How do we-- You know, we go over this  
11 again, and again, and again. The numbers don't grow  
12 exponentially for those who want and need help. They  
13 just don't, because they're not being reached. Now  
14 in our American Legion Hall, Post 131, down on  
15 Clintonville Street. Uh, it's a very interesting  
16 dynamic because it's much older men, Vietnam War, you  
17 know, late 70s, and such. And then there's a 37-  
18 year-old female Navy veteran who suffered with  
19 alcoholism (I know her personally)-- suffered with  
20 alcoholism. And I said, "Why don't you go down to  
21 the American Legion?" Well, in the last year, she's  
22 been going down, she doesn't drink anymore. She  
23 kicked it. And that was after years. So this is  
24 just a very sim-- you know how small that Legion Hall  
25 is. I mean, it's large in size, but small in

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3 membership. And what they were able to do for her  
4 was tremendous. But it was just simple outreach,  
5 going to the American Legion Hall, talking to people  
6 who had something in common with her. And just  
7 camaraderie, even though the age difference was so  
8 vast. But happy to say she's doing all right. She  
9 goes there every Saturday morning. She participates  
10 in whatever little activities that they do. Then  
11 they do try to host a dance.

12 I'm curious when you went to-- Where'd you go  
13 this week? You said you host-- there was a meeting?

14 COMMISSIONER HENDON: Fordham-- At Fordham  
15 University, they had a veteran's mental health.

16 COUNCILMEMBER PALADINO: How was that turnout?  
17 I'm very curious about-- did you have a lot of people  
18 there?

19 COMMISSIONER HENDON: For the summit-- for the  
20 segment that we-- the panel we lead had about 25 or  
21 30 people there.

22 COUNCILMEMBER PALADINO: Yeah. So when you think  
23 about it on the grander scale, and what we have going  
24 on that nobody is saying they have a problem, 30  
25 people is nothing. It's very discouraging.

2       And again, going back to the original thing. I  
3 want to help as much, as I possibly can, to get out  
4 the word. Bob brought up a good point, something  
5 simple like that billboard. 988 is a very simple  
6 number. But there's other things too, that we need  
7 to do. And I don't think the budget of course, is  
8 there for it, because you've heard me say it many  
9 times, about getting something out in an infomercial,  
10 or, you know, on the TV, or on-- on a radio, where  
11 they know, it's not just-- You know, there's so much  
12 here for them. It's incredible the resources that  
13 are available to our veterans. And yet, they still  
14 don't know. So I'm just trying-- Like I said, I was  
15 very curious about Fordham's turnout. 30 people. I  
16 know, our vet-- our American Legion hosts may be 10  
17 or 15. And yet my office is filled every other  
18 Wednesday, with people that come from all over the  
19 city, about different things: needing jobs, help for  
20 the caregivers of these people. So these are just  
21 different avenues, and I know, Tonya and everybody's  
22 doing the best they can. But letting people know  
23 more so how we can get out there. This message is--  
24 is vital. I don't know what else to say. I just  
25 don't because it's 20 months--

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2 ASSISTANT COMMISSIONER GREELEY: Councilwoman  
3 Paladino, just to mention to you the National  
4 Association of Mentally Ill, NAMI, has several  
5 chapters. I know there's certainly one in Staten  
6 Island, and one for New York City, and they do quite  
7 a bit of support-- support work with family members,  
8 and we're often promoting a lot of their programs,  
9 just to give you a reference and a resource for that.

10 COUNCILMEMBER PALADINO: I'm more about letting  
11 people know what the resources are. Like you said  
12 earlier. You said the shame of it is we're not  
13 reaching enough people. And that's the truth. You  
14 know, they're not self-identifying. And as the  
15 Commissioner said, for every one, there's three in  
16 the shadows. And that's very true. I'm just trying  
17 to figure out how we could get them to come forward.

18 You know, and a lot of them, it's just simplistic  
19 things. Housing, you know, that's easy. You know,  
20 we could figure this all out. There's so-- there's  
21 agencies that are coming together. And this can all  
22 work if enough people know about it. I'm a little  
23 frustrated. I just don't know what to do about that.

24 Thank you.

25

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2 ASSISTANT COMMISSIONER GREELEY: With respect to  
3 jobs, we do have a search engine called  
4 VetConnectPro. And if-- if your constituent needs  
5 assistance with resume writing, we can-- we also have  
6 resources for that on top of helping them search for  
7 jobs. It's a veteran-based search.

8 COUNCILMEMBER PALADINO: [inaudible] knows about  
9 that.

10 ASSISTANT COMMISSIONER GREELEY: Okay, yep.

11 COUNCILMEMBER PALADINO: Okay, thank you so very  
12 much.

13 ASSISTANT COMMISSIONER GREELEY: Just to give you  
14 the heads up.

15 COMMISSIONER HENDON: And we-- And I would be  
16 remiss if I didn't call on our partners at Small  
17 Business Services has a priority one effort. So as a  
18 part of Workforce1, they've got a team of about eight  
19 specialists who work with veterans who are looking to  
20 seek jobs, and about 5000 who come to them who were  
21 looking through that each year, and about 2500 or so  
22 get placed. And so that's SBS. For those with  
23 disabilities, the Mayor's Office of People with  
24 Disabilities has NYC:ATWORK as another platform, too,  
25 for-- looking for folks who are sensitive, who open

2 to hiring. Yeah. And it's-- the information is out.  
3 For us, we put that on [nyc.gov/VetJobs](http://nyc.gov/VetJobs). Caregiver  
4 information is out at [nyc.gov/VetCaregivers](http://nyc.gov/VetCaregivers). It  
5 still goes back to the, "If tree falls in the woods,  
6 and no one hears it, did it fall?" That's really  
7 where we are. And so for us, a lot of it is how do  
8 we-- I mentioned how we're working with the Council.  
9 We're hoping that you all have our information.  
10 We're doing this with all the different electeds, so  
11 not just a Councilmember, but an Assemblymember in  
12 New York City, a State Senator in New York City, a  
13 federal elected in New York City will know what we  
14 know as far as vets. So, we can keep-- If we have  
15 these constant touches, where you got me touching,  
16 you touching, other electeds touching. If we got  
17 other agencies touching, then at some point, the dam  
18 will break and someone will say, let me reach out.

19 And then I have to say this piece: What's so  
20 tricky here, too, is-- it's not-- Leading with mental  
21 health is important, to kind of put that on the  
22 table. At the same time, it could be that you were  
23 talking with someone about claims, about housing, or  
24 about employment, and things came up, you know? And  
25 so that's-- so we've got to make the relationship,



2 form the relationship, and then just constantly  
3 communicate what's out there. And at some point,  
4 step one may be, "I went to this job fair." Step  
5 three may be, "You know, I think I need to talk to  
6 somebody and get some help."

7 COUNCILMEMBER PALADINO: Okay. Thank you very  
8 much.

9 DEPUTY COMMISSIONER VALLONE: Councilmember,  
10 those relationships are so important, you know, in  
11 finding out-- When you mentioned about jobs, my head  
12 clicked, and said, "Well, who's giving the most jobs  
13 to veterans in New York City? And how can we work  
14 with them? How can we spread that good word?"  
15 Because, again, we don't have the resource, what  
16 employers out there are doing the right thing? And  
17 you'd be surprised. There are-- from Helmets to  
18 Hardhats, Tunnel For Towers, and Northwell Health is  
19 the largest employer of veterans.

20 Now, all of a sudden, you're having that  
21 conversation, and we can bring the list of veterans  
22 that are looking for work, or looking for  
23 transitional services and housing to the groups that  
24 are doing it. And that's why it was so important to  
25 create DVS in the first place, so that you have an

2 agency now that can be that conduit. And-- And  
3 Lauren, and Ellen, and the Commissioner was saying  
4 how those are growing.

5 And the more we can combine-- For example, even  
6 our own city agencies, Office of Labor Relations.  
7 The Commissioner and I started an event that now  
8 celebrates veterans in our own city workforce. So  
9 again, you have to identify them, then you have to  
10 bring them, then you have to say-- And then you can  
11 say, "What was your journey? How did you go from  
12 being in the armed forces to working in the city?"  
13 And tell that story to other veterans who are coming  
14 out or having difficulty.

15 So it's-- it's happening, but the more that we do  
16 have these hearings, and do have these conversations,  
17 it does-- and all of a sudden people are at the  
18 panels, and people are coming up saying, "Oh, I just  
19 employed-- How can I employ more veterans? How can I  
20 get veterans housing? How can I include them in my  
21 development that's been rezoned in my district?"  
22 Chair Lee was just talking about Creedmoor facility,  
23 and I said, "Well, get some veterans in there and  
24 create a whole complex for services, and mental  
25 health treatment, and transitional affordable

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2 housing. And all of a sudden the community kind of  
3 likes that, because they know that veterans are being  
4 part of this project. And there's a little less  
5 resentment toward the project, because veterans are  
6 part of it. So, I mean, that-- that's how the  
7 Councilmembers have tremendous impact on where  
8 veterans become a part of the conversation.

9 CHAIRPERSON LEE: Thank you.

10 COUNCILMEMBER PALADINO: We have all of this. I  
11 want the veterans to come. That's the issue. You  
12 know, getting our guys and girls out there to-- to  
13 actually use these fantastic things that we have  
14 available to them. That-- That, I think, is the most  
15 was frustrating thing for me because we're watching  
16 our veterans age out. Meanwhile, there's so many in  
17 their 30s, in their 40s that do need this. And yet  
18 as technology-- as savvy as they are, technologically  
19 they just cannot maneuver their ways around it. They  
20 don't want to identify. I'm trying to figure out:  
21 What is the stigma? What is the problem with these  
22 younger people, 30s, 40s, 50s, not stepping up and  
23 saying? Because they only have 34 people, a lot of  
24 them are Vietnam vets. You know, they're older  
25 people. I want to try-- Because we have so many

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2 resources, you have so many resources, I want to know  
3 what we could do to get them involved. What do we  
4 need to promote these resources so that they know  
5 that they're out there?

6 DEPUTY COMMISSIONER VALLONE: A lot of our  
7 resources?

8 COUNCILMEMBER PALADINO: And then this could be a  
9 huge success.

10 DEPUTY COMMISSIONER VALLONE: I don't know about  
11 tremendous resources, but definitely partners. We'd  
12 always love to have more resources.

13 COUNCILMEMBER PALADINO: Uh, yeah. Actually, I  
14 was going--

15 DEPUTY COMMISSIONER VALLONE: But we usually find  
16 them in the hands--

17 COUNCILMEMBER PALADINO: That was good. Which  
18 leads me to-- which, I want didn't want to go there,  
19 but--

20 DEPUTY COMMISSIONER VALLONE: Why not?

21 COUNCILMEMBER PALADINO: Heh. Go ahead. The  
22 state money that you see: How much is the state  
23 money that you see for your budget?

24 DEPUTY COMMISSIONER VALLONE: Ellen on the Dwyer  
25 funding. Yeah.

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2 ASSISTANT COMMISSIONER GREELEY: Yeah. This is  
3 the Dwyer program. We have roughly about \$800,000  
4 from-- over various fiscal years. And we're in the  
5 midst of trying to roll-- roll out the money. Um,  
6 we've been involved with-- We're issuing a concept  
7 paper through the Dwyer Program, which will be  
8 followed by a Request For Proposal. We are currently  
9 using some of that money for piloting the Dwyer  
10 program, and we do-- we are currently operating four  
11 programs, a different one in each borough, working  
12 very closely with the American Legion.

13 COMMISSIONER HENDON: I want to clarify that  
14 statement.

15 COUNCILMEMBER PALADINO: Yes. Please clarify it.

16 COMMISSIONER HENDON: I want to clarify that. So  
17 it's-- it's \$150 that we received for FY 22. And  
18 it's to be \$400 for the following fiscal years.

19 COUNCILMEMBER PALADINO: \$150,000?

20 COMMISSIONER HENDON: Yes, \$150,000 from the--

21 COUNCILMEMBER PALADINO: That's it?

22 COMMISSIONER HENDON: Correct. And so that's--  
23 that's the-- that's through the Joseph P. Dwyer  
24 Program. It's a program where communities across the  
25 state are receiving money from, you know, directed

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2 through the mental health vertical of the State  
3 Government to help reach out to veterans.

4 And so for New York City, it's \$150 for FY 22.

5 It's \$400 for FY 23. And it'll be \$400 for the  
6 subsequent fiscal years, and so we received FY 22  
7 money, right around the time we needed to spend it.

8 And so we said, let's put into effect these pilot  
9 programs that Ellen was talking about. And so for  
10 now, this upcoming process she talked about, where at  
11 nyc.gov/VetDwyer, veteran service organizations,  
12 entities, and nonprofits can apply to be able to  
13 obtain that money. That is about the balance for 23  
14 and 24. When it comes to state money that we're  
15 looking to try to get in the hands of our local  
16 veteran groups to help people.

17 COUNCILMEMBER PALADINO: Ah, okay.

18 COMMISSIONER HENDON: Separate-- Separate from  
19 that, we do receive aid to locality money from the  
20 State too.

21 COUNCILMEMBER PALADINO: What is that?

22 COMMISSIONER HENDON: So we do receive aid to  
23 locality money from the State, Councilmember  
24 Paladino. That's \$412,500 was last year's aid to  
25 locality amount. Forgive me for not knowing the

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2 current amount. But that goes towards personnel.

3 That pays for--

4 COUNCILMEMBER PALADINO: Sure it can't be more  
5 than that.

6 COMMISSIONER HENDON: --our personnel costs. And  
7 so that's a pot of money that State sends to each of  
8 the counties to support veterans outreach as far as  
9 the State of New York.

10 COUNCILMEMBER PALADINO: Wowie. They're so  
11 generous with this. Wow. That really knocks my  
12 socks off. The State of New York's really helping  
13 you out. That's awesome.

14 Now I'm going to go to the city. How much does  
15 the city give you?

16 COMMISSIONER HENDON: Oh, as far as our city--  
17 our budget?

18 DEPUTY COMMISSIONER VALLONE: Our budget?

19 COUNCILMEMBER PALADINO: Yeah.

20 DEPUTY COMMISSIONER VALLONE: Just shy of \$6  
21 million.

22 COUNCILMEMBER PALADINO: [inaudible]?

23 DEPUTY COMMISSIONER VALLONE: Just shy of \$6  
24 million,

25 COUNCILMEMBER PALADINO: Just shy of \$6 million.

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2 DEPUTY COMMISSIONER VALLONE: That's usually  
3 broken down fifty percent between--

4 COUNCILMEMBER PALADINO: So we have for you, off  
5 the top of our heads, easy math \$6 million from the  
6 city, \$800,000 from the state. So we got \$6 million-  
7 -

8 DEPUTY COMMISSIONER VALLONE: Over a few years.

9 COUNCILMEMBER PALADINO: Over three years.

10 Correct. 22, 23 and 24. Wowie. I just love what I'm  
11 hearing. How involved are our Assemblyman and our  
12 State Senate in all of this, in getting you your  
13 funding?

14 DEPUTY COMMISSIONER VALLONE: It's interesting,  
15 the state perspective, you know, they're very--

16 COUNCILMEMBER PALADINO: Yeah. Tell me about,  
17 because I don't know.

18 DEPUTY COMMISSIONER VALLONE: It's the whole  
19 city-versus-state argument always, right on. And  
20 reason why the Dwyer funding was important, it was  
21 one of the first times they allowed--

22 COUNCILMEMBER PALADINO: It's an awesome program.

23 DEPUTY COMMISSIONER VALLONE: --allowed in New  
24 York City to handle their own funding for veterans.

25 COUNCILMEMBER PALADINO: Hmm.



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2 DEPUTY COMMISSIONER VALLONE: So it's--

3 COMMISSIONER HENDON: And I want to-- I just have  
4 to say, I think our emphasis has really been on, you  
5 know, how can we work together collaboratively  
6 legally with our elected officials in helping support  
7 outreach? So that's really what we've been playing  
8 very much forcefully, and that we've also signed that  
9 agreement with the Assembly as well, where all the  
10 New York State Assemblymembers in the New York City  
11 delegation will get our information. We're in the  
12 process of having that done with the State Senate.  
13 And same things being piloted with our Borough  
14 Presidents. So that-- the agreement with the Borough  
15 Presidents will allow that each Borough President  
16 will have their veterans' contact info, and that  
17 extends to Community Boards and so a Community Board  
18 Chair, District Manager will know, "Here the veterans  
19 in my district." So, for us, it's been: How do we  
20 focus on making sure everyone-- It's one team, one  
21 fight. All of us are in this as far as providing--

22 CHAIRPERSON LEE: So, sorry, Councilmember--

23 COUNCILMEMBER PALADINO: In that-- In that budget  
24 is also your salaries, correct?

25

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2 CHAIRPERSON LEE: Sorry, Councilmember. I just  
3 want to-- we can go to round two questions  
4 afterwards. But I-- Just because there's a couple  
5 more Councilmembers that are waiting to ask questions  
6 as well, but we can come back to you.

