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CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

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

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HELD AT: 250 Broadway-Committee Rm., 14th fl.

B E F O R E: Andrew Cohen
Chairperson

COUNCIL MEMBERS:
Elizabeth S. Crowley
Ruben Wills
Corey D. Johnson
Paul A. Vallone
Barry S. Grodenchik
Joseph C. Borelli
Ritchie Torres
Daniel Dromm

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

Gary Belkin
Executive Deputy Commissioner of the Division of Mental Hygiene for NYC DOHMH

Lillian Rivera
Director of Advocacy and Capacity Building at the Hetrick-Martin Institute

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Diana Christian
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Depressed Black Gay Men

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

Emily Contillo
Lesbian, Gay, Bisexual, and Transgender
Community Center

Jared Odessky
Representing State Senator Brad Hoylman

Tom Weber
SAGE

Christian Huygen
Executive Director of Rainbow Heights

CHAIRPERSON COHEN: Is this on? This is now on. Good afternoon. My name is Andrew Cohen, and I am the Chair of the Council's Committee on Mental Health, Developmental Disabilities, Alcoholism, Drug Abuse, and Disability Services. Today, we are here discussing three pieces of legislation all surrounding the topic of mental health and LGBTQ issues. LGBTQ individuals are almost three times more likely than others to experience a mental health condition. Suicide is a major concern for the LGBTQ community, particularly for LGBTQ youth who are three to four times more likely to attempt suicide or engage in self-harm than straight people. Not only must LGBTQ people confront stigma and prejudice based on their sexual orientation or gender identity, but those with a mental health issue do so while also dealing with the social bias against mental illness. The effects of this double or dual stigma can be especially harmful particularly when it comes to individuals seeking treatment. We're not going to say that. [laughter] Council Member Ritchie Torres, sponsor of Intro 1255, of which I'm co-sponsor, would require the Department of Health and Mental Hygiene to develop a plan for

serving the mental health needs of LGBTQ people. These issues are extremely sensitive and stigmatizing, therefore, a culturally competent care plan would be a great benefit to the community in helping individuals who need it. As well as Council Member Danny Dromm, sponsor of-- we'll hear from Council Member Danny Dromm, sponsor of Proposed Reso. 130A and Proposed Reso. 613A. Resolution 130A calls upon the New York State Legislature to pass and the Governor to sign legislation which designates as professional misconduct engaging in sexual orientation efforts by mental healthcare professionals upon patients under 18 years of age. Resolution 613A calls on the American Psychological and American Psychiatric Associations to immediately pass resolutions declaring the practice of curative therapy, also known as reparative or conversion therapy, or any attempt to change, alter or correct a person's sexual orientation to be unethical. I'd like to acknowledge that we've been joined by Council Member Borelli, Council Member Grodenchik and Council Member Vallone. He's here, trust me. Lastly, I want to thank the Committee staff for their work, Nicole Abine [sp?] and Michael Benjamin and Jeanette-- is

Jeanette here? Jeanette's here. She serves-- Jeanette Merrill [sp?] our Financial Analyst, and my own Legislative Counsel, Kate Theaball [sp?]. We're going to ultimately hear from Council Member Dromm, but now I will turn it over to Doctor Belkin and the Administration. After Nicole swears you in.

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

DEPUTY COMMISSIONER BELKIN: Yes, I do or I will.

COMMITTEE COUNSEL: Thank you.

DEPUTY COMMISSIONER BELKIN: Good morning. Well, it's not morning. Good afternoon, Chair Cohen, members of the Committee. I am Doctor Gary Belkin, Executive Deputy Commissioner of the Division of Mental Hygiene for the New York City Department of Health and Mental Hygiene, and thank you for the opportunity to testify today on the City's work to provide mental health services for Lesbian, Gay, Bisexual, Transgender, and Queer, LGBTQ, New Yorkers. I would like to thank you, Chair

Cohen, for the support you and your fellow council members have shown to changing the culture of mental health in this city. I would like to also thank Council Member Torres, Council Member Johnson, Council Member Dromm, and the City Council LGBTQ Caucus for their leadership in championing civil rights in New York City and fighting to ensure that services are provided for all LGBTQ New Yorkers. I also just wanted to acknowledge the fullness of this hearing room, which is a wonderful testament and a gratifying testament to the interest in this issue, and the wide interest in this issue. We need many people to act and be effective on this priority. And we need to do that because the LGBTQ population in New York City faces very real health disparities, particularly related to mental illness and substance use. For example, LGBTQ high schoolers in New York City experience double the prevalence of feeling sad or hopeless in comparison to heterosexual youth, half, 50 percent report that which is a proxy for depression versus 25 percent. A higher percentage of these youth, almost threefold, seriously considered attempting suicide, 31 percent, almost a third versus 11 percent, or having attempted suicide, 20 percent

versus six percent. LGBTQ youth are twice as likely to misuse both prescription and illicit drugs compared with heterosexual youth as well. From national data, we know that the mental health outcomes are far worse for transgender and gender non-conforming persons. For example, in the 2015 U.S. Trans Survey, 39 percent of respondents reported currently experiencing serious psychological distress, compared to five percent of the U.S. population. It's almost an order of magnitude difference. Additionally, 40 percent of the nearly 28,000 respondents to the survey had attempted suicide, compared to 4.6 percent in the U.S. population. Again, almost order of magnitude difference. So, it is a priority for this Administration to expand healthcare, mental healthcare, social services to traditionally underserved communities, especially including LGBTQ New Yorkers. I would like to highlight and tour some of our recent work in this area. It's not exhaustive, but to give you a sense of the platform we have to build off of. The Administration has created and expanded offices coordinating LGBTQ programming and input across City government. As

part of this committee, the City has formed LGBTQ offices within a number of city agencies, including the Department of Education, the Department of Health and Mental Hygiene, the Human Resources Administration, New York City Health & Hospitals, the Department of Homeless Services, and the Administration for Child Services. These units help coordinate LGBTQ related programing, policy, and outreach within and between City agencies. This is a marked expansion from 2014, when only one such position existed in New York City government. Through a partnership with Council Member Torres, the Department of Homeless Services, for example, recently announced the creation and hopefully the impending opening of a new shelter which will prioritize the needs of LGBTQ young people. This new shelter will be run by Project Renewal and is expected to open in the coming weeks, with screening for current residents underway. New shelter staff will have training on LGBTQ issues, and provide supportive services tailored to the needs of LGBTQ youth, including mental health, substance use programs and benefits access. For the first time, the City has added funds dedicated to enhancing

mental health services at Runaway and Homeless Youth Drop-In Centers, Crisis Shelters, and Transitional Independent Living Programs. In Fiscal Year 2015, residential programs served more than 2,200 youth under age 21, nearly 40 percent of whom identify as LGBTQ. These new services allow youth to receive psychiatric and psychosocial evaluations, help them apply for supportive housing, and provide access to life skill supports. In 2015, HRA began an agency-wide initiative to train all of their 14,000 staff on LGBTQ and intersex basics. The training provides background on many issues affecting LGBTQ and intersex people, including the general need for LGBTQ-affirming mental health providers, as well as the unique mental health needs associated with anti-LGBTQ violence, discrimination, and family rejection. In addition, as a result of the March 2015 settlement in a case called Lovely H. versus Eggleston, HRA has developed and piloted a new optional mental health screening to be offered to all new cash assistance clients. Paired with cognitive/learning disabilities screenings, these tools are designed to identify mental health needs that may require accommodation in service delivery, and when fully implemented, these