7 Um, so we have Councilmember Hanif next, followed  
8 by Councilmember Mealy.

9 COUNCILMEMBER HANIF: Thank you so much Chairs.  
10 And thank you all for your commitment. And it's just  
11 been an honor to hear about the scale and scope of  
12 services and issues.

13 I want to return to an issue that was raised by  
14 Chair Lee on the peer coordinators. And you  
15 mentioned that there are three peer coordinators.  
16 Could you walk us through if three is sufficient?  
17 And I know that you welcome anybody who wants to  
18 volunteer and offer their services. What do the  
19 three peer coordinators do, and is three a sufficient  
20 amount of staffing?

21 COMMISSIONER HENDON: I want to-- And I thank  
22 you for that question, Councilmember Hanif. It's--  
23 so we have-- one of our chartered areas is to focus  
24 on housing. And so those coordinators focus on  
25 veterans who are in need of emergency or supportive

2 housing folks are in the shelters, and who are just  
3 coming out of the shelter system. And so, within our  
4 team, our housing and support services, vertical,  
5 that's what those three veteran peer coordinators are  
6 focused on.

7 When it comes to other efforts, I'm going to  
8 defer to Lauren and to Ellen. We often will partner  
9 with other groups that have their own veteran peer  
10 coordination, you know, arms or initiatives and  
11 things like that. But speaking for us, it's very  
12 much a strong focus on "this person is currently in  
13 the shelter system, and we need to get them to that  
14 next level. Let's put them in touch with a VPC."

15 COUNCILMEMBER HANIF: That's great to know. And  
16 could you also share if that transition from shelter  
17 into supportive housing: How challenging is it?  
18 because I know that many veterans don't have IDs, and  
19 IDs inherently prohibit many New Yorkers, and  
20 especially veterans from access to these vital  
21 components, such as housing, work, and even other  
22 IDs?

23 COMMISSIONER HENDON: I'll-- You know, I'll let,  
24 you know, Lauren and Ellen chime in. When-- When I  
25 think about supportive housing, the issue for us is

2 to obtain enough stock that is specific, supportive  
3 of our veterans. So working to have more housing  
4 erected for our veterans. And so, we tie in heavily  
5 with the-- there's the HHAP program at the state for  
6 providing capital for nonprofits looking to develop  
7 supportive housing, where there's \$5 million of the  
8 \$128 million that's annually carved out that set  
9 aside for those looking to develop veteran's  
10 supportive housing. Also there is the Empire State  
11 Supportive Housing Initiative, which is to provide  
12 services money. So, if I'm looking to set something  
13 up, and I want to provide services and supportive  
14 housing for veterans, that-- what we will often do is  
15 provide a letter of support for someone's  
16 application, provided that we go through the right  
17 city traps and get the right approvals. So, we'll  
18 write a support letter that is accompanied in that  
19 developer's application. Also we will have something  
20 that we send to the working groups at the state, so  
21 they know hey, look, we really advocate for these  
22 groups.

23 When I first came on the job before COVID, I did  
24 a survey of the various supportive housing  
25 opportunities to development that are here. We

2 learned that there was little churn for those that  
3 are veteran specific. We think about great partners  
4 like Volunteers of America, or Service for the  
5 Underserved, or SUS, or the Jericho Project, et  
6 cetera. We-- or Help USA. That they-- We need to  
7 build more, as far as things that are more veteran  
8 specific. And so that's what we've been focused like  
9 a laser. Right now, the pipeline of projects that  
10 have been approved through our advocacy, as far as us  
11 saying, "Look, here's our support letter for you,  
12 ISHA applicant, or HHAP applicant." We know that  
13 they are more than 250 units that are in the pipeline  
14 to be developed. Similar to a project many of us  
15 know called Surf Vets out in Coney Island. And so  
16 for us, when I think of supportive housing for  
17 veterans, I'm thinking of, how do we make sure that  
18 more of this housing is built so that our brothers  
19 and sisters can have a place to go, to stay?

20 COUNCILMEMBER HANIF: And is there a goal that  
21 DVS outlines for how many supportive housing per year  
22 you're trying to ensure are getting built?

23 COMMISSIONER HENDON: I'll answer it a different  
24 way.

25 COUNCILMEMBER HANIF: Okay.

2 COMMISSIONER HENDON: The point in time count  
3 numbers, most recently available numbers, 482  
4 veterans were in the shelter system as of the 2022  
5 point in time count. Eight were street homeless, and  
6 then the remaining 474 were in the shelter system.  
7 For us, functional zero is a number that's less than  
8 400. And so for us, it's how can we build enough  
9 supportive housing between those programs (also,  
10 between working with VASH, or Veterans Affairs,  
11 Supportive Housing, which is a different effort that  
12 is subsidized through the Department of VA and HUD)--  
13 how do we have enough of this bill to be able to get  
14 to that and stay below that at all times? And so  
15 we've been having regular meetings with NYCHA, with  
16 HPD, and with the VA on this front as far as being  
17 lockstep and how do we get to a good place on this?

18 COUNCILMEMBER HANIF: That's great to know. And  
19 one final piece I have on just understanding the  
20 barriers receiving care is: Could you speak more  
21 directly about women veterans and what kinds of  
22 services are available to women specifically? I know  
23 women present unique challenges in this conversation,  
24 and I would like to hear a little bit more about what  
25

2 women's specific barriers are, and how DVS is really  
3 addressing women's needs.

4 I think for us what's-- When we think about  
5 women's needs, a lot of it comes to Veterans Health  
6 Administration, and how the health footprint for the  
7 VA presents itself, as far as being welcoming to  
8 women veterans. We know that women veterans is the  
9 largest, fastest growing demographic within the  
10 veteran community. So a lot of it is having a more  
11 specific, you know, capital footprint. There was a--  
12 an act that was passed recently called the Deborah  
13 Sampson Act, where the VA is increasing its  
14 investment in having facilities that are specific to  
15 women, and having services specific to women.

16 We also know our friends of the James J. Peters  
17 VA have done a lot to have more women-specific  
18 offerings as well. About 8% of the veterans in this  
19 city are female.

20 As for us, it ties back out, which is well. What  
21 faces do we need to present to be able to attract  
22 this group to come out of the shadows just like all  
23 others? I also know that-- As I mentioned in my  
24 testimony, we will have an event that focuses on  
25 women veterans, as far as an entrepreneurship piece,

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2 and things for women veterans and entrepreneurship  
3 next spring.

4 COUNCILMEMBER HANIF: Thank you.

5 CHAIRPERSON LEE: Thank you. Councilmember  
6 Mealy.

7 COUNCILMEMBER MEALY: Good morning. Thank you  
8 for this important hearing. I'll be very quick. You  
9 said the one-punch, two-punch about the therapy. Do  
10 you have a database where, if elected officials want  
11 to put some money in and say, "I want the my veterans  
12 in my district to go horseback riding, a petting  
13 zoo," anything therapeutic that that would help our  
14 veterans with stress. You said one day, I may want--  
15 because I remember City Council used to have funds  
16 where I would send my seniors away for a whole week  
17 for therapy, massages, everything. So if an elected  
18 official wanted to do that, do you have a database or  
19 a list of what programs that we could tap into that I  
20 could say, "This veteran in my district, he probably  
21 just wants to go fishing." And that would be  
22 therapeutic for him.

23 DEPUTY COMMISSIONER VALLONE: I'd go with him  
24 too.



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2 COUNCILMEMBER MEALY: Exactly. So, just quickly,  
3 because I've got some other stuff.

4 COMMISSIONER HENDON: That's a great question.  
5 I'll defer to Ellen and add to that. Yes. As far as  
6 having that information if needed. I'll defer to  
7 Ellen.

8 ASSISTANT COMMISSIONER GREELEY: Yes. I do have  
9 to-- No, we don't have an official database--

10 COMMISSIONER HENDON: Not an official database,  
11 but a list, as far as a list.

12 ASSISTANT COMMISSIONER GREELEY: --but you have  
13 me.

14 COMMISSIONER HENDON: Yeah.

15 ASSISTANT COMMISSIONER GREELEY: That's a lot of  
16 contacts with a lot of the organizations out there.  
17 Um, we have a whole outdoor recreation therapeutic  
18 grouping out there. So that-- The Sierra Club runs  
19 that. We're certainly familiar with several other--  
20 other groups for, you know, equine therapy, for  
21 canine therapy that are helpful. We're-- Again,  
22 we're really trying to develop our program for the  
23 Dwyer program. And I know that, you know, there is--  
24 I haven't gotten a fishing group to respond yet. But  
25

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2 certainly, I am I'm certainly aware of a sailing  
3 group that is interested in applying for funding.

4 COUNCILMEMBER MEALY: Okay.

5 ASSISTANT COMMISSIONER GREELEY: So we're really  
6 excited about the Dwyer program. Obviously, we'd be  
7 opening it up to all veterans across all the five  
8 boroughs. But if you are specifically interested,  
9 we'd be happy to work with you--

10 COUNCILMEMBER MEALY: Okay.

11 ASSISTANT COMMISSIONER GREELEY: -- and put you in  
12 touch with these organizations.

13 COUNCILMEMBER MEALY: Thank you, you could put me  
14 on your list. That's good. And Commissioner, you  
15 said, "Out of the shadows." What the steps are being  
16 taken to reduce the stigma that veterans feel are  
17 associated with seeking treatment from-- for mental  
18 or behavioral health conditions?

19 COMMISSIONER HENDON: I want to-- I want to let  
20 Lauren take the lead in answering that, as far as,  
21 you know-- I have some thoughts. I want to let our  
22 Executive Director for Care Coordination and Mental  
23 Health speak to that. So yeah.

24 DR. D'MELLO: So one of the things that we do, is  
25 we counsel each veteran that calls DVS. We counsel

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2 them that all the services that they receive, mental-  
3 health-wise-- Actually all the services they receive  
4 are completely confidential. As far as their  
5 treatments or communication, we let them know that  
6 they won't be judged for their services. Their  
7 employers can't outreach-- often find out. And I  
8 think that really alleviates them of the burden, of  
9 some of the stigma that you know, "Who's finding out  
10 about my treatment? How are they going to judge me?  
11 How will that affect my life?" So that's one thing,  
12 you know, we do on a personal-- on a personal, one-  
13 to-one basis.

14 COUNCILMEMBER MEALY: One-on-one basis?

15 DR. D'MELLO: Yes.

16 COUNCILMEMBER MEALY: Because some people may  
17 have a full-time job, and may need the services, but  
18 then if they go to a mental health veteran, it can  
19 jeopardize their job. So, I was just saying: What  
20 protocol you have that can shield them, that they  
21 don't feel it's bad to go to get mental health while  
22 you having a full time job. So we could talk about  
23 that, next time. I got something else.

24 COMMISSIONER HENDON: And it's something we also  
25 tell people too-- I just-- I just want to add too

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2 that-- we-- A lot of times they said, "I'm worried  
3 about my employer taking certain steps against me  
4 too, on account of being a veteran." So, for that,  
5 we always, you know, we try to counsel people on the  
6 city's human rights laws on this stuff, and counsel  
7 them on USERRA for folks worried about employment  
8 things. So a lot of that information is at  
9 nyc.gov/VetRights too, as far as that-- When we get  
10 to that discuss, we say, "Look. Know what your  
11 rights are. You are protected in these ways." But  
12 we have that stuff listed on nyc.gov/VetRights, Madam  
13 Councilwoman. Sorry,

14 COUNCILMEMBER MEALY: That's important. You said  
15 it's--

16 ASSISTANT COMMISSIONER GREELEY: Yeah, sorry. I  
17 just wanted to add in that one of our missions is  
18 really to kind of create military cultural competency  
19 for-- for institutions to get a better handle and  
20 understanding of what it is to-- what-- what it is to  
21 be a veteran. And I think that would also help to  
22 alleviate some of the pressures and destigmatize what  
23 is also going on in the workplace.

24 COUNCILMEMBER MEALY: That's good. And my pet  
25 peeve... You say, SBS is helping local groups with

2 jobs and just different things like that. You know  
3 this is mental health. And the city was supposed to  
4 have vendor license for veterans. How is SBS and the  
5 Veterans Committee is helping least about 3% of  
6 veterans with their vendor's license, where they're  
7 being bullied, were they're being almost stigmatized.  
8 ("If you come on this corner, I'll hurt you.") And  
9 this is where some of our veterans are keeping their  
10 sanity by having this vendor's license, and the city  
11 now-- and the police don't care. So how-- What is  
12 SBS and the City doing about that, and a veteran?  
13 I'm a part of it. If you could help me, I would.

14 COMMISSIONER HENDON: I know the last discussion  
15 we had was about a week ago. I think was last week  
16 or so, we had Robert [inaudible] who's one of the  
17 leaders in that community of street vendors. And the  
18 key issue with it is: There are state laws that  
19 allow for veterans to do certain vending that  
20 supersedes city laws. And so, the last discussion I  
21 had with him, he said he had positive conversations  
22 with the Department of Sanitation on this, as far as  
23 what's being done, and with PD as far as you know-- I  
24 can get back to you on that. But the last meeting we  
25 had was literally him coming to the office about a

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2 week or so ago, and we talked about what's going on  
3 as far as trying to break through and get to a point  
4 where also OATH (I have to give them favor too),  
5 because OATH has gone and said, "Look, we want to  
6 look into the situation with someone did have a fine  
7 or something like that, if it's a situation where it  
8 was giving you a city fine, but you have this state  
9 license, we want to remove this," as far as remove  
10 that as an issue. So throwing that out.

11 So we'll get back to you on that. But the last  
12 update I have on it, which is as of this month is  
13 that things are going in the right direction. Also,  
14 we are going to have a separate convening for our  
15 veteran street vendors on, I believe, it's November  
16 1st at the Municipal Building. And so we are-- You  
17 know, things are moving in the right direction and  
18 when it comes to people respecting the state laws for  
19 vendors. And I want to give credit to Chair Holden  
20 for that. With the introductions that came from  
21 Chair Holden's team that Rob was able to take  
22 advantage of, and he was the first to say, "Hey, I'm  
23 really grateful to the Chair for helping make these  
24 connections, so I can go and do X, Y, and Z." So, I  
25 understand things are moving in the right direction.

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2 COUNCILMEMBER MEALY: Yes. That's-- Why does it  
3 seem like my time went by so quick? But I want to  
4 thank our Chair, in regards to-- I would love to be  
5 at that meeting, because I'm still getting the  
6 letters from the street vendors. And it's very sad.  
7 They really-- That's keeping their sanity, making  
8 their own money. But it was really put in place for  
9 them. And somehow or another, groups have taken it  
10 over.