screenings will enable HRA workers to offer reasonable accommodations to people with mental illness or disabilities both at the benefit application and renewal stages. In addition, through supportive housing programs overseen by HRA, the City provides stable housing and as needed supportive services, including both mental health and physical healthcare, alcohol and substance use programs and other social services including education and employment, to a variety of qualified populations living with serious mental illness, substance use disorders, disability, and/or HIV AIDS, as well as young adults who have left foster care, homeless single veterans, and medically frail individuals and individuals receiving nursing home care. Through supportive housing these vulnerable populations are able to address the multiple barriers they face when trying to obtain and maintain stable housing. The Department for the Aging, DFTA, has been conducting training for Case Management Agency staff on working with LGBTQ seniors since September 2008. Every new Case Management Agency hire attends training within their first two years. Realizing the need for a senior center focusing on the needs of the LGBTQ

community, DFTA has also funded the first LGBTQ-dedicated senior center in the country, the SAGE Innovative Senior Center which opened in 2012. SAGE offers a range of social and cultural activities as well as health and wellness classes and provides a set of Title III-E services and LGBTQ seniors and their caregivers and family networks throughout the City, including counseling, support groups, and assistance accessing benefits. Commissioners Bassett, Banks and Commissioner, at the time of ACS, Carrion commented on proposed state regulations regarding Medicaid coverage of transition-related transgender care and services. As studies confirm, access to gender-affirming healthcare is essential for both physical and mental health. As agencies that play a role in the administration of health programs and services, it is vital that we support these rights of transgender people to get medically necessary care that has been shown to dramatically improve health and well-being. Additionally, the Department of Health provides support for four grassroots transgender-focused organizations to increase their capacity to address social exclusion and health inequities in order to broadly promote the

well-being of transgender and gender non-conforming persons. As this committee is well aware, in addition to these activities and above and beyond these activities, mental health is a priority of this Administration, and in November 2015, Mayor Bill de Blasio and First Lady Chirlane McCray launched ThriveNYC, a set of 54 initiatives representing an investment of 850 million dollars over four years to address the mental health of our city. At the heart of each of ThriveNYC initiatives is a focus on destigmatizing mental illness, increasing access to services, and changing the way New Yorkers think and talk about mental health at home, in their communities and in the workplace. This plan was developed over a year of going out into the community to get feedback from New Yorkers. During this process, we heard from hundreds of New Yorkers through 25 stakeholder focus groups, town halls in every borough, countless informal conversations, and meetings with our elected officials. We received critical feedback from communities across the city, including immigrant communities, faith-based organizations and business leaders, representing over 250 organizations. That was inclusive of members

from many LGBTQ organizations who were invited to participate as well, including the Ali Forney Center, AIDS Center Queens, the Hetrick-Martin Institute, FIERCE, Covenant House, Gay Men's Health Crisis, Gay Men of African Descent, the LGBTQ Center, the Audre Lorde Project, and the Door. This critical feedback has informed the development and implementation of ThriveNYC. Now, ThriveNYC is meant to serve all New Yorkers, but I would like to highlight a few ways in which they provide support specific to the LGBTQ community. Our Mental Health First Aid initiative will train a quarter of a million New Yorkers in Mental Health First Aid and certify another 500 individuals as First Mental Health instructors. Enjoy the participation of Gay Men's Health Crisis and the Hetrick-Martin Institute as being part of the instructor program and who now lead Mental Health First Aid training in their communities. We are working to increase the number of LGBTQ community organizations that receive trainings and encourage more of them to pursue instructor certification and be sources of this training to their communities. NYC Well is our single point of access to counseling, support services and treatment referral. It is free,

confidential, available 24/7, and NYC Well operator clinicians can connect individuals to over 100 LGBTQ-specific resources across all ages. Our first cohort of 120 Mental Health Services Corps members are now embedded in primary care and behavioral health clinics across the city. Every corps members will complete a special populations training on LGBTQ issues during their three-year curriculum. One of our corps members is embedded, for example, at the Callen Lorde primary care center in Manhattan, the largest Federally Qualified Health Center in the city that provides services specifically targeted to LGBTQ New Yorkers. And thanks to the generous support of the City Council, the Department collaborates with the Hetrick-Martin Institute and key agencies in many ways, but in this way to foster the Citywide LGBTQ Youth Initiative, which supports youth, their families, and youth service providers. This year the Institute will also provide training, capacity building, and technical assistance programs for school based mental health clinic staff and to our new Thrive school mental health consultant program staff which touch every school campus in our system. These trainings will help staff guide their schools

in a variety of topics around gender identity, sexual orientation including but not limited to deconstructing gender, the importance of vocabulary, and LGBTQ policy impacts for schools. It will also provide case scenarios and actions plans for schools with surface challenges while they serve LGBTQ youth. But ThriveNYC is more than a collection of initiatives; it reflects and rests upon a comprehensive strategy for reforming the behavioral health system for all New Yorkers. By taking a public health approach to mental health, we hope to make it a new normal that we act by identify leading risks in those at risk, health outcomes, access to resources across society, and disparities. This approach aims the spotlight on groups at highest risk, and calls us to design interventions accordingly. In this way, ThriveNYC provides a framework for creating culturally competent services and more proactive policy for LGBTQ New Yorkers of all ages. As ThriveNYC continues to reform the City's mental health system, we are committed to engaging stakeholders from across the city to guide the development and implementation of our work. We have reinvigorated, redesigned really, the Community

Service Board, an advisory body in the City Charter that is responsible for advising the Department of Health in all areas related to the City's mental health and substance use treatment services. New appointees, as we have redesigned that board, represent a broad spectrum of communities, organizations and viewpoints so we can engage people whose voices have previously been underrepresented. As part of that effort to revitalize the CSB, the board formed an LGBTQ subcommittee that will meet for the first time later this month. This subcommittee is well poised we hope to provide input to the Department's existing programming, policy work and planning that supports LGBTQ populations, review and inform the development of the Department's annual mental health services plan that is presented to the State, and strengthen the Department's burgeoning efforts to collaboratively address the unique public health needs of the LGBTQ community. Outside of some of the specific ThriveNYC initiatives, the Department of Health is making additional strides to address the mental health needs of LGBTQ New Yorkers. Including: Through contracts with service providers that deliver treatment, support services and health education such

as: The LGBTQ Center of New York which provides both individual and systems advocacy services for the LGBTQ community by offering direct and indirect support. The Rainbow Heights Club which provides mental health services to LGBTQ individuals to support their recovery, develop or re-establish a sense of self-esteem and group affiliation, and support their reintegration into a meaningful role in the community. The LGBTQ Service Center which has five programs that serve the LGBTQ population affected by substance use disorders, including adult outpatient treatment, peer support, and group and individual counseling prevention. DOHMH also engages in partnerships with-- partnerships that include the Department of Education to pilot a model called Out for Safe Spaces that helps school-based employees come out as visible allies for LGBTQ students. As part of the program, participating staff wear badges identifying themselves as allies in order to make school a safer, more welcoming place. This partnership allows Community Schools to provide a variety of clinical and psychoeducational group work specific to LGBTQ youth, support for after school clubs, and training and professional development for

staff to increase knowledge and awareness of LGBTQ issues. And another partnership I just want to highlight is ours with the New York State Office of Alcoholism and Substance Abuse Services to provide comprehensive substance use disorder treatment, including medication assisted treatment for opioid use disorder to adolescents at the LGBTQ Center in Manhattan. And we are also expanding our internal, how we behave as an agency, our internal coordinating capacity to ensure that LGBTQ health issues are addressed across the Department of Health's portfolio. Currently within the Department we have established six dedicated staff who work exclusively on LGBTQ health issues, joined by an additional 20 staff across the agency that form a working group to enhance the Department's overall programming, policy and data collecting on LGBTQ communities. I also want to highlight the Center for Health Equity's Gender Justice Initiative, which works to transform gender and power relations, norms and structures as a core strategy for challenging health inequality. Through this work, the Center will build capacity within the Department and with healthcare providers across the city to understand and address multiple

barriers caused by race, ethnicity, poverty, gender identity, gender expression, sexual orientation, disability status, and other factors. As with ThriveNYC in general, the work is informed by, and done in collaboration, and pushes us closer to collaborate with the community. I would now like to briefly address the legislation being discussed today. Intro 1225 would require the Department of Health to develop a comprehensive plan to address the mental health and substance use needs of LGBTQ New Yorkers. As I hope my testimony conveys, we are continually working to address the needs of all New Yorkers, including those communities that suffer mental health disparities, of which the LGBTQ community is especially prominent. We would be happy to work with the Council to determine how to best integrate the extensive planning and mental health development ongoing through ThriveNYC and partner efforts with feedback from the LGBTQ community, and look for ways to share these findings with the Council and the public at large. We look forward to working with the Council to ensure that the behavioral health needs of LGBTQ New Yorkers are met through ThriveNYC and other programs funded through

the Department and elsewhere in the city. Thank you again for the opportunity to testify, and I'm happy to take questions.

CHAIRPERSON COHEN: Thank you for your testimony, Doctor Belkin. Before we go to Q & A, I'm going to allow Council Member Dromm to speak briefly about the two Reso's, and I want to acknowledge that we've been joined by Council Member Crowley.

COUNCIL MEMBER DROMM: Thank you very much, Chair Cohen, for hearing these bills. Even now, it is not hard to find mental health practitioners, who as ancient and barbaric as it sounds, perpetrate so-called conversion or reparative therapy aimed at changing a person's sexual orientation or gender identity. How is this still a thing? The answer becomes clear when we follow the money. The anti-LGBTQ industry finds it lucrative to peddle easy yet cruel answers to parents and guardians terrified that their children might end up loving someone of the wrong gender or expressing their gender outside of rigid boundaries. Frighteningly, it looks like we will have a Vice President and in fact an entire Executive Branch full of hacks and quacks who view young LGBTQ lives as

merely collateral damage in their bigoted crusade. I know we will hear some of the sad stories of the damage done to the survivors of conversion therapy, but we should never forget that many young people who undergo this do not survive as attested by the unacceptable high number of suicides of LGBTQ youth. When I came out of the closet in 1973 homosexuality was still on the list of mental disorders. In addition to being circumscribed by ubiquitous [sic] sodomy laws. In fact, the thought of being diagnosed with a mental disorder was a terrifying prospect to me and many other LGBTQ youth, excuse me, individuals. Through vigorous efforts of the LGBTQ rights' heroes like Frank Kameny and Barbara Gittings, the American Psychiatric Association stopped considering homosexuality as a mental illness. The resolutions we are hearing today aim to free LGBTQ individuals once and for all from the stigma and danger of classifying us as mentally ill. While the American Psychiatric Association and the American Psychological Association have taken significant steps, they still resist the call to definitively state that conversion therapy is unethical. Together, with the passage of Senator

Hoylman's and Assembly Member Glick's bills in Albany, we will be able to protect our youth from having to suffer in silence. I look forward to working with Chair Cohen, Council Member Torres and all of my colleagues to advance these efforts and ensure that all LGBTQ New Yorkers receive the highest quality mental health care. Thank you very much.

COUNCIL MEMBER COHEN: Thank you, Council Member Dromm. Doctor Belkin, you did a very thorough job in your testimony today, but if you could just expand a little bit on the nexus between DOE and your agency in terms of one, direct services, and then as well as-- I guess there's a number of partners who are providing services, but I'd like to know directly what the agency does in schools.

DEPUTY COMMISSIONER BELKIN: Yeah, so through the Office of School Health, we manage the school clinics, and so the most concrete service connection is probably there. As I mentioned, we have many other collaborations with them, one with Hetrick-Martin, as I mentioned, but increasingly due to investments through ThriveNYC, a range of efforts to try to build our capacity. Expansion of school clinics being oen of them, but also I alluded to the

school mental health consultant program where we now have for school campuses without a clinic this consultant who is really a trouble-shooter and partner with the principals to identify school-based needs and solutions, guide them to solutions and help implement them. We have identified for that consultant group LGBTQ issues as a priority, and that's part of the work with Hetrick-Martin is so that they are prepared to be useful experts in supports to those close to a thousand school campuses.

CHAIRPERSON COHEN: Just so I understand, though, is-- so, is it mostly contractual that the Department of Health is contracting with people like Hetrick-Martin and others to provide direct services in the schools, or?

DEPUTY COMMISSIONER BELKIN: So, we directly operate the school clinics. We directly operate the consultant program. The relationship with Hetrick-Martin is a contractual relationship that I think we have directly with them. So, it's a mix, but the sum of all of that is the degree of ongoing senior leadership interaction between us and the Department of Education that I don't think we've

had before around mental health or other things. So, we now have regular standing meetings to-- of all these "dots" that I mentioned, you know, how do we connect them all to really achieve some broad high-level goals in that system.

CHAIRPERSON COHEN: Well, in that agency relationship, like, how is it decided that your department would contract versus DOE directly? How did we break down that way versus-- I guess what I'm really trying to get a firmer grip on is the actual role of your agency in the school on this issue.

DEPUTY COMMISSIONER BELKIN: So, as I said, we directly manage the-- I mean, the clinics and the consultants are huge foot prints obviously into the schools, and that's-- those are Department of Health owned projects.

CHAIRPERSON COHEN: But as it relates to LGBTQ issues, we're mostly using--

DEPUTY COMMISSIONER BELKIN: [interposing] Oh, okay.

CHAIRPERSON COHEN: Yes.

DEPUTY COMMISSIONER BELKIN: Alright, sorry. Well, but that's an important point. So, what we're trying to do is use these ways in to the

school system, to the healthcare system, to jail system, to the-- to address and correct disparities that have either gone on un-highlighted or unaddressed, this being primary among them. So, the programs that I described and the ways we're working with the schools are building off those structural ways in. So, if we have, again to use example of the mental health consultants, so we have somebody whose business it is to see a school at least weekly and talk with the principal about what their mental health strategies for the kids, how they're assessing what those priorities should be, what are best practices that they should pay attention to. That is our way to get priorities in those doors, and the needs of LGBTQ youth in the schools is among the highest of those priorities if you just listen to some of the information we gave of the disparities that we see among youth in terms of mental health and substance use issues.

CHAIRPERSON COHEN: Also, depression/substance abuse, I was wondering if you think that there are any unique mental health issues related to domestic violence in the LGBTQ community

that there might be targeting that might be unique for that community?

DEPUTY COMMISSIONER BELKIN: Well, certainly violence we know. In terms of intimate partner violence, you know, these are-- this is a data area and there are a lot of data areas that we haven't looked closely enough. For example, we're just starting to-- I believe next year we're-- in the next year our Community Health Survey is going to include questions about gender identity and intersex status, which is new. So, this whole area has been data poor, even the data that-- a lot of the data that I had mentioned certainly about transgender issues came from national surveys, because we don't have as granular knowledge of that locally, about those things. So, I don't know of the specificity of New York City data in terms of inter-partner violence. Other people in the room might. We can try to see what we can find for you.

CHAIRPERSON COHEN: Thank you. I have more, but I'm going to defer. Council Member Torres I think has questions.