11 DEPUTY COMMISSIONER VALLONE: Councilmember  
12 Mealy, it's always-- it's always good to see you.  
13 And I'm glad you brought that up. You know, a lot of  
14 the bills that come forward sometimes forget there's  
15 statutory protections for protected classes. The  
16 disabled veterans vending issue is always in that  
17 part. So as Albany looks to expand vendor licenses,  
18 their bills did not have the protection for the  
19 disabled vendors. And that's where our role comes in  
20 and say, "Hey. Don't forget: As you're expanding  
21 licenses, we have a protected class." So the  
22 Commissioner, and I, and the team, and a small group  
23 that we have are always focused on-- on how to  
24 protect that that very unprotected group, especially  
25 when they took away enforcement from the NYPD,

2 because God forbid the NYPD does enforcement. We  
3 don't want that. So, we had to find other ways to do  
4 that. Now sanitation has taken over. So it's-- It's  
5 a lot of process. And I find the best way to handle  
6 it. Say we're talking about Time Square. Times  
7 Square is always a hot issue, or in front of the  
8 public libraries, or at the parks, is to work with  
9 that actual Alliance, whether it's the Time Square  
10 Alliance, with the local police precinct, with the  
11 sanitation that's assigned for that area, bring in  
12 the disabled vendors, and have the conversation and  
13 say, "Here's Frank, here's Joe, here's Susan. They  
14 have licenses. They're here every day. Make sure  
15 they're protected and not pushed out by other  
16 unlicensed vendors." And they have the voice to say,  
17 "Here I am. Don't miss me." And that's been a  
18 tremendous help, but it's-- it's always a daily.

19 COUNCILMEMBER MEALY: It's always-- And it's very  
20 delicate.

21 DEPUTY COMMISSIONER VALLONE: Very delicate.

22 COUNCILMEMBER MEALY: So I'm looking forward.

23 DEPUTY COMMISSIONER VALLONE: We appreciate you.

24 COMMISSIONER HENDON: And we will get back to  
25 with more response. On a principal-- The principal



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2 level, things are communicating the right way. Has  
3 it gotten to the rest of the vendors? That's the  
4 question. And that's the kind of stuff we will-- we  
5 owe you a response on what's going on on this. But I  
6 know that the Sanitation and that OATH have both  
7 really shown a lot of favor to the situation now that  
8 they understand it. So that we pray, this won't be  
9 something that keeps coming up, that this will be  
10 resolved.

11 COUNCILMEMBER MEALY: But please stay in  
12 communication with SBS to help these vendors--  
13 veteran vendor licenses, to make sure-- Because some  
14 of them are not using it now because they don't want  
15 to get hurt. And new vendors are coming up. They're  
16 not getting summonses. But soon as a vet comes on a  
17 corner, and they have their license. But somehow  
18 another, they get ran off, and people with no  
19 vendor's license at all do not get bothered.

20 So, Chair, we-- that's-- and they're coming to  
21 me, scared--

22 CHAIRPERSON HOLDEN: That's been an issue. That  
23 was an issue in the last Council. We're going to--

24 COUNCILMEMBER MEALY: Yup. Yup.

25

2 CHAIRPERSON HANKS: Our goal is to-- is to  
3 revisit that at another hearing, and make sure that  
4 all the agencies involved respect the veterans, and  
5 they get certainly the protection with the laws that  
6 they-- they rightfully have on the books and we have  
7 to enforce it. So thank you for bringing that up.

8 COMMISSIONER HENDON: Mm-hmm. I've got to  
9 acknowledge there is Craig Carowana[ph] on the  
10 Chair's team who made some connections that were  
11 instrumental in this getting in its right place, just  
12 to call that out. So yeah.

13 CHAIRPERSON HOLDEN: Okay, just a few more  
14 questions. There's-- I'm sorry? Oh, Councilmember  
15 Nurse has joined us. Do you have any questions?  
16 Okay. Do you want to-- You don't? Okay. I'm  
17 sorry.

18 Promising mental health treatments for veterans.  
19 Let's talk about that. We talked-- We mentioned the  
20 animal assisted therapy already. And-- But there  
21 are several others, and I just want to bring up RTM,  
22 Reconsolidation of Traumatic Memories, the model for--  
23 - you know. Can you-- Can you tell us so you know,  
24 the feelings whether you know DVS, or DOHMH keeps up  
25

2 to date with these new treatments, cutting edge  
3 treatments.

4 COMMISSIONER HENDON: I want to acknowledge  
5 someone who will speak soon, as far as the prior  
6 Commissioner for DVS, Dr. Laurie Sutton, who is  
7 really you know, one of the key advocates for this  
8 effort as far as RTM, or Reconsolidation of Traumatic  
9 Memories Protocol.

10 Our awareness of it goes so far as helping to  
11 facilitate training of professionals in that space,  
12 during the time just prior to the pandemic, as far as  
13 just trying to get more folks trained up by Dr. Frank  
14 Bork, who's an architect of it. And that was really  
15 picking up the baton from work that General Sutton  
16 had began. So for us, that's been our touch with  
17 RTM. And we know of the training. We are-- We have  
18 supported efforts to have more who are taught to  
19 actually apply it so more of our veterans and  
20 families can benefit. But yeah.

21 CHAIRPERSON HOLDEN: What about DOHMH? What are--  
22 - how do they feel about the program?

23 ASSISTANT COMMISSIONER NECKLES: Sure. So we--  
24 We are in support of any sort of treatment that has a  
25 strong evidence base, and I think there's a growing

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2 evidence base for RTM as well as other more creative  
3 and cutting-edge treatments for PTSD.

4 So you know, we don't take a position on  
5 particular therapies, but absolutely anything that  
6 has an evidence base and-- and as approved by the FDA  
7 is something we'd want to make sure is available to  
8 treatment providers across the city.

9 CHAIRPERSON HOLDEN: And we're going to we're  
10 going to hear about RTM shortly. But to me what I've  
11 read about it, it really is-- It's really a  
12 treatment that could be done, I think within five  
13 sessions. It's very quick. And it's worth trying.  
14 It's-- At least on the city level.

15 And so I'd like to talk about how do we introduce  
16 it? How do we roll it out in the future, and  
17 experiment, and put-- put funding toward it from the  
18 City Council? So let's-- let's revisit that. Also  
19 Psychedelic Assisted Therapy. That's a new-- another  
20 area that we should explore. These-- These are near  
21 and dear to me, especially what I've heard about RTM.  
22 I don't know too much about Psychedelic Assisted  
23 Therapy. But I'm sure that we try anything that--  
24 that can work. Because we haven't done enough, like  
25 I mentioned before. Just-- Just some questions on

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2 the administration of Kendra's law that requires each  
3 county in New York State to establish a local  
4 Assisted Outpatient Treatment Program, AOT. On the,  
5 you know, the DOHMH website or webpage states that  
6 New York City Assisted Outpatient Treatment Program  
7 is responsible for implementing Kendra's law in New  
8 York City. What's-- What's the administration's  
9 feeling about my bill on reporting?

10 ASSISTANT COMMISSIONER NECKLES: Sure. Um, so we  
11 support the bill. We're, you know, invested heavily  
12 in Assisted Outpatient Treatment. We would recommend  
13 an amendment to capture the full universe of referral  
14 sources so that you can get the best possible  
15 information.

16 CHAIRPERSON HOLDEN: Okay. Because the last  
17 administration wasn't too keen on it. I just want to  
18 let you know that. We didn't-- You know, I just  
19 want to-- I always like to do that. But because I  
20 did question the last administration, on-- You know,  
21 because we do have people with issues. And again, it  
22 goes-- it extends far beyond veterans, but we really  
23 need to really use that law, because there's several  
24 high profile cases in New York City, that they did  
25 fall through the cracks. And we have to-- So I'd

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2 like to certainly talk to your team. And let's see  
3 what we could do with the bill to expand it and to  
4 really help everyone that-- that gets into the  
5 program and get help to more people.

6 Intro 946? Do you want to mention that?

7 CHAIRPERSON LEE: Oh, no. Just-- Just whether  
8 or not the administration's in support of it for  
9 Councilmember Hudson's bill.

10 ASSISTANT COMMISSIONER NECKLES: I'm going to  
11 take that one as well. Yeah. I think we support the  
12 intent. The Health Department supports the intent of  
13 this bill. Obviously, access to mental health  
14 supports and services is vitally important. We would  
15 not be the implementing agency. We don't have the  
16 role, you know, establishing staff roles in other  
17 city agencies.

18 CHAIRPERSON HOLDEN: okay. Thank you. Back to  
19 the Chair.

20 CHAIRPERSON LEE: Thank you so much. Um,  
21 Councilmember Paladino, or anyone else, did you guys  
22 have second-round questions, or...? Okay. All  
23 right. With that, I think we are-- I'm going to turn  
24 it back to Sarah.

25

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2 COUNSEL: Thank you, Chair. Thank you very much,  
3 members of the administration.

4 We will now move to testimony from the public. I  
5 will call up individuals in panels and all testimony  
6 will be limited to about four minutes. I'd like to  
7 note that written testimony which will be reviewed  
8 and full by us, the committee staff, may be submitted  
9 up to 72 hours after the closing of this hearing by  
10 emailing it to testimony@council.NewYorkcity.gov.

11 Our first panel will be a mixed panel between in-  
12 person and zoom participants. For the in person, we  
13 have Michael Moreno and Loree Sutton. And then on  
14 Zoom, we'll have Megan Bourke and retired Chief  
15 Master Sergeant Edward Schloeman. We'll begin with  
16 the in-person folks once they get situated. Thank  
17 you.

18 CHAIRPERSON LEE: So, just as the Commissioner,  
19 and your team, and DOHMH folks leave, thank you so  
20 much again for all the information and definitely  
21 look forward to having more conversations. So, thank  
22 you.

23 Loree, when you're ready, you may begin.

24 GEN SUTTON: Chair Lee, Chair Holden,  
25 distinguished members of the Committee on Mental

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2 Health, Disabilities, and Addiction and the Committee  
3 on Veterans, Commissioner Hendon, honorable civic  
4 officials, community leaders, advocates, caregivers,  
5 survivors, fellow veterans, Blue and Gold Star  
6 families, my sweet Loree, allies and friends. Thank  
7 you all for being here, and for your leadership and  
8 commitment to making New York City a place is where  
9 there is space and grace for all to live lives of  
10 progress, passion, dignity, and respect.

11 Today I'm honored to lead off in this panel. My  
12 testimony will be followed by Dr. Frank Bourke, the  
13 creator of the RTM protocol, who will be testifying  
14 remotely. Ed Schloeman, also testifying remotely.  
15 He is president of Operation Warrior Shield, Mike  
16 Moreno sitting next to me, my battle buddy in person.  
17 Mike and I serve as fellow foundation board members  
18 for the Chapter 126 Vietnam Veterans of America, here  
19 in Manhattan.

20 And I regret to say that our fifth panel member,  
21 Dr. Rachel Yehuda, who is one of the most  
22 distinguished preeminent researchers, clinical  
23 experts in the field of PTSD, who has recently opened  
24 up a center for psychedelic psychotherapy and trauma  
25 as well as her work for years now at the Bronx VA,



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2 her request to testify this morning was denied by the  
3 VA. She has however, agreed to respond to any  
4 questions we might have on a follow-up basis.

5 Today, we gather to address and act on critical  
6 issues affecting the most vulnerable and marginalized  
7 New Yorkers, to serve as an active and informed voice  
8 for those who are afraid, or unable to speak. To  
9 illuminate places within of darkness and despair, to  
10 boldly break through the blockades and bureaucracy to  
11 advance vanguard values, social innovation, equitable  
12 access, community advocacy, scientific knowledge,  
13 clinical practice, and relevant outcomes. To this  
14 end, I heartily endorse adoption of numbers 0793,  
15 requiring the creation of a mental health coordinator  
16 to assist in performance outreach for city employees,  
17 and number 0946, requiring the Department of Health  
18 and Mental Hygiene to report referrals, filed  
19 petitions, and the number of resulting court orders  
20 for individuals to assisted outpatient treatment  
21 programs under the state law known as Kendra's law.  
22 It's beyond time to make these changes to New York  
23 City Local law.

24 I also heartily endorse making November Veterans  
25 Appreciation Month.

2       Regarding the topics-- the topic of today's  
3 hearing, advancing breakthrough treatments for PTSD,  
4 including psychedelics, this truly is work worth  
5 doing. As a retired military psychiatrist, finding  
6 ways to address PTSD more effectively is my life's  
7 work. Tackling the tide of suffering, despair,  
8 addiction and suicide and promoting growth,  
9 resilience, initiative and trust there is no greater  
10 privilege. Throughout today's hearing, we will  
11 collectively witnessed the trauma tsunami of  
12 suffering upon us, face the facts, listen to stories  
13 of strength, listen-- learn of scientific progress,  
14 myriad services and burgeoning programs, and rally  
15 around recollections of recovery.

16       Yet important questions remain. Where do we go  
17 from here? What can we do? What should we do? What  
18 must we do? It's complicated to be sure. And given  
19 the complex web of dynamics, characterizing the PTSD  
20 industry is daunting.

21       Let's simplify with 10 things to know about PTSD  
22 and its treatment.

23       Number ten: PTSD is not a military specific  
24 affliction, stemming only from the horrors of combat.  
25 Assault, motor vehicle accidents, rape, torture,

2 incest, and natural disasters are a few of the  
3 experiences which render psychological trauma, a  
4 human experience and injury which can lead to PTSD.

5 Number nine: PTSD need not result in a life  
6 sentence of silence, suffering and shame.

7 Breakthrough treatments offer real hope, fostering  
8 the potential to catalyze posttraumatic growth and  
9 resilience with grit, gratitude, and grace.

10 Number eight: PTSD does not occur in isolation.

11 The trauma of exposure to a terrifying event,  
12 experiencing it yourself or knowing that someone  
13 close to you is threatened. Witnessing atrocities  
14 occurring to others and or being repeatedly exposed  
15 to graphic details of traumatic events is often  
16 accompanied by sleep disruption, pain, whether it's  
17 physical, emotional, or spiritual, moral injury,  
18 flashbacks, nightmares, and tragically all too often  
19 deaths of despair, suicide, drug overdose and  
20 alcoholism.

21 Number seven: Despite the best of intentions and  
22 billions of dollars spent since 9/11, the current  
23 quote "gold standard treatments" are failing  
24 miserably to meet this moment in which so many are  
25 struggling to survive.

2 Six: Tell me this, if veterans were doing well,  
3 with treatment as usual, why do suicides and  
4 overdoses remain at epidemic levels?

5 Number five: If treatments as usual were so  
6 effective, why are up to 50% of veterans unable to  
7 tolerate them?

8 Number four: If treatments as usual were  
9 acceptable, tolerable and effective, why would  
10 veterans and their loved ones advocate so  
11 passionately for psychedelics?

12 Number three: A growing chorus of researchers,  
13 clinicians, veterans, family members, survivors,  
14 caregivers, and allies are calling for real progress  
15 in advancing the innovation of breakthrough PTSD  
16 treatments, including psychedelics. Novel, brief,  
17 lasting, effective, and non-traumatizing countless  
18 lives depend on how we respond to this clarion call  
19 to action.

20 Number two: PTSD is real. Breakthrough  
21 treatments like Transcendental Meditation,  
22 Reconsolidation of Traumatic Memories, and MDMA  
23 assisted psychotherapy (coming soon) really do work.  
24 Early intervention prevents needless suffering. Yet  
25 trauma healing can occur decades later. And speaking

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2 up, reaching out, seeking support, and demanding  
3 change is real strength.

4 Number one: PTSD treatment is far too important  
5 to be left to the doctors, researchers, clinicians,  
6 elected and civic officials, philanthropists and  
7 suffering individuals and their families. All of us  
8 must summon the courage, audacity and outrage to  
9 demand better, to harness the fierce urgency of now.

10 This concludes my formal testimony. I'm honored  
11 to engage in an ongoing dialogue today and going  
12 forward to address this vital need for bringing  
13 breakthrough PTSD treatments to New York City.

14 And with that, I think we'll save Q&A for the  
15 remainder of the panels. I'm going to turn it over  
16 to-- actually I think it's Dr. Frank Bourke who is  
17 next on the on the panel agenda. Dr. Bourke are you  
18 with us?

19 COUNSEL: We can move to, um-- Mr. Moreno.

20 GEN SUTTON: Okay. That's fine.

21 COUNSEL: And then we can go back. Yeah.

22 GEN SUTTON: Uh, let's go-- I'll tell you.

23 You're right here, Mike. Let's turn to Mike Moreno,  
24 my battle buddy.

25

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2 MR. MORENO: I don't know about battle buddy.  
3 What do I got to do here? Press that button right  
4 there. Ooh, okay. Thank you.