COUNCIL MEMBER TORRES: First, I want to thank the Chairperson for-- I feel indebted to you

for holding this hearing. Thank you, Commissioner, for being here. Obviously, I've been-- even though I've been critical of this city's what I see as a lack of individualized attention paid to the needs of the LGBTQ community, I do want to commend you and the First Lady for the scale of the investment that the City's making in mental health. I'm someone who struggled with depression throughout my life. I take an antidepressant every day. It makes it possible for me not only to function but to be a reasonably successful Council Member. And so I have huge faith in the power of mental health treatment, and I know that there are hundreds of thousands of New Yorkers who face entrenched barriers to accessing mental health care or who blame themselves as if it's a failure of character or might struggle with depression without even knowing it because as a society we don't talk about it. We have no vocabulary for-- we have no concept of it. And so I just want to commend you and the First Lady for the role that you've played in using your platform to raise awareness about it, to break the silence, to tell people that someone struggling with depression or anxiety is every bit as blameless as a diabetic.

It's a condition and it's a condition to common-- to more of us than society realizes. The needs of the LGBT community are well-documented. You know that LGBT youth have some of the highest rates of suicide, and LGBT elders often have some of the highest rates of isolation and depression. And yet, despite the disproportionate need of the LGBT community, there is no dedicated funding stream for the mental health needs of LGBT youth or LGBT seniors or the transgendered community. There is no dedicated plan. And I know that your focus is on redesigning the system, but I worry that in-- which I support, but I worry in the process of redesigning the system, the needs of historically marginalized communities can easily buried and can easily get lost, and that attempts at tackling the system can skew toward more established mental health providers to the exclusion of mission-driven LGBT service providers. And I just want to make one more. I do feel like there's a difference between support for the mental health needs of the LGBT community as a secondary benefit of a comprehensive plan versus support for the mental health needs of the LGBT community at the prime focus of an LGBT-specific plan. And we might have the

former, but I'm not clear that we have anything resembling the latter. So, I don't know if you want to respond. I know I threw a lot of information out there.

DEPUTY COMMISSIONER BELKIN: So, I mean, I agree with you. Every-- the way that we have approached mental health in general has not been in ways that service and prioritize and even asks as the leading question who's affected the most, who faces the greatest risk, you know, where is our impact needed. And so I think I'm agreeing with you in that we can't continue to keep doing that. So, but I hope I'm not being unclear in the fact that those are-- that the idea of systemic change and meeting focused priority needs are somehow competing. I think the point that we've taken with the whole thrust of Thrive is that the way we think about systems change has to be one that leads us to end the disparities that exist. So, if anything, it is a general strategy that aims at identifying and ending specific disparities, and I think it's hard to do them without each other, and I think one thing that's happened with the mental health system and why it's so fragmented is it's tried to do them without each

other. Think what's the fundamental architecture? What are some of the big principles that have to happen for this more progressive participatory, you know, high-risk focus work to work and to be sustained. So, I think you need both, and I don't think we're arguing that we need to choose between and we need to integrate them, but we do need both.

COUNCIL MEMBER TORRES: No, I agree we need both. I-- there's no contradiction between the two. The two of them are complementary, but it seems to me given the absence of dedicated funding for the mental health needs of the LGBTQ community, dedicated planning, it seems to me that systemic reform could easily come to the exclusion of individualized attention to the LGBTQ community.

DEPUTY COMMISSIONER BELKIN: Right. If it's--

COUNCIL MEMBER TORRES: [interposing] That's my concern.

DEPUTY COMMISSIONER BELKIN: Yeah.

COUNCIL MEMBER TORRES: See, if you were pursuing both a comprehensive plan--

DEPUTY COMMISSIONER BELKIN: [interposing] No, I agree. I hear you.

COUNCIL MEMBER TORRES: and an LGBT-specific plan, yeah.

DEPUTY COMMISSIONER BELKIN: I completely agree with you.

COUNCIL MEMBER TORRES: Yeah.

DEPUTY COMMISSIONER BELKIN: If it's poorly done systems reform, then yes, it will lead to that consequence, but I don't intend on doing poorly done systems reform, nor does this Administration. Systems reform isn't successful if it hasn't closed gaps, if it hasn't ended disparities, and to get there you need to one, both make it visible, but two, you need to think about many things. We've talked about competency of clinicians and providers. Cultural competency to work to end disparities can't be a one-size-fits-all, some you know, vanilla curriculum. It has to really challenge the system to meet the needs as they are. And so that is a specific response, but it needs structural change to be able to deploy the specific response.

COUNCIL MEMBER TORRES: I agree, but structural change never materializes overnight. Right? It can be a decades' long undertaking, but in

the meantime there are LGBT people who need those city dollars--

DEPUTY COMMISSIONER BELKIN: [interposing] Agee.

COUNCIL MEMBER TORRES: to meet their health.

DEPUTY COMMISSIONER BELKIN: So, I just--

COUNCIL MEMBER TORRES: [interposing] So, what are we doing in the meantime--

DEPUTY COMMISSIONER BELKIN: [interposing] I just--

COUNCIL MEMBER TORRES: to specifically address?

DEPUTY COMMISSIONER BELKIN: So, I just talked for a very long time describing a list of specifically dollar-targeted efforts toward this community for mental health.

COUNCIL MEMBER TORRES: Many of those council initiatives.

DEPUTY COMMISSIONER BELKIN: Right, yeah. So, the point is that there is a lot there, but I don't think anyone, including myself, would say that that is adequate to address what I started my testimony with which were the disparities that still

exist in the face of all those initiatives. So, we have to really think seriously at both a structural level and a targeted level on how we work off of what we have done to get to those numbers that we open wit.

COUNCIL MEMBER TORRES: I think in politics what matters is where the power lies is who's in the room. And I want to know who was in the room when we were crafting ThriveNYC? Did you confer with, deeply engage with LGBT service providers in the process of crafting ThriveNYC?

DEPUTY COMMISSIONER BELKIN: Right. So we engaged, as I mentioned, an array of groups including LGBTQ representatives. We did not have separate group-- Thrive, as you know, is not written along specifics subpopulations of interest. Although we did specify ho we thought were facing most risk and the LGBTQ community was one of those highlighted in the Thrive report. But we took a very wide consultation of focus groups and organizations which included LGBTQ input. That is now-- that's not adequate to do what we both want to do. So, where we're going next is to much more specifically bring in a fixed advisory committee which would advise both

use in our updates of Thrive and in our regular planning work as a department that tries to bring a much more concentrated and broader representations. So, we can do this sort of process that you, you know, I think we'd wish we had done when we crafted Thrive.

COUNCIL MEMBER TORRES: Because I will-- and I've shared with you that I--

DEPUTY COMMISSIONER BELKIN: [interposing] Yeah.

COUNCIL MEMBER TORRES: had a conference call. I'm not going to mention which providers, but a wide range of LGBT service providers, and I asked them did the City engage you in the process of formulating ThriveNYC, and not a single one said yes. Not a single one felt engaged.

DEPUTY COMMISSIONER BELKIN: So, I was-- I listed you the organizations that we invited.

COUNCIL MEMBER TORRES: Yeah.

DEPUTY COMMISSIONER BELKIN: And this is as you say a "long haul." ThriveNYC was the start of something. It was not the conclusion of something. We have to re-engineer how we do this thing called mental health planning [sic], and we need to be more

participatory and include more groups that we think have the highest needs and that are priorities for us, and that's why the first group we formed. Under the CSB, specific group reform was representatives, LGBTQ providers and advocates. We want that group to be as representative as it needs to be. We want input whether we're doing it right, whether we're on the right track, whether we're missing people, whether they feel engaged or not. So, that is certainly our intention, is to fill that to fill that need.

COUNCIL MEMBER TORRES: When did eh City unveil with ThriveNYC.

DEPUTY COMMISSIONER BELKIN: Thrive, a little over a year ago, November of 2015.

COUNCIL MEMBER TORRES: And when did you form the LGBTQ Subcommittee?

DEPUTY COMMISSIONER BELKIN: So, we started reaching out to people over the last year. The CSB as a formal body required some work in terms of it needed mayoral appointment and it's a state-- it's also within the state law. We had to let terms lapse so we could repopulate it to be more

representative. So that was the process that had to-- we need to go through.

COUNCIL MEMBER TORRES: Here's what it seems to me, because as you said, it's a longer term endeavor, redesigning the mental health system. ThriveNYC is the strategic framework. You're laying down the foundation, and it seems to me you formed the LGBT Committee after unveiling ThriveNYC as a strategic plan for mental health, that we formed the committee after most of the policy and budget decisions were made relating to mental health. So, even though I commend the herculean effort that the city's making I do feel that it is a failure of engagement with the LGBT community on the subject of mental health.

DEPUTY COMMISSIONER BELKIN: Well, I would take exception with that. ThriveNYC was doing something-- was saying something that had never been said before, which is that mental health is a public health priority of the City of New York, and to say that takes a lot of work, a lot of alliance building, a lot of evidence, and to make that work the first step is to think about what are some of the foundational things that need to actually be boots on

the ground functioning. For us to do things like we just described with the schools or to do things like we're doing now at 120, soon to be 400 community providers, we can't do those things and bring in the priorities that we're talking about to scale unless we build some of these structures. We can continue to one-off fund a clinic here or there, but I don't want to do that and you don't want to do that. We want to take this thing to scale. We want to close those gaps. We want to close those numbers. And so, I would defend us for spending our time trying to get some of these big change platforms in place where we could do that, then funding oen or more clinic programs to add to the long list that I just gave you. I think if we want to be serious about real change, then we have to start with real changes. But all the things, all the platforms we're building--

COUNCIL MEMBER TORRES: [interposing] I just want to be clear, I'm advocating for both.

DEPUTY COMMISSIONER BELKIN: Yes.

COUNCIL MEMBER TORRES: I'm not advocating for one to the exclusion of the other.

DEPUTY COMMISSIONER BELKIN: And so am I. So, I'm not sure. So, I'm not sure we're disagreeing

or that I'm excluding what you think I'm excluding. I's a matter of doing things that build on each other, and I think now we're in a very different position than we were a year ago. We can do some of the things we've been talking about, whereas a year ago we didn't. We had an idea, but we didn't have executive and execution tools.

COUNCIL MEMBER TORRES: ThriveNYC is obviously a vision, but it's also a package of initiatives, right? Not one initiative, but how many initiatives are ThriveNYC?

DEPUTY COMMISSIONER BELKIN: Fifty-four.

COUNCIL MEMBER TORRES: Fifty-four. And how many of them are specifically tailored toward the LGBT community?

DEPUTY COMMISSIONER BELKIN: So, none of the initiative-- two initiatives focus on specific populations of the 54. And so I often answer this-- because I'm asked this question a lot. I'm asked this question about immigrants. I'm asked this question about age transition youth.

COUNCIL MEMBER TORRES: But the quick answer is zero?

DEPUTY COMMISSIONER BELKIN: Well, let me answer your question.

COUNCIL MEMBER TORRES: Oka.

DEPUTY COMMISSIONER BELKIN: I'm asked this question about all sorts of very high need desperately marginalized for mental healthcare populations, and my answer is there are 54 initiatives for what you're talking about. So, I'll give you one example. If we're going to really get access to the people that we're trying to get access to, we have to rethink delivery. One big principle of Thrive is this thing called Task Shifter [sic], that is we really too much on professionals holding all the skills and being a place that you have to go to. Whereas, we know that a lot of skills and a lot of things that are therapeutic and a part of treatment can be done by peers, can be done by specialized professionals, can be done in settings that are more comfortable to people where they're at. So, one of the Thrive initiatives was a seed fund to encourage community-based organizations to do this task shifting, to partner with a behavioral health provider to skill themselves up to be one of those front lien people. So, that program called

Connections to Care is again a structural change, a platform to identify and really change how a lot of high-need and previously marginalized groups can now be better connected, and several of those funds went to CBO's that largely serve LGBTQ populations. This is true to the Mental Health Service Corps. This is true what we're doing with the mental health-- school-based consultants, is we started with building entirely new plummet, entirely different ways to reach in and reach out and support place to do innovative things, and then with those in place we say, "Okay, how do we use these to reach those who need the most? How do we reach these to really close the gaps that we want to close?" And that's the phase that we're really entering into. So, I think this is actually a very good time for this conversation, and this is actually a very good time to form the CSB Subcommittee, and this is a very good time to think more specifically about how what we're building is larger than the sum of its parts to meet these priority needs.

COUNCIL MEMBER TORRES: But just to be clear, there are 54 initiatives; 52 of them are comprehensive, two of them are tailored, but none of

the tailored specifically toward the LGBT community. Which is not to say LGBTQ people don't benefit from the 54 initiatives, but none of them have LGBTQ people as their primary focus.

DEPUTY COMMISSIONER BELKIN: I believe that's correct.

COUNCIL MEMBER TORRES: Okay. What's the dollar amount of ThriveNYC?

DEPUTY COMMISSIONER BELKIN: Eight hundred 50 million dollars estimated over the first for years.

COUNCIL MEMBER TORRES: Do we know what percent of those dollars are going toward LGBT service providers?

DEPUTY COMMISSIONER BELKIN: I don't know that off-hand, but we can look at that.

COUNCIL MEMBER TORRES: Is it a substantial share? I mean, I-- are there LGBT service providers that are receiving funding under ThriveNYC?

DEPUTY COMMISSIONER BELKIN: Yeah, I mean, I just mentioned one example. I know we've placed core [sic] members in LGBTQ service providers and so on. We can get an accounting of that.

COUNCIL MEMBER TORRES: How are we defining cultural competence? Because I feel like there's a lower standard of cultural competence and then there's a higher standard. There's-- you know, it's one thing to have training, but it's something else to have a mission-drive LGBT service provider that has spent decades specially in the needs of LGBT youth or LGBT seniors or people with trans experience, right? And I know that there ws some weight given to training which can be done half-heartedly, but what about investing more resources in LGBT service providers who have far more institutional expertise and experience than most regional or citywide or agencies could ever think of having. And I worry that how these RFP's tend to be structured is that it's skewed toward the establish service providers who tend to serve general populations rather than specific populations like LGBT youth.

DEPUTY COMMISSIONER BELKIN: So, and this is where another good example of the idea of starting from platforms and then putting important agendas on them or in them. So, a couple of examples: the Mental Health Service Corps is a way for us to bring-

- it's a way for the city to directly bring the kinds of care that we want to communities that had gaps. And so when we are looking for sites that participate, we want to get the kind of diversity we need to reach populations that historically not been met. So, as I mentioned Kalmort [sic] is one recipient of Corps member. In our next iteration of site selection which is about to start, we want to expand the map of these specific-need providers in a variety of ways. There's a variety of ways of thinking about subpopulations, income, race, linguistic groups, etcetera, as well as LGBTQ-serving providers, because they are credible, they are skilled, they are expert. And that's the right approach as you mentioned rather than trying to identify or give people a, you know, a surface level kind of orientation rather than really bring providers that are credible to the people that you want them to reach, which is also the investment in this idea that I was describing as task shifting, more peer-based, more skilling organizations that may not be clinics but are in some ways are more credible to users where they may get their first point of contact with mental health through substance use

services. So, those are much more real and sustainable ways to bring, you're right, what can often be superficially referred to as cultural competency to people. People more like them is the people they're working with, people more experienced with them that are the people giving them service. So we have to do more of that. There are other ways that the Health Department can try to bend the system in those directions outside of Thrive initiatives, which is we are increasingly wanting to learn more about the networks of insurance plans. Who are they? When we think about adequacy of networks, are they-- you know, have on their roster of mental health providers a mix of providers that really meet the needs of the people they serve in a deeper sense like you were talking about. You just don't have credentials and background, but actually are credible to the community that we want to be reached.