5 Well, thank you for having me here. I just want  
6 to speak about RTM in what it meant to me and what it  
7 did for me. I just wrote a testimonial. But I kind  
8 of changed my mind at the last minute and said I want  
9 to do a post-RTM statement. So I'd like to pass out  
10 the original, so you can read-- if you want me to  
11 read along, read it, or have me read along with you.

12 Okay, I'll-- since we have a little bit of time  
13 in here, I'm going to read what I just handed out.

14 My name is Mike Marino. I always said I'm a  
15 combat infantryman. I served as a rifleman with the  
16 101st airborne in the jungles of Vietnam A Sau Valley  
17 in 1969. I say, "I am a combat infantryman," instead  
18 of, "I was a combat infantryman," because once you  
19 have been in combat, the memories, especially the bad  
20 ones, stay with you forever.

21 Shortly after being discharged from the army, I  
22 started having nightmares and flashbacks. I became  
23 hyper vigilant of my surroundings and avoided large  
24 gatherings. I trusted no one and withdrew socially  
25 from my friends and family members. I never

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2 discussed my time in Vietnam with anyone. It took  
3 over 20 years for me to find out what was causing my  
4 life to change so drastically. I had PTSD. For  
5 another 20 years, on and off, I had been in PTSD  
6 therapy, both with one-on-one counselors and in group  
7 sessions. These programs did not work for me.

8 I believe that in the early days of PTS treatment  
9 an effective therapy has not yet developed, and still  
10 has not improved much over the years.

11 Finally, after almost 55 years, I found a therapy  
12 that has eliminated the demons I lived with all these  
13 years. It is called RTM, Reconsolidation of  
14 Traumatic Memories. RTM has a 90% documented success  
15 rate, and can be computed in five hours over three  
16 weekly sessions.

17 During my first RTM session, after discussing the  
18 PTS symptoms, they were causing me the most grief, I  
19 was asked to pick events from my combat experiences  
20 that troubled me the most, rating them from 1 to 10  
21 with 10 being the worst. I chose an ambush firefight  
22 where my good friend was killed and I was wounded.

23 In a second session, we went through several  
24 mental exercises where I reenacted the event in the  
25 third person: Me looking at myself, watching the

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2 event unfold. We did several times, putting less  
3 emphasis on the gory details each time. At the end  
4 of the session, I cheered up. That event went from a  
5 10 to a 3.

6 In the last session, we changed to reenacting the  
7 event in the third person to me watching the event  
8 unfold from a safe place before the firefight to a  
9 shape place after the fight, looking at the horrible  
10 events during the firefight as still images in a  
11 fast-running black and white slideshow. We did this  
12 several times. And by the end of the session, the  
13 ambush firefight event that was a 10, then a 3, is  
14 now a zero. The demons were gone. I could talk  
15 about this event without anxiety, anxiety I had  
16 previously.

17 The most astonishing thing is that other combat  
18 events I experienced have also gone to zero. I can't  
19 explain how this happens in five hours. I don't know  
20 how the brain works.

21 I now feel that the heavy burden I lived with for  
22 so many years is gone, and I can resume my life  
23 without the fear and anxiety I experienced. I want  
24 to thank Frank Bourke when he comes by for developing  
25 RTM, and of course, Loree Sutton, MD, for making RTM



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2 available to me, and my counselor, Florence Malone,

3 for giving me-- guiding me through the RTM

4 experience. RTM for all Vietnam veterans-- all my

5 Vietnam war brothers and sisters, RTM works. For all

6 veterans, RTM works. For all first responders, law

7 officers, or anyone who's had an experience--

8 traumatic experience, RTM works.

9 Once again, my name is Mike Marino. I was a

10 Combat Infantryman, and now I am back to becoming a

11 better husband, father, grandfather, and friend.

12 That's what happened back in February and March.

13 And almost six months later I'd like to report what's

14 going on in my life now.

15 It has been six months since I completed my RTM

16 sessions from my PTS treatment. The demons that had

17 been destroying my life for the last 50 years have

18 not returned. I have not had any more nightmares.

19 Not one. No flashbacks. Not one. Loud noises like

20 the Fourth of July fireworks no longer sound like

21 incoming mortar rounds. Just a boom followed by

22 beautiful, colorful sparkles in the sky. I'm happier

23 now. I'm out of my protective solitary man cave.

24 I'm friendlier now. I'm more open. I'm looking to

25

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2 make contact with my old friends and meet new ones.

3 I'm free. Free from the demons.

4 Am I back to normal? What is normal? Everyone's  
5 normal is different. After a half a century of  
6 living with PTSD I'm having a little problem knowing  
7 what's my normal? What's my normal? What is it?

8 I know I may need some help repairing the things  
9 I did wrong in the past. Maybe more therapy. I'm  
10 open to that. My new future, my new normal, started  
11 today I completed my RTM therapy.

12 PTSD: I consider PTSD a wound. An open wound.  
13 In Vietnam, when one of my fellow soldiers got  
14 wounded, the medics, God bless them all, came to  
15 their rescue, sometimes risking their own life.  
16 Their job was to stop the bleeding and relieve the  
17 pain. That is what RTM does for PTSD. It removes  
18 the demons. Many times I have heard a medic give a  
19 soldier assurance that "everything is going to be  
20 alright" even if it wasn't. As they put him in a  
21 medivac helicopter, to fly off to a field hospital  
22 where the doctors and surgeons would treat the  
23 wounds, get them healed, send them to rehab, and get  
24 them back to the world. That's healing. The second  
25 part of PTS treatment. After RTM, they may all need

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2 further counseling to stop alcoholism, drug abuse.

3 Some may need help repairing a broken marriage or a

4 severed family relationship. Some may be homeless.

5 Some need to secure skills for employment. The

6 counselor's job does not end with RTM. It's the

7 second phase. Don't just treat PTS symptoms, treat

8 the whole person.

9 PTSD is not just an effective therapy for

10 veterans. We all know that. We have a PTSD epidemic

11 PTSD is prevalent-- prevalent among our first

12 responders. Police officers see death every day.

13 Firefighters risk their lives trying to save lives,

14 sometimes in vain. Paramedic see dying accident

15 victims every day. Hospital workers from the

16 janitorial staff, to the doctors and nurses have seen

17 death firsthand during the pandemic. Now think of

18 spousal abuse, parental, custodial, or stranger child

19 abuse. How about the teenagers bullied and gang

20 beaten, the rape victim, the mugging victim. They

21 are all prime candidates for posttraumatic stress.

22 They all have one thing in common: At one time or

23 another, they thought that the demons will go away if

24 they committed suicide.

25

2 Everyone in this room has the ability, the  
3 capability to get together to create a comprehensive  
4 mental health program that would benefit those in  
5 desperate need, and most importantly, save lives.

6 I'm a simple man. And I have a simple solution.

7 I used as an example opening up a business, opening  
8 up a store. We will open up an RTM store. What do

9 we need? We need a location. Office space. It's  
10 not a big deal is it? Then we need our product.

11 What is our product? Our product is counseling.

12 Counselors. We have to hire counselors with RTM

13 training and assign them to that store. Have them go

14 to the RTM protocol. And then the follow up for the

15 other problems. The alcohol, the drug abuse. Get

16 them back into society where they can live.

17 Next is to get the customers. Advertise like you

18 normally do with all your other products. I have a

19 better solution: How about an app? How about an app

20 that's on their phone? When someone wants to get

21 help, what do they do? They have to look for it.

22 They have to find, "Where do I go?" Even if they

23 don't need help, they can't find it. Go to a

24 website? You can get lost over there. You need an

25 application on your phone. And this goes for all the

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2 district Councilors. Where you-- When you load the  
3 application, you have brief things about what's going  
4 on and you can when you have the ability to do one  
5 more thing. You have the ability to reach out to  
6 that customer. Instead of them reaching into you,  
7 you're reaching out to them. This is going on today.  
8 We have a clinic here. We have veterans going over  
9 here. We have this in your community. You're  
10 reaching out to your audience.

11 And then probably the second most important thing  
12 is continuous follow up. Everyone you see should be  
13 contacted periodically. "How you doing, Joe? How's  
14 your family? Have you've done this? Did you get a  
15 new job?" Just to follow up.

16 CHAIRPERSON HANKS: Thanks. Thanks, Mike. Thank  
17 you so much. That was very moving and very  
18 encouraging. That just-- I like your analogy about  
19 the app. That's-- That's interesting.

20 MR. MORENO: I was talking it over with the  
21 communications director for Veterans Services. And  
22 I'm going to do a write up and share with you some  
23 ideas-- some of my ideas on how to reach out to the  
24 public and your constituency, rather than they reach  
25 out to you.

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2 CHAIRPERSON HOLDEN: We decide-- I just want to  
3 hear from Dr. Schloeman. Is Dr. Schloeman on the  
4 line?

5 GEN SUTTON: I don't know. There's Dr. Bourke.  
6 He may have dropped off. There's also Ed Schloeman,  
7 President--

8 CHAIRPERSON HOLDEN: Ed Schloeman? Oh, okay.  
9 Dr. Ed Schloeman.

10 GEN SUTTON: He's the Retired Command Master  
11 Sergeant Ed Schloeman. He's President of Operation  
12 warrior shield. I can very quickly-- They may have  
13 had to drop off. But it's--

14 CMSG SCHLOEMAN: No I'm here.

15 GEN SUTTON: Oh, here's Ed. Okay.

16 CMSG SCHLOEMAN: I now been promoted from a chief  
17 master sergeant to a doctor.

18 CHAIRPERSON HOLDEN: All right. That's-- that's,  
19 that's good.

20 CMSG SCHLOEMAN: For those who don't know me, my  
21 new friends here at the City Council, I'm a marine  
22 Vietnam veteran who served our country for 28 years  
23 in uniform. And I've also seen this City Council  
24 grow from one-man unit of a budget of \$100,000 to now  
25 a budget of \$6 million with a highly motivated

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2 department under the leadership of Commissioner Jim  
3 Hendon.

4 I also have been in the trenches here for 13  
5 years, promoting systems to those suffering from  
6 posttraumatic stress.

7 Also, helping veterans are numerous not-for-  
8 profits to address the veterans enemy, posttraumatic  
9 stress. These organizations grow each year as a  
10 result of a veteran suicide. They also grow when a  
11 wonderful young man or a woman dies in service to our  
12 country, and the family creates a foundation for  
13 their loved one's legacy.

14 My point is that help is out there. But the  
15 problem is we're not reaching the people as we have  
16 discussed for the last three hours. We need to bring  
17 our story to them, and each of the 51 city  
18 councilmembers need to help do that. We need to  
19 bring on story about transcendental meditation, and  
20 of course you'll hear more from Dr. Frank Burke about  
21 RTM, something that I am endorsing quite a bit in the  
22 near future.

23 My foundation, Operation Warrior Shield is  
24 honored to have been an active partner with the David  
25 Lynch foundation and to bring TM to our veteran

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2 community. Now after 10 years of promoting TM, we  
3 can call it a major success. Our mayor has a program  
4 coming out soon, Meditate New York City. Thousands  
5 of New York City residents and veterans have been  
6 trained to do TM. TM is out there, and we are-- and  
7 we at Operation Warrior Shield are proud to have  
8 helped to touch so many tens of thousands of lives  
9 with this treatment throughout the country.

10 In addition, we have helped the veteran community  
11 we are also have been involved heavily with NYPD  
12 Health and Wellness and the Fire Department.

13 TM promotes inner calmness, clarity, and  
14 resilience. You're going to hear more about the  
15 second complimentary protocol called RTM by Dr.  
16 Bourke.

17 RTM should be a partner with TIA. I am asking  
18 that this committee support these efforts and ask  
19 that the New York City council leadership to provide  
20 each of the 51 city councilmembers a budget set aside  
21 for veterans specifically to fund these two types of  
22 treatments, My Companion canine companionship  
23 program. This way all New York City councilmembers  
24 buy into the solution that could help end, and not  
25 eliminate PTSD, but being able to live with it.



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2 I also hope that all of you can join me here in  
3 Brooklyn on October 28, where we honor Mayor Adams,  
4 Commissioner White of NYPD, and two war heroes who  
5 served on Delta Force and Special SEAL Team Six at  
6 the El Caribe on October 28th. And I know  
7 Councilmember Holden is coming, and I do hope all of  
8 our 51 city councilmembers show up that day and help  
9 eliminate PTSD from New York City veterans.

10 Thank you. And I would love to take any  
11 questions.

12 CHAIRPERSON LEE: Okay, we're going to actually  
13 move to Dr. Bourke first, and then we'll do it as a  
14 panel for Q&A. Thank you.

15 DR. BOURKE: Chair Holden, Chair Lee,  
16 distinguished members of the attending committees,  
17 and all of you present this afternoon for this  
18 important topic. I'm Dr. Frank Bourke, a previous  
19 lecturer at Cornell University, and a licensed  
20 clinical psychologist, who was trained as a research  
21 scientist at the Institute of Psychiatry in London  
22 sometime shortly after the dinosaurs ruled the earth.

23 After 9/11, I went down to New York City to help.  
24 Over the 11 months, post 9/11, I treated 250  
25 survivors from above the 100th floor, who had severe

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2 PTSD. The protocol that I was using proved  
3 extraordinarily clinically effective.

4 After 9/11, like many of the volunteers who were  
5 down there walking through the dust and debris, I was  
6 diagnosed and treated for stage IV cancer. Two years  
7 later, I realized I had survived and could return to  
8 work. Simply said, with my background, as a research  
9 psychologist, I knew that the protocol would have to  
10 be researched, published in peer-reviewed journals,  
11 and brought to recognition as evidentiary medicine,  
12 in order to be gotten to those with PTSD who needed  
13 it. To that end, a group of old-school, Vietnam  
14 veterans and myself, put together a nonprofit  
15 corporation that has, after 20 years of hard work,  
16 actually brought it to the point where it will very  
17 shortly be acknowledged as evidentiary medicine.

18 There are roughly 27,000 veterans with PTSD in  
19 New York City, and 15% to 20% of the first responders  
20 like firefighters, police officers, EMTs, and  
21 correction officers are going into work every day  
22 with PTSD debilitating symptoms. Most of us know,  
23 some acquaintance friend or family member suffering  
24 with it. Our nonprofit is now in the process of  
25 gearing up to get this breakthrough PTSD treatment

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2 disseminated to the hundreds of thousands of people  
3 who need it. Again, simply said, while the field has  
4 spent billions of dollars researching multiple PTSD  
5 treatments with moderate results, the four RTM  
6 research studies completed thus far have shown RTM  
7 working two to three times better. This is not TV  
8 advertising. This is one of the breakthroughs in  
9 treatment for PTSD that we've needed for the last 50  
10 years.

11 We are seeking your help to make this and other  
12 new treatment options available to all who can  
13 benefit from them.

14 I especially want to thank all of you for the  
15 time today, and Chairman Holden for your personal  
16 insights along with Mike Moreno. For myself, above  
17 my desk here, I've had a sign up there for 10 years  
18 that says "22 Today", when I know I'm sitting here  
19 with a real contribution to making that number  
20 smaller.

21 Thank you, all of you for your help with this.  
22 And I'll also make myself available to answer any  
23 questions. Thank you.

24 CHAIRPERSON HOLDEN: Oh, thank you, Dr. Bourke,  
25 and-- and for your great work. This sounds so great.

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2 I just have some logistic questions about how do we  
3 train personnel to-- on certainly administering RTM?  
4 I mean, that that seems to be I think the first thing  
5 we have. To do to get it out there, we need more  
6 trained clinicians. How long--

7 DR. BOURKE: Yeah, Chairman Holden.

8 CHAIRPERSON HOLDEN: Yes.

9 DR. BOURKE: We're-- We've got the protocol, what  
10 they call on the military "shovel ready", so that we  
11 can take-- and we have been-- we've trained over 300  
12 licensed counselors to administer the protocol  
13 successfully and we've measured that. And the  
14 training only takes three days. Three days, and the  
15 way we do it: We don't certify someone to administer  
16 it until after they have successfully demonstrated  
17 that they can treat two PTSD diagnosed clients before  
18 and after, and we measure that. So that-- The  
19 protocol isn't just a research proven entity. We've  
20 got 300 counselors across the United States trained  
21 and using it successfully. And we're measuring that.  
22 We've also by-- I say, need, trained about 80  
23 counselors now in the Ukraine, who are using it, and  
24 we've got a waiting list of 200 counselors there in  
25 the Ukraine. As I was down at 9/11, when you're in a

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2 disaster area, and you've got the numbers of PTSD in  
3 the population, that are for instance, in Ukraine or  
4 like after Katrina, et cetera, the protocol is-- is  
5 unbelievably effective, and obvious in terms of its  
6 effectiveness.

7 CHAIRPERSON HOLDEN: So it is-- It sounds so  
8 exciting. And it doesn't seem that it would take a  
9 large financial investment to get this launched in--  
10 in, you know, certainly New York City. It doesn't--  
11 It doesn't seem like-- Have you estimated any costs  
12 of-- of getting just the training part of it, that we  
13 that we could look at? A breakdown?

14 DR. BOURKE: More than that, Chairman Holden,  
15 I'll pass this-- The answer to this across to  
16 General Sutton, who has put together a complete  
17 package of training and measurement of effectiveness  
18 over a three-year period. Loree, are you available  
19 to the phone here?

20 GENERAL SUTTON: Yeah. Thank you, Dr. Bourke.

21 Uh yes--

22 CMSGT SCHLOEMAN: To a certain point, I think--

23 GENERAL SUTTON: Ed?

24 CMSGT SCHLOEMAN: I said, General, to a certain  
25 point I think at this time.

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2 CHAIRPERSON HOLDEN: Right. General. General  
3 Sutton?

4 GEN SUTTON: So Chair Holden, Chair Lee, in  
5 anticipation of this hearing, and of working with you  
6 and your members, and the Administration going  
7 forward, I do have some materials that would lay out  
8 what would-- what would be required.

9 The training itself is a half day orientation,  
10 two and a half days of training. It can be done  
11 remotely. The treatment can be done remotely or in  
12 person. There's another additional cost for the data  
13 collection. Everything that's done is analyzed pre  
14 and post, so it can add to the evidentiary base that  
15 Dr. Bourke had mentioned before. But I'd be glad to  
16 share that information with you.

17 I would also say that what Mike has brought up  
18 here in terms of a way forward that is right, all  
19 around us (we can touch, we can feel, we can see it)  
20 are the Vet Centers. There are six of them in New  
21 York City that are funded by our federal tax dollars,  
22 and present store-front locations where veterans come  
23 and get counseling and their family members come and  
24 all we need the VA to do is to show up.

25

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2 I will tell you this, Chair Holden and Chair Lee,  
3 I am confident, knowing of the wonderful people who  
4 work throughout the VA system tirelessly every day.  
5 Secretary McDonough would be appalled if he knew that  
6 the preeminent PTSD researcher and clinical expert  
7 Dr. Rachel Yehuda was blocked from coming to this  
8 hearing today to testify on this critical topic.

9 But there is a way forward with or without the VA  
10 and the vet centers. But I am confident that once  
11 this word gets out to the top levels-- And by the  
12 way, two weeks ago, Chair Holden and Chair Lee, I was  
13 informed by the VA that I've been named as vice Chair  
14 to one of its federal advisory committees, and so I  
15 am excited now about the opportunity to bring the  
16 needs, the strengths, the opportunities for  
17 demonstrating success here in New York City directly  
18 to the Secretary of the VA.

19 CHAIRPERSON HOLDEN: Well, that's the way in,  
20 obviously, here, and that's great, great news.

21 I just want to-- I have a couple of questions for  
22 Dr. Bourke on-- on how this-- how we pivot to--  
23 because you heard my story, I think, Dr. Bourke, that  
24 my father's affliction went to the entire family, and  
25 I don't know if it-- if it goes-- extends, PTSD to

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2 other generations beyond. Do you have any research  
3 on that? And how do we pivot in the training of the  
4 individual for somebody that's been in combat versus  
5 somebody that's been around a father or a mother that  
6 has posttraumatic stress disorder from combat?

7 DR. BOURKE: I think you're right on the cusp of  
8 doing the right thing, or we our, Chair Holden, in  
9 the sense that you have, as your dad, and literally  
10 my dad. I'm from Park Slope in Brooklyn. My father  
11 through my two uncles, my dad was blown up in B29s.  
12 My uncle was captured in the Battle Of The Bulge and  
13 came back through German lines. And my Uncle Tony  
14 was a sniper at Iwo Jima. They all lived in Park  
15 Slope, and got me through graduate school and talking  
16 to you here. I have all of those same problems in my  
17 life and childhood as you have, Chairman Holden. And  
18 so do most of the families that have lived with  
19 severe-- with veterans with severe PTSD.

20 The first piece that we need to get into play,  
21 and we'll have a rolling effect. To-- Or let's say,  
22 the most needed thing to be done is to get the  
23 protocol into the toolbox of counselors, for  
24 instance, in New York State, which is comparatively a  
25 very inexpensive, three-day training. And with that



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2 known, and the effects on those people, families will  
3 come into recognition, for-- There is real help, that  
4 does make the kind of effects that you heard Mr.  
5 Marino describe. They become better family members.  
6 And that whole affected group that comes then to look  
7 for help.

8       There is no silver bullet for PTSD. As you also  
9 heard Mike say: Once a person is cured or remitted  
10 from a PTSD diagnosis and all its symptoms,  
11 oftentimes you have to clean up family problems,  
12 health problems, drug and alcohol addiction problems,  
13 vocational problems. This requires a [inaudible] as  
14 Commissioner Hendon is doing, you'll hear the breadth  
15 of the programs that he and Ellen and his team there  
16 are putting together.

17       New York City is-- You know, I'm, I'm really  
18 proud. I'm 80 years old now. And I drove a cab in  
19 graduate school in Manhattan. I know the city. I  
20 know this problem well, and I am just enthused as  
21 hell (forgive my French) in terms of where this thing  
22 is going in the city. I think New York, both the  
23 city and the state, have the opportunity to model  
24 this for the country. And I'm, forgive me for being--  
25 - I know, you're asking for more concrete stuff in

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2 relationship to the families, Chairman Holden. I  
3 believe that has to follow getting the protocol out  
4 to those diagnosed with PTSD, a number of whom will  
5 be the children and family members who have lived  
6 with veterans with PTSD. My dad loved me dearly, but  
7 let me tell you, there were times in my childhood  
8 when my father was not my father.

9 CMSGT SCHLOEMAN: Well, you know, Frank, I have--  
10 we have handled this situation with families in the  
11 TM process. We always felt that the partner,  
12 especially would learn TM at the same time, because  
13 they get through it together. My wife and I practice  
14 TM every day for the last 13 years. And I believe  
15 we're going to use that same philosophy as we put a  
16 plan together with our group that we will present to  
17 Commissioner Holden and others in about a week.

18 And I think once you see the program,  
19 Councilmember Holden, all 51 of your city  
20 councilmembers will be fighting to get online to say,  
21 "I want to put this into my city first."

22 So give us a week or two to present this to you,  
23 and you could be the first to launch this, and I bet  
24 you that the rest of the country will-- just like it  
25 was the Department of Veteran Service has been a

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2 beacon of hope for the country, thanks to those  
3 start-offs from Commissioner Sutton when she's really  
4 brought the DVS to where it is now under the  
5 leadership of Commissioner Hendon, you will see the  
6 rest of the country doing the same.

7 CHAIRPERSON HOLDEN: Thank you. Thank you, Ed.  
8 And thank you, Dr. Bourke. And you have any other  
9 questions for the panel? But this is a-- This is  
10 such a-- an encouraging, hearing. And I'm sure Ed--  
11 And thank you for your investment, by the way, and  
12 your foresight on this. But it's very exciting. And  
13 if it does half of what I heard today, we're in good  
14 shape. Thank you. Thank you so much.

15 CHAIRPERSON LEE: Thank you, everyone. I just  
16 had a couple questions just in terms of the  
17 administration of it. Because I know that-- You  
18 know, when I was at my nonprofit formerly (I'm a  
19 social worker), we-- I started up an Article 31  
20 outpatient clinic. And the reason why we did that in  
21 the Korean community is because there are very  
22 specific language cultural barriers of people  
23 accessing mental health services and doing the  
24 outreach, right? The outreach is always, I think one  
25

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2 of the hardest things in terms of mental health  
3 services.

4 But one of the things that actually we found very  
5 effective was the mental first aid training, which  
6 was, you know, under Thrive and-- and it was-- the  
7 train-the-trainer model, which I think is why it was  
8 so impactful, and they were able to translate it in  
9 multiple languages. And it sounds like this is  
10 something that could be similar to that, where it  
11 would be widespread in terms of the number of people  
12 it could reach.

13 And so I just have a question in terms of: is  
14 this similar in the sense that it's a peer-to-peer?  
15 Or does it have to be administered by a specific  
16 mental health professional? Or is it something that  
17 can be done in different sort of levels? Because I  
18 think, as we all know, caregivers and caregiver  
19 groups are also very impacted, you know, in terms of  
20 their mental health status as well. So just  
21 wondering if you could talk to speak to that?

22 GENERAL SUTTON: Absolutely. Go ahead Franke.

23 DR. BOURKE: Real quick, the protocol is a  
24 neurological intervention that has been manualized in  
25 a fashion that it really needs to be administered the

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2 same, consistently, and it requires a background in  
3 mental health to be able to do it effectively.

4 You've got to follow the client's physiology as you  
5 go through it. They have to stay relaxed.

6 So that while it only takes three days to train,  
7 a licensed mental health practitioner (and we've  
8 trained probably the bulk of the 300 that we've  
9 trained here in the States, are social workers,  
10 licensed social workers), it can't be done peer to  
11 peer it needs that administration and the background.

12 It is-- This is a tool to go into a therapist's  
13 toolbox, where that therapist is also carrying other  
14 tools, like their training in rapport, transcendental  
15 meditation, help with addiction, et cetera. And then  
16 the linkages to social, family, tools, housing, et  
17 cetera. The kind of broad spectrum that you-- that  
18 you see Commissioner Hendon putting together when you  
19 when you listen to all of the programs that they've  
20 done.

21 This is one tool. And let me tell you, this is a  
22 game changer in terms of the difference in clients  
23 after they're relieved of PTSD. The other treatments  
24 for drug abuse, family problems, et cetera, are much  
25 easier and more effective to be accomplished.

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2 CHAIRPERSON LEE: Thank you for that. But even  
3 still, even if it's not just peers, but if it's  
4 amongst the mental professionals, it still could be  
5 very widespread in that sense too?

6 GENERAL SUTTON: Well Chair Lee, there is a well-  
7 developed train-the-trainer model. So there are  
8 coaches. There are trainers, train-the-trainer  
9 programs that Dr. Bourke and his team have put  
10 together. And so it's-- it's a very scalable, very  
11 scalable intervention, and in particular, social  
12 workers, licensed professional counselors, marriage  
13 and family therapists just take to this so, so  
14 naturally and effectively.

15 I just asked Mike if I could just offer one  
16 little vignette of my experience with him this last  
17 year on the foundation board for Chapter 126 BVA.

18 When we started our deliberations, Mike was that  
19 guy whose zoom background was a photograph of his  
20 bunker fighting position in Vietnam. And over the  
21 months as we talked about what was going on and what  
22 we could do, and I think I mentioned, Mike said, "You  
23 know, Doc, PTSD isn't treatable. It's not curable."  
24 And I didn't take issue with him, I just said, "Well,  
25 this is just something, a tool in the toolbox that

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2 has been very effective for many, but I'm not going  
3 to fight with you, Mike." A few months later, when  
4 Mike said, "Doc, I want to get RTM," and he has told  
5 his story.

6 And I've never said anything to you about this,  
7 Mike, but the very next foundation board meeting,  
8 Mike's zoom background photograph is now no longer  
9 his bunker fighting position, but now a beautiful  
10 photograph of the 55 Water Street Friends of the  
11 Vietnam Veterans Memorial. And I think that just  
12 says so much to make the point: No longer living the  
13 trauma in real time, but now it's an important memory  
14 that's honored and cherished.

15 MR. MORENO: You don't-- You didn't-- You don't  
16 know me, you know, before. January, maybe-- Just  
17 January or February before, I went to treatment. I  
18 was kind of a miserable person. I mean, I had a lot  
19 of baggage. I didn't trust anybody. And that was  
20 the biggest thing. I don't trust people. Because  
21 I've had experiences in Vietnam where some officer  
22 wanted to send me up a hill, and I said, "We  
23 shouldn't be going that way we should we go in this  
24 way." And he puts you in danger.

2       So, I would say that, also the pandemic had a lot  
3 to do with it. It kind of reinforced some of the  
4 things that were going wrong. Although statistics  
5 say that there were less suicides. Other than that,  
6 but I don't understand that one. But aside from that  
7 the treatment was-- I mean, it-- the treatment is was  
8 so well-- was so well done. I mean, a question that  
9 leads into another question, and you feel at ease.  
10 You're not pressured or anything. The old therapy,  
11 the cognitive therapy, your reliving these things,  
12 because the thoughts were, "The more you visit this  
13 bad thing, it'll go away." No. It doesn't go away.  
14 The nightmares come up without any-- without any  
15 signs. The therapy does work. And I'm still amazed  
16 at how-- In such a short bit of time, I don't have  
17 those demons anymore.

18       CHAIRPERSON HOLDEN: Yeah, Mike, what else did  
19 you try, though, before that? That you tried other,  
20 uh...?

21       MR. MORENO: Well, I was-- My first therapy was--  
22 When I first found out it-- As a matter of fact, I  
23 found out about on public access TV, they're talking  
24 about something called post, you know, stress that  
25



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2 used to be other words, you know, in the Second World  
3 War and battle fatigue, or whatever it was.

4 I went to a Red Cross Outreach Center in  
5 Brooklyn, and I had a counselor, we went to  
6 counseling. Every-- One day a week, I was down in  
7 the office. I worked in, you know, at 55 Water  
8 Street and I went across to Brooklyn and you know.  
9 The therapy was totally different. It was like you  
10 asked a question. They would ask me a question about  
11 what kinds of things in my life? And then I would  
12 answer it. And they would say, well, why did you  
13 answer that question? Will you think about this? So  
14 you know, it was constantly things when-- when  
15 serious issues came up? You know, what was it like  
16 to see someone dead or whatever? And why did you  
17 feel that way? And it was those kind of questions  
18 and all it really did was teach me what the symptoms  
19 were, why I was hyper vigilant, why I didn't trust  
20 anybody, why I didn't want to be this.

21 So I've been able-- I was-- Until RTM, I was able  
22 to cope with some of the things. Not the flashbacks,  
23 and-- and the nightmares. Those I couldn't control,  
24 but I could control some of the things with trusting.  
25 I'd do different things to feel my way around a

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2 person. Should I trust this person? Feed them a  
3 little bit of information and see what they do. It  
4 was hard for me to do that, but I was coping. I was  
5 coping for many, many, many years. I was withdrawn.  
6 I hadn't talked to some my friends, some of my old  
7 friends in 20 years. I mean it was affecting me.

8       There are other veterans I know, that are in  
9 much, much worse condition. They don't go out of  
10 their house. They have food delivered. Those guys  
11 who are retired, my parents. But I'm lucky. My  
12 demons are gone, and I'm back to my new normal, and  
13 I'm happy, and I think RTM was the solution. And I  
14 cannot say anything more to you that it has to be  
15 brought out. The VA is scared of it. The therapists  
16 think they're going to lose their job. They're not  
17 going to have any more-- nothing to do once they  
18 consider this a cure for posttraumatic stress  
19 disorder. No. It's the beginning. You get rid of  
20 the demons. You stop the bleeding. Then you treat  
21 the wound: The alcoholism, the drug abuse. Those  
22 problems. You can't go-- For me, as a Vietnam vet,  
23 you can't go 50 years with PTSD without it having  
24 negative effects in your life and your family life,  
25 your social life, your job.