COUNCIL MEMBER TORRES: So, I'll just end with four suggestions that I hope will govern the evolution of the City's mental game plan. One, I do believe there should be, in addition to the comprehensive plan, a dedicated funding stream and a dedicated plan, a targeted plan for the LGBTQ

community. I think second, we should restructure the RFP to value the unique institutional memory of mission-driven LGBT service providers which represent the gold standard, the true standard of cultural competence. Third, I understand that not every LGBT person is going to be served by an LGBT provider. So there is a value to training. We need to ensure that that training has quality control, because there are organizations that might genuinely believe we're LGBT friendly, but in practice that's not so. It's not consumer fraud, but it's-- there should be some kind of credentialing body that evaluates who's truly culturally competent when it comes to serving the LGBT community. And then fourth, and this was something that was pointed out to me, and I agree with it. I've been-- I don't see-- as an LGBTQ person, I don't see myself in the promotional materials that I've seen with ThriveNYC. And that's-- I think that's troubling given the prevalence of mental health challenges among the LGBT youth and LGBT seniors. So, I hope that the promotional materials are more LGBT-inclusive as well. So, those are my friendly suggestions. I am on ballot [sic] supportive of the herculean efforts that you are

making to redesign our mental health system, but I feel like more can be done and should be done to pay specialized attention to the needs of the LGBT community. Thank you for letting me pontificate, Mr. Chairman. Thank you.

CHAIRPERSON COHEN: Thank you. Council Member--

DEPUTY COMMISSIONER BELKIN: [interposing] If I could just--

CHAIRPERSON COHEN: Absolutely.

DEPUTY COMMISSIONER BELKIN: There is promotional material that does highlight folks who are representing themselves as LGBTQ, some of Thrive materials.

COUNCIL MEMBER TORRES: If I'm mistaken, I apologize. I have not seen that.

DEPUTY COMMISSIONER BELKIN: But your larger--

COUNCIL MEMBER TORRES: [interposing] I'll take your word for it.

DEPUTY COMMISSIONER BELKIN: But your larger point, and I think this is where we're evolving, where Thrive is evolving. There were some basics to get set, and now we have to think about

okay, how do we move those needles, and the data I opened with are wheels we want to move, and we can only do that by more specifically and more collaboratively with the community to get there.

CHAIRPERSON COHEN: Council Member Dromm?

COUNCIL MEMBER DROMM: Thank you very much, and thank you for holding this hearing, Chair Cohen, and thank you, Council Member Torres, for the line of questioning that you just did. Let me speak a little bit from personal experience as well. I'm 26 years clean and sober, and I experienced some of the issues that I think Council Member Torres was trying to latch onto, which is to find culturally competent agencies to be able to help me to get clean. So, now granted it was 26 years ago, but to be honest with you, I still hear a lot of stories from people in the sober world about efforts to try to get sober, particularly in areas like Queens where I represent Jackson Heights and Elmhurst, and that those services are not available or provided quite often as much as they are Manhattan, and I think you would probably agree that for those of us who do try to get sober, you know, it's one thing to try to go to a therapy session in Queens which is just around

the corner from where you live or on the way home or something, it's another one to get up and actually come into Manhattan to receive services. You know, the LGBT was in existence when I was trying to get sober and does a great job, and you know, it's a main provider of some of those services and certainly some of the 12-step programs that they have there, but it still remains very difficult to find those services in places like Queens as well. And even through my own health provider at GHI trying to get into a rehab that was LGBT-affirmative, not just culturally competent, but actually saying it's great to be gay, you're wonderful because you are gay and getting me to kind of really begin to believe those things, because you know, as I mentioned in my opening statement, I came out in a period in 1973 when homosexuality was on a list of mental disorders and sodomy made me a sexual outlaw. And so growing up with that type of shame because of the way in which LGBT people were labeled dealt me a lot of blows psychologically, which I think there are many remnants left in terms of the way that LGBT youth experience growing up as a gay person as well in this world. So, I really thank him for that line of

questioning because I think that this whole issue of cultural competency just goes beyond, you know, ensuring that agencies are somewhat aware of LGBT issues. So, you know, how do we ensure cultural competency in those agencies even though-- do we know these groups? Do you work with faith-based groups? Do you contract out with faith-based groups, for example?

DEPUTY COMMISSIONER BELKIN: I can't give you an inventory of the ways we might-- I'm sure we have contracts with faith-based organizations. I can't tell you them offhand, but so the short answer is yet. I can't give you a longer answer.

COUNCIL MEMBER DROMM: So, I ask specifically about the faith based groups because often times that where we see efforts for conversion therapy, and I think the last thing in the world that we'd want to have somebody do, especially a young person, is to be referred to an agency or faith-based group that actually believes in conversion therapy. I don't know. Has the DOHMH taken any position on conversion therapy? Do you believe that it's unethical?

DEPUTY COMMISSIONER BELKIN: So we haven't-- as you know, it's not our practice to formally comment on resolutions before the Council, but I can say, you know, the department strongly opposes conversion therapy practices and any attempt to change individual sexual preference or orientation. There's no basis in science or medical practice and should not be practice. It's an abuse of human rights.

COUNCIL MEMBER DROMM: Oh, that's good. I remember when Howard Brown, your late former commissioner from the 1970's, I guess, came out as the first openly gay commissioner. City of New York took a stand on that position as well and was instrumental in terms of the fight to get homosexuality removed from the list of mental disorders, also. Let me go to an issue with the Department of Education. I'm the Chair of the Committee on Education, and there remains rampant homophobia within the Department of Education, particularly as it relates to issues of working even with guidance counselors in the school system. Do you work with guidance counselors directly? Do you provide training to guidance counselors?

DEPUTY COMMISSIONER BELKIN: I'm not sure how we interface with them. I just-- the one interface that I'm familiar with is with the School Mental Health Clinics, which is not-- is separate from guidance counselor operation.

COUNCIL MEMBER DROMM: Do you work with Jared Fox, the liaison to the LGBT community? Are you aware of him and his role?

DEPUTY COMMISSIONER BELKIN: I'm not personally aware of him, no.

COUNCIL MEMBER DROMM: Is DOH aware of him?

DEPUTY COMMISSIONER BELKIN: I would imagine so, but I can--

COUNCIL MEMBER DROMM: Because I'm wondering what type of coordination goes on between--

DEPUTY COMMISSIONER BELKIN: [interposing] So most of our coordination when it comes to mental health and school health issues is through the shared Office of School Health that is jointly run by DOE and DOHMH, and so that's my main way in is through that work.

COUNCIL MEMBER DROMM: I was fortunate enough that the Chancellor asked me to address a

group of guidance counselors about a year or so ago over the summer, and I told him of my own story, my own personal coming out as a gay teacher, etcetera, so forth and so on, and some of the opposition that I had faced within the school system, and actually they were pretty much okay with the whole LGBT part of it, but a lot of their questions for me were around the issue of dealing with parents. Has DOHMH come up with any type of guidelines for agencies that we're working with about how to deal with parents who are opposed to their children's sexual orientation or gender identity?

DEPUTY COMMISSIONER BELKIN: We've not been asked for that kind of guidance. I'm not sure to the degree that that would be the Health Department's purview.