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2 RTM is a solution. I know. I've been through  
3 therapy for 20 years with no effect. They throw a  
4 pill at you. I don't want to take no pills. I don't  
5 want to have my mind fuzzy. The last time I took a  
6 pill probably about-- during this therapy, I took  
7 this pill. It took me three hours to go from my job  
8 at 55 Water Street to my house in Queens on the  
9 subway. I got off at every stop and held on to posts  
10 and waited for another train, make sure there were--  
11 It just did something to me. I said I'll never take  
12 any medication again. And now we have RTM. No meds.  
13 No medications at all. Five hours.

14 CHAIRPERSON HOLDEN: Thank you, Mike. Thanks so  
15 much for the-- for your testimony. I thank the  
16 panel. Do you want--

17 GEN SUTTON: Could I just say-- oh please.

18 COUNCILMEMBER PALADINO: Thank you very much, all  
19 of you. God bless you, every one.

20 The Vietnam war was very special to a lot of us  
21 sitting here. It means a lot. We grew up with it.  
22 I just-- This silver bullet that you talking about.  
23 How long has it been around? Like this is working?  
24 I mean, I'm listening to you. I'm listening to this  
25 gentleman here. And I'm excited. But I'm also

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2 skeptical. And I know you guys would expect that,  
3 right? Because it's been around, like you say-- I  
4 mean, we've been suffering with the Vietnam War and  
5 its effects for many, many decades now. And I'm  
6 sitting before people who are telling me that after  
7 all these many, many years of suffering, you went to  
8 this program, and I can't wait to see everything that  
9 you're going to give us, and I just-- Pardon my  
10 skepticism. But that's the way I am. Go ahead.  
11 Continue.

12 GEN SUTTON: Actually, Councilmember Paladino, I  
13 welcome your skepticism.

14 COUNCILMEMBER PALADINO: Right. I'm sure you do.  
15 Yes.

16 GEN SUTTON: Every one of us should be skeptical  
17 about anything--

18 COUNCILMEMBER PALADINO: Anything that sounds too  
19 good.

20 GEN SUTTON: No, exactly. And so the-- the issue  
21 here is that the very institution that has the funds  
22 to invest in research has blocked RTM from wider  
23 dissemination because they say doesn't have enough  
24 research. Well, that's unconscionable. I will tell  
25 you what's interesting is that RTM builds on 50 years

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2 of neuroscience research into the process of  
3 reconsolidation of traumatic memories.

4 COUNCILMEMBER PALADINO: How long have-- has RTM  
5 been used? Like how long are you using this? How  
6 many people have did this therapy process? What's  
7 your success rate? You know, everybody here is  
8 great, and I'm super excited. But again, driving  
9 with my foot on the-- on the brake. So good, go  
10 ahead. How many-- How long has it been around?

11 GEN SUTTON: Councilmember Paladino, yeah. So as  
12 Dr. Bourke mentioned, he gotten his PhD in London  
13 decades before, late 60s, early 70s, and had been  
14 working with a protocol on phobias when he was called  
15 back to his hometown, right after 9/11. And he had  
16 these 850 survivors whose offices were above the  
17 second tower--

18 COUNCILMEMBER PALADINO: Yes, I heard.

19 GEN SUTTON: -- 250 of whom had florid PTSD.

20 Mind you, no one knew what to do at that point 22  
21 years ago.

22 COUNCILMEMBER PALADINO: Yeah.

23 GEN SUTTON: And so he thought, Well, surely I  
24 can adapt this protocol that's been so useful for  
25 phobias. Perhaps I can adapt it for PTSD. He found

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2 even then 22 years ago 50% to 55% success rate in  
3 remission of symptoms and diagnosis. Better than  
4 what we have now in the gold star treatments.

5 And as he said, sadly, because of the exposure,  
6 he developed to stage IV cancer, but happily, he  
7 fought his way back and continued to hone this  
8 protocol, working with his colleagues.

9 And by the time I met Dr. Bourke, which was 2010,  
10 when I was still in uniform, he had just been turned  
11 down by the military, assumed wrongly as it turned  
12 out, that the military would be happy to know about  
13 his work. But as he was told by the Chair of the  
14 PTSD Research Program, who walked him out to the  
15 parking lot, patted him back and said, "Dr. Bourke,  
16 you know, nice work, but we couldn't possibly support  
17 your research. We've already put over a billion  
18 dollars into PTSD research. If we now supported  
19 something so quick, so effective, non-medication,  
20 we'd all lose our careers."

21 Dr. Bourke-- I know that that happened, one,  
22 because Bob Salusa was with Dr. Bourke, eyewitness,  
23 and Dr. Bourke, within a day or two found out about  
24 my program with the Defense Centers of Excellence,  
25 came to me distraught over what he had experienced.

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2 We-- we now regularly-- These four studies that Dr.  
3 Bourke mentioned, which have, you know, really,  
4 largely-- Vietnam veterans have stepped up to the  
5 fore. The New York State American Legion-- By the  
6 way, you all mentioned the need to communicate more  
7 clearly. Check out the September National Legion  
8 Journal, this month. A cover story on RTM. Check  
9 out what I've given you and your supplementary  
10 materials.

11 COUNCILMEMBER PALADINO: I'm going to look at  
12 that.

13 GEN SUTTON: You know, our very own Gary Trudeau,  
14 here in New York City.

15 COUNCILMEMBER PALADINO: Right.

16 GEN SUTTON: And this is a great-- This op ed  
17 that was published in July in the Washington Post  
18 addresses the very skepticism that you're talking  
19 about.

20 COUNCILMEMBER PALADINO: Yes. Sure. I mean, you  
21 have to see-- I know you expect to hear-- You know,  
22 because this skepticism-- because we all want a quick  
23 fix, right? We all want to figure this out. We all  
24 want it-- It's going on too long. And like you  
25 brought it up. I mean, it goes from the wars, 9/11,

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2 anybody who's dealing in today's world has got some  
3 sort of something.

4 Now, is this strictly for the severe-- the  
5 severity of what these gentlemen and women are  
6 facing? Or can this also be applied to what we have  
7 here in our basic mental health issues that the city  
8 is having? And you mentioned about a storefront.  
9 You mentioned about funding.

10 So are you a 501(c)(3)? Like how do you get  
11 funded? How are you looking for funding?

12 GEN SUTTON: So Dr. Bourke runs the 501(c)(3)  
13 Research And Recognition Project headquartered out of  
14 upstate New York. I'm a-- an independent special  
15 advisor, pro bono, for that initiative.

16 COUNCILMEMBER PALADINO: Right.

17 GEN SUTTON: 501(c)(3) They have also-- R And R  
18 Project has licensed the training rights in the US to  
19 an organization, an LLC, called PTTI, Posttraumatic  
20 Training Institute.

21 COUNCILMEMBER PALADINO: Okay.

22 GEN SUTTON: And then in London, and now in five  
23 or six countries around the world who are now working  
24 to develop country-wide training institutes, it's  
25 spreading rapidly. But here in the United States,



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2 the biggest issue in the veterans community has been  
3 being able to work with the National Center for PTSD,  
4 and to get this tackled and tested on its merits,  
5 which to date has not happened.

6 Now, I would just say one other thing. The  
7 committee members here have talked about veterans and  
8 their eligibility for VA care and the relatively low  
9 number who actually access it. You're going to hear  
10 from Coco Culhane here in a few minutes, and she's  
11 going to be able to tell you their most recent work  
12 that her legal team is doing in this area. It's--  
13 It's vital worked to get the eligibility for those  
14 who have either been wrongly diagnosed, or they had  
15 misconduct, or whatever it is that they've had, or  
16 LGBT (that's a big one as well), she will give you  
17 the latest on that. And there's great work that she  
18 has spearheaded here in New York City.

19 I will say also, that in terms of the work with  
20 families, caregivers, survivors, you mentioned Tonya  
21 Thomas. What a yeoman's job she does throughout this  
22 city. And those are also individuals-- In fact, I  
23 think that Gold Star Family Members, and Blue Star  
24 Family Members should be a protected class in our  
25 city. New York City has already led the way in so

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2 many ways. And this is why also, I just want to  
3 applaud your leadership and courage in bringing this  
4 hearing, this joint hearing together today.

5 You know, Dr. Bourke didn't have a chance to  
6 mention this. But we, you know, the New York State  
7 Legislature several years ago was very supportive.  
8 But--

9 COUNCILMEMBER PALADINO: What happened?

10 GEN SUTTON: Two years ago, there was an all  
11 Republican bill that couldn't get any Democratic  
12 support. This last session-- led a little late in  
13 the session, but Senator Addabbo, he's the one who  
14 said, you know, "Maybe next year, we can get there.  
15 We can't get there now. But go talk to Chair  
16 Holden." And here we are today.

17 And I look forward to making this not only an  
18 all-of-city, but an all-of-state initiative that can  
19 lead the way across this country.

20 So thank you, again, so much for your leadership  
21 and conviction.

22 COUNCILMEMBER PALADINO: I have to go, but thank  
23 you so very much.

24 CHAIRPERSON LEE: Thank you so much to this  
25 panel.

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2 [CROSSTALK LEE, HUTTON, PALADINO]

3 COUNCILMEMBER PALADINO: I appreciate it. I  
4 really do. And like I said, I could never be more  
5 grateful then to my heroes of the Vietnam War. And  
6 for those yesterday was Wednesday-- yesterday,  
7 Thursday was National POW Recognition Day.

8 GEN SUTTON: Yes.

9 COUNCILMEMBER PALADINO: So I asked everybody--

10 GEN SUTTON: And the wall is coming to New York  
11 City. So don't miss that either.

12 COUNCILMEMBER PALADINO: That was special day.  
13 All right. Thank you, everybody. Thank you very  
14 much.

15 CHAIRPERSON LEE: Thank you so much to this  
16 panel. We're going to move on to our second and last  
17 panel. It will be Beverly Johnson, Coco Culhane,  
18 Linnea Vaurio, and Joe Bello. We will also go to  
19 Eileen Maher on Zoom after. But for now we'll start  
20 with the four in person.

21 Thank you Beverly. When you're ready, you may  
22 begin.

23 Oh, you just have to push the mic on.

24 MS. JOHNSON: Chair of the Committee on Mental  
25 Health, Disabilities and Substance, Councilmember

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2 Crystal Hudson, primary sponsor of the bill, and  
3 Councilmembers, my name is Beverly Johnson. I'm here  
4 to ask for your support for Intro 946 of 2023, the  
5 bill Intro 0946 of 2023 creates a mental coordinator  
6 in each city agency. Hiring a mental coordinator to  
7 to inform city employee about mental support and  
8 services that are available to them.

9 I speak from experience. I resigned from my  
10 position at a New York City hospital because I became  
11 overwhelmed by the environment of aggression and  
12 harassment. I reached out to human resources. It  
13 helped briefly with the transfer, but the situation  
14 was never resolved. And so overwhelmed and stressed,  
15 I resigned. After this I came up with this bill to  
16 help city employees get the support they need. Work  
17 is part of our DNA and our therapy. Work gives us a  
18 sense of belonging and appreciation for our  
19 contributions and makes a positive difference in our  
20 lives. I believe if there was a professionally-  
21 trained mental health coordinator available to offer  
22 support and outreach, I would still be employed  
23 there.

24 Better workplace outcomes will be achieved when  
25 supervisors and employees are made aware of, and can

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2 take advantage of mental support and services that  
3 are available.

4 My experiences aren't uncommon. The need for  
5 this information is important for all employees  
6 dealing with the stresses and the complex  
7 interactions in the workplace. This proposal could  
8 help many employees remain in the workforce.

9 I want to thank everybody for their time and  
10 attention to this law. And hopefully, it'll be  
11 enacted as soon as possible. Remember, your vote  
12 will make all the difference. Thank you all again,  
13 my name is Beverly Johnson.

14 Thank you.

15 CHAIRPERSON LEE: Thank you so much. And thank  
16 you for coming here and waiting so patiently, and  
17 sharing your personal story. And it's such a great  
18 example of how, you know, legislation comes from the  
19 community. And, you know, hopefully we can take your  
20 personal experience and what you've been through,  
21 which was, unfortunately, a negative situation, and  
22 turn it into a positive, and hopefully many more  
23 people will benefit, but I'll reserve questions  
24 later. I just wanted to mention that before we went  
25 on, but thank you for being here.

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2 Thank you.

3 You may begin with ready.

4 DR. VAURIO: Hi. Good afternoon, Chairman  
5 Holden, Chairwoman Lee, and members of the Committees  
6 on Veterans and Mental Health, Disabilities, and  
7 Addiction. Thanks for holding this hearing today and  
8 for the opportunity to testify. I'm Dr. Linnea  
9 Vaurio. I'm a clinical associate professor in the  
10 Department of Psychiatry at NYU Langone Health, and  
11 I'm testifying today on behalf of the Cohen Military  
12 Family Center.

13 Our center was established just over 10 years ago  
14 to fill this well-documented gap that we've discussed  
15 today in services available for veterans and their  
16 families. The center provides free mental health  
17 treatment for families who are experiencing the long-  
18 term effects of all phases of military service, and  
19 also includes treatment for co-occurring substance  
20 use and mental health disorders. To reach veterans  
21 who are ineligible for care elsewhere, or who may be  
22 disconnected from mental health services, we've  
23 developed strong partnerships with the VA, the  
24 Department of Veterans Services, and many other  
25 organizations. The sheer number of individuals

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2 served demonstrates the necessity for public-private  
3 partnerships in order to meet the needs for the  
4 veterans and their families in our community.

5 Central to the mission of the MFC is decreasing  
6 barriers to high-quality, evidence-based care for our  
7 nation's military families. Veterans and their  
8 family members are seeking mental health services at  
9 a higher rate than ever before the last decade of our  
10 operations. This sharp increase in demand for our  
11 services has resulted in struggles to meet-- to meet  
12 the demand and ultimately a waitlist for services.

13 We applaud the Council's effort to improve  
14 coordination of mental health services. However, we  
15 also see a greater need to create more treatment  
16 opportunities through funding of direct services.

17 For example, we currently have a waitlist for our  
18 City-Council-funded Traumatic Brain Injury Program,  
19 which I coordinate. The funding from the mental  
20 health services for the Veterans Initiative remains  
21 the sole source of funding for our center's TBI  
22 program, which provides much-needed evaluation and  
23 rehabilitation services for veterans with TBI, many  
24 of whom also struggle with co-occurring substance use  
25 disorders.

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2 Our center is equipped to work together with the  
3 community to address the ever-growing needs of  
4 veterans and their families. We hope the Council  
5 will further invest in the veteran population, and we  
6 urge the Council to consider further supplementing  
7 citywide capacity to meet the ongoing demand for  
8 support services for veterans.

9 Thank you again for the council's past funding  
10 for the center and for the opportunity to testify  
11 today.

12 COUNSEL: Coco, you may began when ready.

13 Hi, I'm Coco Culhane. I'm the Executive Director  
14 of the Veteran Advocacy Project. And our mission is  
15 to provide free legal services to veterans and their  
16 families who are living with the effects of trauma or  
17 mental illness.

18 So I wanted to just echo what some people have  
19 already said today about, you know, the importance of  
20 these resources and how many people can't actually  
21 access them. And, you know, just looking at the  
22 committee report from today, you know, there's a lot  
23 of really great things listed. But, like, service  
24 animals, right? The VA doesn't actually pay for dogs  
25 for veterans with PTSD, if you go and look. So the



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2 whole site says how great they are. And then the  
3 National Center for PTSD website says there's not  
4 enough research. So it's things like that, or the  
5 caregiver program. There are 19 million veterans.  
6 There are less-- about 40,000 who were actually  
7 eligible and enrolled in that program.

8 You know, the justice involvement, the legal  
9 services organizations that were listed are fantastic  
10 and so important on the civil side. None of them  
11 provide criminal defense services. So, I think part  
12 of this is like a military-civilian divide. I myself  
13 am only a civilian.

14 But we hear about resources and we think, "Great,  
15 they're all there." And I think that's why the  
16 Council funding, and DVS funding is so important,  
17 programs like NYU. We work with Columbia,  
18 Headstrong. They're-- They're vital. There are 19  
19 million veterans and only about 13 million actually  
20 qualify. And that number doesn't include, like  
21 Commissioner Hendon mentioned, someone who had served  
22 for eight years in the National Guard. That-- That  
23 person is not even in that 19 million, right? You  
24 have to serve 24 continuous months of active duty,

25

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2 you have to have a certain discharge status, et  
3 cetera, to legally be considered a veteran.

4 So all of these people, you have 6 million right  
5 there, plus people who have served in the guard or  
6 reserve, and not under federal orders. They rely on  
7 us, right? Not federal resources. They're relying  
8 on the community. And it's-- it's so hard to sit and  
9 listen to outreach issues, because there are so many  
10 organizations that are-- that have wait lists.

11 We turn away so many veterans every single day,  
12 and they're in crisis. And there are a lot of other  
13 important needs. But mental health, the legal  
14 services, housing-- Housing, obviously, comes first.  
15 And those-- You know, we partner with a legal  
16 provider for Jericho, and for services for the  
17 underserved. And we can't even keep up. And that  
18 funding comes from federal dollars.

19 So I just-- If there's some way to make these  
20 connections, right?, to the resources that that  
21 veterans can't get to. And then finally, just  
22 because this is my drumbeat, is veterans with less-  
23 than-honorable discharges. Their suicide rate is  
24 nearly three times as high as other veterans. And  
25 New York City has put together what I think is a

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2 first-of-its-kind-in-the-country program that funds  
3 legal services for these individuals. And I would  
4 just urge that support continue. It's so important.  
5 Right now we have 437 veterans, and about at least  
6 200 of them are just on a waitlist, and hoping--  
7 We've-- We've had people move to New York to get  
8 services, right? So I just hope that that population  
9 does not get left behind, because New York has-- has  
10 said that they're important, they matter to. The  
11 VA's new, like "We will pay for emergency care for  
12 any veteran." It does not include those individuals.  
13 If you were discharged by court marshal, you don't  
14 get that suicide prevention coverage.

15 So places like NYU, Community Health Care  
16 Network, they're-- they're vital. So I just hope  
17 that those things continue to be supported.

18 Thank you for your time.

19 COUNSEL: Thank you so much. Joe, you may begin  
20 when ready.

21 MR. BELLO: Okay, thank you. Good afternoon. My  
22 name is Joe Bello, a navy veteran, a veterans  
23 advocate here in the city. First and foremost, let  
24 me say I support Intro 946, Intro 793, and especially  
25 Reso 581, which was requested by the Bronx Borough

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2 President. As a resident of the Bronx, I think it's  
3 a great reso. And I'd like to see that get passed.  
4 So I'm very happy about that.

5 I just wanted to be clear, as well, as a veteran,  
6 you know, we talked a lot about mental health and a  
7 lot about, you know, other kinds of issues and  
8 programs. Not all veterans are damaged. And I think  
9 that's important to be said, that not all veterans  
10 are damaged. Some of them do come home with  
11 transitional issues, you know, particularly if they  
12 do come back at all. As we've seen in New York City,  
13 we've had a drop in veterans.

14 So I just want to make that clear, there are  
15 those that do need help. But as we move now, outside  
16 of Iraq and Afghanistan, and are moving, you know,  
17 forward into the future, some that are coming back or  
18 not damaged. It's more towards transitional issues.

19 In regard to, you know, we talked about DVS, and  
20 it's funding. I think we also need to make clear  
21 that, you know, The Mayor just announced last week,  
22 roughly 15% cuts. We know that the agency had a  
23 budget cut in this last FY 24. With the number of  
24 people that they have in the agency, you know-- that  
25 they don't have, I should say, and these budget cuts,

2 I think we're getting to the part where we're  
3 actually cutting into the bone of the agency. So  
4 really-- You know, you start to question like, what  
5 exactly is, is happening?

6 So like, for example, I was very confused at this  
7 hearing, because when the commissioner was talking  
8 about Ms. D'Mello, he kept saying she's the care  
9 coordinator, but yet he's consistently said, and  
10 we've consistently heard, she's the mental health  
11 coordinator. But yet in this hearing, it felt like  
12 Ellen Greeley was the-- was the mental health  
13 coordinator. So there was some confusion about that.  
14 And I think that needs to be resolved, particularly  
15 when we talk about the Joseph Dwyer program.

16 Looking at the Commissioner's testimony, I find  
17 myself a little concerned. I did question him and  
18 ask him I'm in April of this past year, this year,  
19 of, you know, when the funding was going to go out,  
20 and were they going to follow the Suffolk County  
21 protocol, you know that most counties, most 62  
22 counties are using for the Joe Dwyer program, and the  
23 Commissioner decided he was going to go his own way.

24 So when I'm looking at this for Zumba dancing at  
25 the American Legion, and rehabilitating an American

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2 Legion Post, I'm not saying I'm not all for that.

3 But that doesn't really fit in the guidelines of the  
4 Joe Dwyer funding. And I'm wondering, "Okay, so what  
5 numbers are we getting from outcomes from that?" So  
6 I do find myself concerned about that program as  
7 well.

8 The other thing that really stood out was the  
9 Commissioner mentioned here at this hearing, he also  
10 mentioned that July up in Syracuse, about Mission Vet  
11 Check. And, you know, he talked about the numbers.  
12 We do know that mission vet check was started as a  
13 program during the pandemic. However, when you go to  
14 the DVS's website, it says the initiative is  
15 currently on pause. So which one is it? Is he still  
16 meeting with, you know, New York Cares and these  
17 other groups? Or is this on pause? And how to  
18 veterans who would like a check, get that if the  
19 program is being said online that it's on pause? So  
20 I think that's something that needs to be worked out,  
21 you know, through the agency itself.

22 My concern with anything, when it comes to the  
23 agency and mental health, or any kind of program,  
24 housing, any, is the data numbers, the outcomes. We

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2 particularly didn't really see much of that. Again,  
3 we didn't see it.

4 And last, I'll wrap up with the Crisis  
5 Intervention Mapping. The problem with that has been  
6 DVS has announced it, and they'll-- they'll put it  
7 out. But historically, they've put it out, and I can  
8 only speak for the Bronx, they put it out like in  
9 June when most veterans are either on vacation, at a  
10 convention, or away. And subsequently, the veterans  
11 that have come back when we were all talking have  
12 said, "I didn't go." There was only a handful of  
13 vets there. Nobody really went. So we're not  
14 really-- You know, I'm not seeing any numbers in  
15 terms of how many people took this crisis  
16 intervention mapping, how many actually, you know,  
17 got through the program. So again, I would like for  
18 the Commissioner of the agency to clarify who's doing  
19 mental health, what outcomes they're looking to get  
20 from these items, and, you know, as we move forward,  
21 I think that again, there's a lot of work to be done.  
22 And I think that--

23 The last thing I will say is that we do need to  
24 also recognize the women veterans that are here.  
25 Most of them do not identify. My wife is a veteran

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2 as well. And, you know, it's through my advocacy  
3 that everybody kind of knows she's a vet, but she  
4 really doesn't, other than what she works in.

5 So, you know, there are a lot of women vets out  
6 there who just don't identify. They've taken off the  
7 uniform and they've walked away. And so, you know,  
8 we definitely need to do that.

9 And the last point I wanted to make is with the  
10 veteran vendors. You know, there has been a falling  
11 out. You know, the Commissioner has said that he  
12 talks to Robert [inaudible], which is great. But  
13 Robert doesn't talk to the rest of the group, that we  
14 used to meet with Councilman Holden. So, you know,  
15 subsequently we don't know what's going on. We're  
16 actually dealing with a with a issue right now with  
17 a-- with a veteran vendor who actually had his  
18 license, which was expired, used by an entity, and  
19 wound up with tickets from the sanitation department,  
20 and now has to go to court this coming week to pay  
21 over-- almost a \$3,000 fine for a license that he did  
22 not renew and expired back in 2019.

23 So I mean, there are a lot of work around some of  
24 these issues.

25 Thank you.



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2 CHAIRPERSON LEE: Thank you so much. We're just  
3 going to go to our last panelist. And then we'll  
4 open it up to see if the Councilmembers have  
5 questions.

6 MS. MAHER: So Eileen, if you're on Zoom still,  
7 you can please accept the prompt to unmute, and you  
8 may begin your testimony.

9 MS. MAHER: Can you hear me?

10 CHAIRPERSON LEE: Yes.

11 MS. MAHER: Okay. Good afternoon. My name is  
12 Eileen Maher. I'm a civil rights union leader with  
13 VOCAL-NY, a social worker, Therapeutic Companion  
14 Animal Trainer, and I'm a woman who was formerly  
15 incarcerated in New York City and New York state, and  
16 I come from a family of military veterans.

17 When I was detained and incarcerated, I resided  
18 and worked informally as an educational tutor for my  
19 fellow detainees and incarcerated women. I was  
20 saddened and frustrated by the amount of women I was  
21 with who were US military veterans of both Iraq and  
22 Afghanistan wars suffering from severe PTSD, which--  
23 and other illnesses, which due to scarce or non-  
24 existent services had begun to self-medicate via  
25 narcotics, alcohol, and self-harm. And yes,

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2 experienced in some cases, and acted upon suicidal  
3 ideation.

4 Many women also ended their military careers with  
5 debilitating opiate and benzodiazepine addictions  
6 following injuries they were over medicated or  
7 poorly-medicated for. And as you can surmise, many  
8 or all of these untreated illnesses directly led to  
9 their incarceration.

10 Rather than treating illnesses and injuries, they  
11 received while defending our freedom and country, all  
12 of the veteran women express the fact that services  
13 were limited, and not limited, and that they were  
14 criminalized for this. This is shameful. It not  
15 only affects them but their children, their families,  
16 and communities, as Councilman Holden bravely  
17 expressed from his own family experiences.

18 Every veteran in military service should not  
19 experienced a single barrier to services, including  
20 research and use of psychedelics, MDMA, and ketamine  
21 to treat PTSD and other illnesses such as effects  
22 from Agent Orange and the like.

23 Earlier I mentioned I am a companion and  
24 therapeutic animal trainer, mainly dogs and cats, but  
25 also other legal animals such as birds and reptiles.

2 The therapeutic benefits a companion pet can  
3 offer someone experiencing mental and physical  
4 illness is insurmountable. I say this as someone who  
5 suffers from PTSD, clinical depression, and I've  
6 experienced self-harm which I am in recovery. And  
7 with that said, if an unhoused veteran has a pet,  
8 especially dogs and cats, has chosen to keep that pet  
9 with he or she, there should be no barriers to he or  
10 she keeping that animal with them, so they can  
11 confidently seek out and receive services, especially  
12 housing. Even if that animal is not technically  
13 certified, yet.

14 My late grandfather was a World War Two Veteran  
15 who served in the China-Burma-India theater, and  
16 suffered from mental health problems. Our dogs, our  
17 pet dog brought out a joy and calmness in him like  
18 nothing else could.

19 I hope and pray that all of these bills  
20 introduced today are passed quickly. They, as  
21 soldiers, were there for us. We must be there for  
22 them, ensuring health and mental health services,  
23 supportive housing, and not criminalizing and  
24 incarcerating their mental health illnesses, and  
25 treating and caring for them. Thank you.

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2 CHAIRPERSON HOLDEN: Thank you. Thank you Eileen  
3 for that excellent testimony. I could attest to how  
4 dogs and cats, or animals, even horses, could comfort  
5 somebody with posttraumatic stress. You know, as  
6 somebody who had pets in my family for our entire  
7 lives, it did-- it did calm everyone. So I-- And  
8 you're right about the barriers. I'd like to talk to  
9 you about possible legislation to remove those  
10 barriers in housing and so forth for our veterans.

11 So let's-- let's talk offline after the hearing  
12 at one point. You can contact my office and we  
13 could-- we could meet and talk. Thank you so much.  
14 I just have a couple of questions for the panel  
15 that's present.

16 NYU, which I-- I support, and I tried to get  
17 additional funding in the last budget. I will keep  
18 trying. But I believe in that program. And I don't  
19 like that there's a waiting list. No-- Again, we  
20 shouldn't have a waiting list. But have you looked  
21 at-- has NYU looked at RTM as a possible-- can we  
22 mute. Can we mute that? Thank you.

23 DR. VAURIO: I was just speaking with our  
24 director. You know, I think it's a newer treatment,  
25 from-- from our perspective, we have a lot of

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2 empirically supported treatments that we are-- we are  
3 and have been implementing. So that's been really  
4 the focus of-- of our treatment. There's a lot of,  
5 kind of, vibrant research going on within NYU, also  
6 related to psychedelic assisted psychotherapy. I  
7 think all of these are a little bit, you know, in  
8 their nascent stages. And I think for us, we kind of  
9 have started to implement programs that have had the  
10 best--

11 CHAIRPERSON HOLDEN: Yeah-- But-- Yeah, but let  
12 my office know if you feel that maybe we could look  
13 at--

14 DR. VAURIO: Yeah. We'll definitely discuss it.

15 CHAIRPERSON HOLDEN: Because RTM, I mean, you  
16 know somebody who's-- like I said, who's family lived  
17 through it.

18 DR. VAURIO: Absolutely.

19 CHAIRPERSON HOLDEN: You-- You kind of want to  
20 grasp on and just try it. Just let's see if this can  
21 work.

22 DR. VAURIO: Sure. Yeah, I mean, I think  
23 there's--

24 CHAIRPERSON HOLDEN: Because it doesn't sound  
25 like it's that much of a big investment in time.

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2 DR. VAURIO: Yeah. No, I think anything that can  
3 be more abbreviated and, you know, easily, you know,  
4 deliverable. I think that we're all seeking that.  
5 There's also kind of a written exposure therapy that  
6 is another shorter, like a briefer intervention.

7 CHAIRPERSON HOLDEN: So we-- Yeah, so if we could  
8 set up-- If we could set up a meeting just to talk  
9 about it. If funding-- It may be a proposal or--

10 DR. VAURIO: Sure.

11 CHAIRPERSON HOLDEN: --that I could invest-- we  
12 can invest in-- the Council could invest in your  
13 program.

14 And also I want to talk about eliminating that  
15 waiting list.

16 DR. VAURIO: Yes.

17 CHAIRPERSON HOLDEN: Because that's-- We said  
18 this last year.

19 DR. VAURIO: Yes.

20 CHAIRPERSON HOLDEN: And then we-- You know, we--  
21 I don't know if the if the waiting list is smaller.

22 DR. VAURIO: I believe it's similar and I--

23 CHAIRPERSON HOLDEN: similar. Okay, well...

24

25

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2 DR. VAURIO: And I hate to say it, but it may be  
3 even a bit longer. Yeah, I think there are just a  
4 lot-- a lot of people who are really in need of--

5 CHAIRPERSON HOLDEN: And Coco, I just would like  
6 to also meet with you about-- because, you know,  
7 where the VA kind of falls short. And I need to-- We  
8 need to address that. Whether, again, we could  
9 address it from this committee, or we could draft  
10 legislation, or fund areas that you think we should  
11 fund. So you-- Because you're kind of the expert on--  
12 - on the whole program.

13 And if you-- Can you tell us where the, like  
14 number one problem with the VA in outreach? I have  
15 no idea what happens. Because when my dad was alive,  
16 we did get things from the VA, but since he passed,  
17 you know, years ago, I don't-- I've lost track of  
18 that. Like, how do they communicate with the  
19 veterans?

20 MS. CULHANE: So-- [TO MR. BELLO] Do you to  
21 say...?

22 MR. BELLO: Yeah. I mean, I do want to just  
23 mention, I mean, the Commissioner has said that he is  
24 now getting lists from the Department of Defense for  
25 veterans-- for active duty service members who are

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2 getting out. So I think that's one way to-- that  
3 they're-- they're trying to engage.