COUNCIL MEMBER DROMM: I mean, like, if we're going to deal with young people's sexual orientation and gender identity and we believe similarly that conversion therapy is not the way to go on this, I think what we need to do, and maybe if I can add to Council Member Torres' suggestions, is to come up with a way to provide guidance on the issue of dealing with parents who often times are the

main obstacle to young people getting these types of affirmative mental health services, and that remains a very big unanswered question.

DEPUTY COMMISSIONER BELKIN: So, another agency in this case, the DOE, is looking to get further guidance or assistance and engaging around an issue like this. We're certainly happy to help them do that.

COUNCIL MEMBER DROMM: Do you screen your agencies for any use of conversion therapy?

DEPUTY COMMISSIONER BELKIN: I don't think we do, because I don't see that that has arisen in our contracted entities. Our contracts are long and lengthy and prescribe many things. So, I don't want to definitely say that it does not, but that's a good question for us to ask.

COUNCIL MEMBER DROMM: And I was glad to also hear you raise the issue of health plans. You know, it was very difficult for me to finally get myself to go to Pride Institute which actually happened to be in Minneapolis, because I could not find a LGBT supportive rehab in New York City. DO you know of any LGBT supportive rehabs in New York City, residential treatment centers?

DEPUTY COMMISSIONER BELKIN: In terms of residential treatment centers, I am not. We do find, and I mention some other rehabilitation centers, but not long-term-- not inpatient residential.

COUNCIL MEMBER DROMM: See, for me one of the issues was that I actually went to two rehabs.

DEPUTY COMMISSIONER BELKIN: Yeah.

COUNCIL MEMBER DROMM: And the first rehab was full of a bunch of guys, actually, because I think we were segregated by sex if I'm not mistaken, who just could not understand the LGBT experience, which is why going to Pride Institute for me was so vitally important. You know, and I just would really urge you to kind of seek out that, those types of options for people to be able to follow through, because so much a part of me getting sober-- I think I'm speaking for other people. I don't mean just to bring this down to such a personal level, but if I think from the personal experience I think it has some weight-- is that, you know, I would ever have been able, I don't think I would have been able to have gotten sober in a general program. I had to have LGBT-supportive and LGBT-inclusive, actually, LGBT-focused may be an even better word, program for

me to be able to get sober, and that's because of all of the other issues that people who participate in these therapy sessions bring to therapy as well. So, I think we should-- I would like to work with you further on that moving forward. And okay, I think that's probably about it. Have you-- let me just ask this last one. Have you had any experience about dealing with people that do practice sexual orientation conversion therapy?

DEPUTY COMMISSIONER BELKIN: I haven't come across that in the city.

COUNCIL MEMBER DROMM: Okay.

DEPUTY COMMISSIONER BELKIN: In terms of the activities we promote and the relationships we have.

COUNCIL MEMBER DROMM: Okay, but have you heard of that therapy being used anywhere in the state?

DEPUTY COMMISSIONER BELKIN: In the state?

COUNCIL MEMBER DROMM: In the city, the state.

DEPUTY COMMISSIONER BELKIN: Hearsay that wouldn't be oath-based testimony.

COUNCIL MEMBER DROMM: Right. So, Doctor, one of the reasons I asking that as well is because--

DEPUTY COMMISSIONER BELKIN: [interposing] Yeah, this is not a died [sic] practice, this is something--

COUNCIL MEMBER DROMM: [interposing] Right, I mean--

DEPUTY COMMISSIONER BELKIN: [interposing] to still--

COUNCIL MEMBER DROMM: [interposing] I find it more to be in--

DEPUTY COMMISSIONER BELKIN: [interposing] Yeah, no, no, no. Yeah.

COUNCIL MEMBER DROMM: in religious organization, volunteer type situations.

DEPUTY COMMISSIONER BELKIN: Certain, you know, private referral networks, yes.

COUNCIL MEMBER DROMM: Yes.

DEPUTY COMMISSIONER BELKIN: So, this is not something that has disappeared, and so I think your shining light on it is important thing to do.

COUNCIL MEMBER DROMM: Thank you. Thank you, Chair.

CHAIRPERSON COHEN: Thank you, Council Member Dromm. Doctor Belkin, do you know how many people are participating in the DOE Safe Spaces Program, the pilot?

DEPUTY COMMISSIONER BELKIN: I do not know.

CHAIRPERSON COHEN: One school? More than one school?

DEPUTY COMMISSIONER BELKIN: I don't know, but we will let you know.

CHAIRPERSON COHEN: Okay. And not to belabor the point, because I think that you know that I have been as ardent a supporter of Thrive and Booster, and I will continue to do that, but you know, I was just wondering in your-- in the exchange with Council Member Torres, you used language like "platform" and "new plumbing," but I guess, how do we know that the platform and the plumbing is a good fit for this particular community? Like, how are we going to figure that out? What if we've invested in areas that aren't a good fit? Like, how are we going to figure that out?

CHAIRPERSON COHEN: That's the work now. But it starts with a strategy that commits to making

those fits work. But we couldn't even be at this point-- let's take this, because there were a couple of questions about school-based work. We couldn't even be saying, "Hey, we can change the culture in our schools. We can introduce new best practice into schools. We can know the needs and sub-needs and where we're making progress and we're not making progress in our schools." We can have that abstract conversation, but we couldn't have that as a real concrete conversation, "Gary, please go do that," if we didn't have this consultant program in place. So, it's-- what is strategic is not cold-hearted, abstractly strategic. It really is to try to get in the part outside of clinics, outside of the treatment system, in ways that are embedded and actionable in other parts of life to act on these and other high-priority issues, and I think we're now at a position to do that and to have this conversation and to meet the challenge that you're setting out.

CHAIRPERSON COHEN: I hear you, and I just think it's the goal of 1250 to try to get-- to try to at the outset have this be a guiding principle in this particular area, and that's, you know, that's why I'm a co-sponsor of the bill, and I think it's a

good principle going forward. And I think unless anybody else has any more questions, I'm going to thank you again for your patience and your testimony this morning.

DEPUTY COMMISSIONER BELKIN: And thank you for bringing all this momentum forward. And "Out for Safe Spaces" is in 80 schools.

CHAIRPERSON COHEN: Eighty?

DEPUTY COMMISSIONER BELKIN: Yes.

CHAIRPERSON COHEN: That's great. Thank you.

COMMITTEE COUNSEL: The next panel will be David Guggenheim, Lyndel Urbano, Lillian Rivera, and Diana Christian.

CHAIRPERSON COHEN: I'm just going to let the panels know we're going to be using the clock for the remainder of the afternoon. [off mic comments] Okay, we're ready when you are and any order is fine.