4 CHAIRPERSON HOLDEN: No, but I'm talking about  
5 the VA. How do they do outreach? You know, other  
6 than-- You know, we have DVS, but--

7 MR. BELLO: Well, they have outreach  
8 coordinators. In fact, they just hired-- At the  
9 Bronx, VA, they just hired an outreach coordinator,  
10 who they are responsible for their catchment area.  
11 So like, let's say for the Bronx, VA, they're  
12 responsible for the Bronx, Westchester and parts of  
13 Putnam.

14 CHAIRPERSON HOLDEN: Yeah, but I'm saying, how--  
15 the VA, do they send letters to veterans? Is it a  
16 regular mailing with updated programs on how to-- you  
17 know, do they do that?

18 MS. CULHANE: Uh, yes. I mean, I think-- I-- I'm  
19 not an expert on-- on this outreach, right? I was  
20 just saying I was frustrated, because I know that  
21 programs like housing programs, and legal, and mental  
22 health are-- all have wait lists. So I'm not-- If  
23 anything, what I see is veterans getting mail, and  
24 then going to the VA, and they're like, "Nope, sorry.  
25 We can't help you."



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2 That's sort of the side of it, you know, that,  
3 that I'm on. And also I'm seeing, there's-- there's  
4 a really serious crisis in New York State in terms of  
5 VA claims. Like people are waiting a year to get  
6 help. It's just...

7 CHAIRPERSON HOLDEN: Joe, what have you  
8 experienced on that? Because you're a veteran, and  
9 you obviously get outreach, they contact you. And  
10 have you-- have you tested it out? Have you-- Have  
11 you looked at some of the programs?

12 MR. BELLO: Well, I've tested out a few programs.  
13 Like I will say I tested out the NYC Get Covered  
14 program that the vets are running. And actually that  
15 was pretty smooth. I texted it. It texted me back  
16 and set up a thing. And then when I didn't respond,  
17 an individual called me within three days. So I  
18 think that that works out pretty well.

19 CHAIRPERSON HOLDEN: Great.

20 MR. BELLOW: In terms of outreach, I think Coco  
21 hit it pretty much right. Like, first contact is  
22 usually, like-- If it's not DVS, it's usually an  
23 elected official or a Community Board. And then  
24 they're usually going to the VA. And I think it all  
25 depends on experience, and you know, what, if they're

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2 being treated right. I know the VA is trying to move  
3 on that. I do know that the undersecretary has  
4 visited the city just recently, last month.

5 So they-- they are trying to correct some of  
6 those things there. There are still gaps there, but  
7 I would say they're getting a bit-- a bit better.

8 CHAIRPERSON HOLDEN: Well, that's-- that's some  
9 good news. Yeah? Commissioner, do you want to come  
10 up?

11 [background voice]

12 You've got to come up, Commissioner, sorry.

13 [background voice]

14 And I want to thank the Commissioner for-- one of  
15 the few Commissioners in the city of New York, that  
16 stays for the entire hearing. But thank you.

17 COMMISSIONER HENDON: This is-- to distinguish  
18 between outreach and marketing, as far as a lack of  
19 investment in marketing, which is really needed to  
20 truly get the word out. And for outreach, we have  
21 more information on the veterans in this city than  
22 the VA. So that's another agreement that we've also  
23 cut with Vision Two--

24 CHAIRPERSON HOLDEN: Great.

25

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2 COMMISSIONER HENDON: --so that we're sharing  
3 information with them too, so they can be able to  
4 have a better handle on who is in the Bronx, as far  
5 as the Bronx, VA, who is in the other boroughs for  
6 the Harbor Health System. So I just wanted to kind  
7 of put that out there when we're trying to handle.

8 CHAIRPERSON HOLDEN: You don't really have the  
9 budget, though, to really do the outreach that it  
10 probably is needed to fill in the gaps of the VA,  
11 right? I mean, you're not going to say no, but--

12 MR. BELLO: I'll say no.

13 CHAIRPERSON HOLDEN: All right. Thank you. Back  
14 to you, Chair.

15 CHAIRPERSON LEE: Okay, just a couple more  
16 questions. I'm sorry. And then we'll be done. But--  
17 - I'm sorry.

18 Beverly, for you: Just one clarification  
19 question. So if there was the mental health  
20 specialist, you're saying-- Because-- Because if I'm  
21 understanding correctly, what you had experienced in  
22 the workplace setting was directly due to a situation  
23 there, and so if someone in the workplace setting  
24 that was separate outside of the HR department was  
25 available, you're saying that that could have kept

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2 you in that position, or in that place of employment,  
3 correct? Okay.

4 MS. JOHNSON: That's correct.

5 CHAIRPERSON LEE: Okay. And was that offered to  
6 you at all when you-- Did you go to HR about that  
7 issue, talking about the situation, and was it  
8 addressed, or...?

9 MS. JOHNSON: That wasn't available. You know,  
10 you have Civil Liberties you have EEO, you have EEP,  
11 you have the employment lawyer, you have disgruntled  
12 people, [inaudible] people. So those are the only  
13 options. But if you don't have any information at  
14 all, where do you go? What do you what happens to  
15 you?

16 CHAIRPERSON LEE: Right.

17 MS. JOHNSON: And most people are in camaraderie  
18 and cahoots, and you want somebody that's totally  
19 impartial.

20 CHAIRPERSON LEE: Right.

21 MS. JOHNSON: And people that are in a job can be  
22 trained, you know? So funding shouldn't be, you  
23 know, a big issue. Because what are they doing?  
24 They're not hiring every day. So those people can be  
25 trained. Retrained, and trained.

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2 CHAIRPERSON LEE: Yeah. No, I think it's an  
3 important point. And that's why I wanted to bring  
4 that up. Because I think in the language of the  
5 bill, we just have to make sure it's something that's  
6 separate and apart.

7 MS. JOHNSON: Because mental health is very  
8 important. It is going into everything. You know,  
9 even the President says mental health should be  
10 conjoined with physical health. It's an important  
11 thing. I mean, anybody could snap. Anybody could be  
12 overwhelmed and stressed out. And all of these  
13 things could happen. You know, I mean, you get these  
14 chromosomes from the ancestors. So, you know,  
15 anything is possible with people.

16 CHAIRPERSON LEE: Yeah.

17 MS. JOHNSON: I mean, one day-- You would think  
18 the least-- they may be the first one in line trying  
19 to get under the umbrella to get whatever they can  
20 get to help themselves. I mean, you take the test,  
21 you're with people, 30 or 40 years, you know? That's  
22 a long duration. That's a long time. Anything is  
23 bound to happen, you know. Look at all the different  
24 agencies.

2       Maybe it's not for every agency, but there should  
3 be point people, a group of people that you know,  
4 that that when you're hired, you should be given the  
5 information, so you know which way to go and who to  
6 seek, and if something is going on, you know?

7       So this is-- I mean, it's only human. I mean,  
8 things happen. Anything can happen. Look, we're all  
9 recovering from something. Life is a recovery.  
10 Birth is a recovery. It's traumatic. It's  
11 traumatizing. We're all going to be in a coffin. We  
12 are all going to need some sort of mental health  
13 care. You know, here we all are. Nobody escapes  
14 unscathed. Everybody has a story no matter who they  
15 are or what they [inaudible].

16       So we're just trying to, you know, make it easier  
17 for-- as a Local Law for city employees. I don't  
18 know if it will go to the state or federal, but this  
19 is where it's at now. And so this is what I'm trying  
20 to do. And I came up with it. So I just went home  
21 and just sat on the sofa, and didn't cry. So  
22 something in my mind just snapped, and I got this  
23 idea about creating a mental coordinator to inform  
24 city employees about mental support and services.

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2 And that's what the bill is, you know? This is  
3 what it's all about.

4 CHAIRPERSON LEE: Thank you.

5 MS. JOHNSON: Veterans are having problems.  
6 Everybody is having problems. There's is a gamut of  
7 people.

8 CHAIRPERSON LEE: Thank you. No, thank you. And  
9 just really-- Oh, sorry, go ahead. Because I was  
10 going to ask you a question, actually.

11 MR. BELLO: Yeah. I just wanted to make a point.  
12 So, we had a lot of conversation at this hearing  
13 about the RTM protocols. And I agree with-- with my  
14 colleague here at NYU. You know, again, I attended a  
15 Bronx VA Research celebration that they had, and  
16 there was-- They presented a lot of research this  
17 week on what they're doing around MDMA, and others.  
18 And like, there's another protocol they have going,  
19 which is called Project Life Force that the VA is  
20 using. And that's also a mental health. So I think  
21 the concern amongst, like, those that I talked to,  
22 when I'm talking about RTM, has been that, look it's--  
23 - it's kind of a not-for-profit control thing right  
24 now. So there needs to be some kind of like, what is  
25

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2 the-- what is the cost, is it effective? Things of  
3 that nature. So...

4 CHAIRPERSON LEE: No, that's good. I'm a huge  
5 fan of data and research. And so, you know, even  
6 when I was, you know, in my former head as a  
7 nonprofit executive, we had to prove to elected  
8 officials like myself that, for example, diabetes  
9 actually is prevalent in the Asian community. So we  
10 actually partnered with NYU School of Medicine to do  
11 community-based participatory research, all those  
12 things. And so hopefully, that's something we can  
13 continue to do moving forward, but...

14 MR. BELLO: Yeah, absolutely. You're absolutely  
15 right. I mean, one of the things we're also talking  
16 about now, in the community that mirrors what you're  
17 saying is-- and the Commissioner knows this: Like  
18 70% of all veterans here in New York City are 55 and  
19 over. And you know, like the rest of the population  
20 here we're moving towards-- And so like, for example,  
21 at Borden Avenue and other places, we have these  
22 veterans that are aging out. And so besides  
23 supportive housing, there's going to have to be  
24 another plan as we move forward into the future. But



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2 we really want to look at what the data is telling  
3 us, what it is sharing with us. So, I agree.

4 CHAIRPERSON LEE: Yeah. And sorry, one last  
5 question on workforce. Because across the board,  
6 what we're hearing in terms of the mental health  
7 health sectors is that there's such a huge workforce  
8 shortage in terms of-- there's just not enough mental  
9 health professionals that are out there.

10 And so I guess my sort of question and comment  
11 would be, you know, for example, you're talking about  
12 a waitlist, but then at the same time, we're talking  
13 about how there's not enough outreach, and there's so  
14 many people that were not reaching. So, then the  
15 question for me is: Well, if those folks who are not  
16 getting reached out to all of a sudden then come to  
17 our doors, it's going to be an even longer waitlist.

18 So how do you build capacity within these  
19 organizations? Which I know is a very broad, vague  
20 question.

21 And then I guess my second question, which was  
22 maybe more meant for the previous panel, is: How--  
23 Is there a way-- I guess my question is, is there a  
24 way to do RTM type of therapy, where it may be  
25 doesn't have to be performed by a mental health

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2 professionals, and there could be like different  
3 levels of it, right? Is a question that I would  
4 have, as well.

5 DR. VAURIO: I mean, one way we've attempted to  
6 create more bandwidth is by training, through  
7 training programs. So supervising people at-- we  
8 have, you know, all levels of trainees in psychology,  
9 and as well as psychiatry we have some trainees,  
10 which also has the benefit of creating providers who  
11 have military cultural competency, which is unusual,  
12 and especially in kind of a setting like-- like NYU.  
13 A lot of providers haven't worked with veterans. But  
14 no, I mean, we need more providers, definitely, and  
15 we need solutions for-- for care that isn't as long  
16 term, and that is effective. So I think ongoing  
17 research for anything that can either be disseminated  
18 in groups or, you know, through, you know, other--  
19 other resources or, you know-- For instance, the  
20 thing that I mentioned, the written exposure therapy  
21 is kind of an analog treatment that was meant to be,  
22 you know, shorter term and more easily disseminated.

23 So, I think the research is attempting to meet  
24 this gap, but I think there's also just, you know,

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2 not-- There aren't enough providers, and it's, it's a  
3 long supply chain.

4 CHAIRPERSON LEE: Yeah. No, and I think-- I  
5 think to that model-- I mean, just because I'm-- You  
6 know, one of the issues we had, or one of the--  
7 Because I'm always trying to think outside the box,  
8 right? And so, you know, in the health side of  
9 things, we use community health workers, which has  
10 proven to be super effective and impactful in--  
11 especially when you're talking about different  
12 communities with different cultural language needs,  
13 different foods and the way they eat. And so I  
14 always wonder, with mental health, is there a way to  
15 do it where, like you said, like, for those that  
16 maybe are not as severe or do not have as severe of  
17 conditions, you know, is there a way to do that with  
18 more of a community health worker type model, versus  
19 someone who needs an actual mental health  
20 professional, so...

21 MR. BELLO: Well, I think you're absolutely  
22 right. And this is one of the reasons why we were  
23 excited about the Joseph P Dwyer program, because  
24 that that program has only started in like a handful  
25 of counties. And it was basically veterans, peer-to-

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2 peer, run by the county veterans service office.

3 And, you know, the state decided to fund it, to  
4 expand it out to the 62 counties. So, you know, that  
5 is that's just one way where-- I mean, it doesn't  
6 break the whole thing, and certainly the severity of  
7 the PTSD in the individual. But it is one way on a  
8 micro level, let's say, for veterans who have shared  
9 experiences to come together and like not only talk  
10 but to engage in activities as well.

11 CHAIRPERSON HOLDEN: One thing, one thing I heard  
12 in addressing some of your concerns about clinicians  
13 working, or-- I did hear on-- on the RTM, that it  
14 possibly could be done remotely, you know, let's say  
15 on Zoom, or some-- some other technology that could  
16 reach more people. So it's worth it. And it doesn't  
17 seem to be like-- To me, it didn't seem like a big  
18 investment in training nor in treatment. So that's  
19 what I'm I-- You know, certain things that I picked  
20 up on, is let's try these programs. Let's just see  
21 what happens. And if we can reach more veterans by  
22 doing it remotely rather than traveling in, you know--  
23 - you know, across the borough's and we can get to  
24 them somehow with technology.

25

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2 DR. VAURIO: I will say our treatments have been  
3 shown to be as effective remotely. You know,  
4 obviously, we pivoted to that almost entirely during  
5 the pandemic. But we-- we had been seeing patients  
6 via telemedicine in 2017, since 2017. And so that  
7 is-- I totally concur. There are many reasons why  
8 getting to an appointment is really difficult for  
9 anyone. And so, the ability to reach more people.

10 CHAIRPERSON HOLDEN: Yeah. Especially if the  
11 veterans are older, like Joe Bello said, over 55.

12 DR. VAURIO: Who are struggling with, you know,  
13 the effects of traumatic brain injury or  
14 posttraumatic stress disorder, or any of those  
15 things.

16 MR. BELLO: And this is-- This is-- I just want  
17 to add in. This is where you're right. I mean, one  
18 of the things we also talk about is when Loree Sutton  
19 was the Commissioner, she had this call for network  
20 that was like supposed to provide all this help. And  
21 now we're-- we're at another one. And I'm not saying  
22 that, you know, therapies for PTSD don't change. But  
23 on the level where the veterans are at, they tend to  
24 get frustrated, that we're going from one protocol,

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2 to another protocol, to another protocol. So I think  
3 that's something to write down.

4 COUNSEL: Thank you so much to this panel. And  
5 thank you to everyone that testified. I'm going to  
6 call some names that were registered. And if you're  
7 here, please come to the table or raise your hand on  
8 Zoom: Matthew Raiba, Robert Belkebeer, and Megan  
9 Bourke. And if there's anyone present in the room or  
10 on Zoom that hasn't had the opportunity to testify,  
11 please raise your hand.

12 All right, seeing no one else I'd like to finally  
13 note that written testimony which will be reviewed in  
14 full by committee staff may be submitted to the  
15 record up to 72 hours after the close of this hearing  
16 by emailing it to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov).

17 Chair Lee, we have concluded public testimony for  
18 this hearing.

19 CHAIRPERSON LEE: No. Okay, great. Thank you so  
20 much. And that concludes the hearing

21 [GAVEL]

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C E R T I F I C A T E

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



Date September 26, 2023