LILLIAN RIVERA: Can you hear me? Great. Good afternoon. My name's Lillian Rivera. I'm Director of Advocacy and Capacity Building at the Hetrick-Martin Institute. HMI provides-- we're the nation's oldest and largest LGBTQ youth serving agency. We provide mental health services to

thousands of LGBTQ youth from all five boroughs, and we've done so since the early 80's. I thank the chair and the Committee for their keen leadership in moving towards addressing mental health and wellness of LGBT community New York City. For well over two decades we have been keenly aware of the disparities experienced by LGBTQ youth in terms of their mental health and emotional wellbeing. HMI's founders were pioneers in this field of research on LGBTQ youth and mental health. From their work we learned that there were differences in their transition to adulthood from their heterosexual peers. In an article published in 1998, Hetrick and Martin wrote, "Isolation, family violence, educational issues, emotional stresses, shelter, and sexual abuse are the main concerns of youth entering the program." At that time, it was the Institute for the Protection of Lesbian and Gay Youth. If not resolved, the social, cognitive and social isolation may extend into adulthood, and anxiety, depressive symptoms, alienation, self-hatred, and demoralization may result. In a non-threatening supportive environment that provides accurate information and appropriate peer and adult role models, many of the concerns are

alleviated, and internalized, negative attitudes are either modified or prevented from developing. Our founders knew that the young people are experiencing a different world than their heterosexual and sis-gender peers, a world, that often deemed them as abnormal and a world that would allow parents to reject and throw them to the streets. Our founders also knew that these disparities were all caused by external influences and not due to a unique predisposition to mental health illness. And here we are, over 20 years later and our nation has not sufficiently responded to a health crisis that is caused by factors beyond the control of this population, but are environmental. New York City has the opportunity to lead this country in how we care for our young people who continue to have three times higher suicide rates than their straight peers due to this toxic environment that tells them their innate nature is wrong. New York City can set the bar on how we prioritize those who have been rejected by their families of origin who will have eight times greater rats of suicide attempts. For me, this is personal. This issue is not about legislation or regulatory policies. It is about life or death. At

this time, I'd like to dedicate this testimony to Jay Bornstein [sp?], a 19-year-old transgender young woman who took her life less than three weeks ago. I've seen too many young people in pain, a pain so great that they can no longer go on any further on their journey. I know this pain too well. I live with depression every day, but the difference is that I have always had the resources to get the best treatment. Today, I thrive with depression and every young person deserves the right to as well. That only happens in being in care with competent LGBTQ-- not competently, not fluent, but affirming, affirming of their identities. Mental health professionals that can celebrate the existence of every young people-- person, and the gifts they bring to the world. Hetrick-Martin Institute supports a law that would require the development of a plan for serving the mental health needs of LGBTQ people, and we support the ban of reparative therapy. We would encourage the plan-- the development of a plan in consultation with community providers that have extensive experience in working with the community. We encourage forward thinking that seeks to create organizational and systemic standards of care that's

hit a high threshold of service delivery and a professional development for staff that moves beyond culture competency and seeks to achieve fluency or humility, humility that we may not have the answers, but we can partner with a community to learn those answers. It takes a village to raise a child that requires that all members do their part and that are provided the tools to do so. We recognize that not all LGBTQ youth have that village and applaud the Chair and Council Member Torres for helping New York City create the foundation that will support LGBTQ youth as they so justly deserve. And before I end, I just want to add, Doctor Belkin didn't have all of Council Member Dromm's answers, and I wanted to sort of elaborate that they do contract with the Hetrick-Martin Institute to provide training alongside Jared. We do those together for counselors within the school system. That's a limited-- we have limited bandwidth with that. We have developed sessions for parents and guidance for parents as well through the support from the Department of Education. We're in the process of developing the training for the mental health consultants within the Department of Education, and we have-- in the month of February

we'll be getting office hours for consultations for anyone in the City who can call in to Hetrick-Martin and get their answers. We're targeting the consultants, but hopefully they'll disseminate throughout the city and schools. We'll be able to use that service as well.

LYNDEL URBANO: Good afternoon and thank you for this opportunity to testify. Again, my name is Lyndel Urbano. I am the Director of Public Policy and Government Affairs at Amida Care. And to start off, I want to thank you on behalf of Amida Care for your support for efforts to bring people into care and also for our Peer Innovative Program that the City Council has really led in funding. As you probably know, Amida Care is a not-for-profit health plan that was founded by New York City-based not-for-profits. The idea is that we provide comprehensive health coverage and coordinated care to New Yorkers with chronic conditions including HIV and behavioral health disorders. Now, I'm here today to just express our support for this legislation. We think it's really important to create a cultural competent plan, and it's critical that not-for-profit organizations be included in that process, because--

and when I say not-for-profit plans, I don't just mean any. I mean the ones who actually are down in the dirt working with the organization, working with LGBT communities and the ones that have real expertise, right? And so we app-- and we also appreciate that the plan, that this legislation lays out the foundations for a plan that really is comprehensive and culturally competent in a meaningful way. And so that's what I have to say about the bill in summary, because I'm not reading the notes. And lastly, regarding the resolutions that were put forward, these resolutions are critical because they really help to address some of the-- practices really has no basis. It's very harmful and hurtful to somebody, and as a LGBT man, as a gay man, I really find it shocking that this legislation hasn't been-- that these resolutions need to be put forward at this time, right? There are a plethora of different-- of research from different associations including the Academy of Child and Pediatric Health that demonstrate that there's no medical basis for this and also call on these bill-- on this practice to end.

DIANA CHRISTIAN: Is it on? Okay. So, I want to say thank you Chairperson Cohen and members of the Committee for the opportunity to speak this afternoon, with particular thanks to Torres and Dromm for introducing this legislation. My name is Diana Christian, and I am the Chief Policy Advisor at the Community Healthcare Network. CHN is a network of 11 federally qualified health centers plus two medical vans in a school-based health center. We provide affordable primary care, dental, behavioral health, and social services for 85,000 New Yorkers annually in four of the boroughs. On behalf of CHN I want to say that we fully support the New York City Council in passing these bills and are going to testify specifically Int. 1225 requiring the DOHMH to develop a plan for serving the mental health needs of LGBTQ New Yorkers. We're encouraged by the strides that the City is making to properly address this, and we very, very much support the provision of the bill requiring the Department to develop the plan in consultation with not-for-profits with expertise, and we would say in particularly with federally qualified health centers because we are already doing this work. At CHN we provide culturally competent

behavioral health services, both one on one and in group counseling, and found the group settings for LGBTQ communities to be tremendous, and they've resulted in an increase in medical visits, return rates and proactivity in an individual's healthcare. There are a few other issues I want to address here, though. The first being that the backbone of a plan like this is that there is simply not enough behavioral health providers in New York City that serve low income individuals, LGBTQ or otherwise. Organizations like ours often struggle tremendously to identify and hire mental health professionals, and for most community providers, our wait lists are often weeks or months before there is an opening for an appointment. There is no shortage of desire within this community for these services, but neither the city nor the state is creating enough incentives or support for mental health professionals to go into serving these populations, and despite a lot of the things that were said today we have found ThriveNYC and other initiatives to primarily work outside the existing framework of community healthcare providers. We do have a lot of experience serving this community and in order for us and others to provide better care

there needs to be a lot of increased support with both money and resources towards training all providers and healthcare staff in LGBTQ-specific competencies. Few providers even have baseline familiarity with these issues, much less any expertise. In a recent New York State LGBTQ Health and Human Services means assessment, one-third of people reported that not enough LGBTQ trained health professionals was a barrier to their receiving healthcare, and we have found that individuals who receive medical care in a setting which is not culturally substantive [sic] can actually cause additional trauma and result in total avoidance of care. So, cultural competency and true cultural competency needs to exist everyone from the form that you fill out at the front desk to the providers that you do see. We also want to put out there that not all mental health concerns from an LGBTQ person has to do with their gender identity, which is unfortunately often assumed if providers have not been properly trained. We need to look more-- not more importantly but as importantly if the social determinants [sic] was to also largely impact their mental health needs. Everyone knows that if you've

experienced violence against you, then you are more likely to have mental health needs outside of that. In the same HHS needs assessment they found that nearly one in five LGBTQ respondents had been homeless at some point in their life, and we have found this to be particularly true for our transgender patients in the Bronx. It is far too common for them to have been rejected by loved ones or victims of abuse and discrimination from family, friends or others in the community. And as been said, this has additional layers of complexity for LGBTQ youth. The CDC recently reported that in New York eight percent of high school population identifies as lesbian, gay or bisexual. That equals 80,000 individuals in New York City, and in the same report they found staggering statistics on the higher levels of bullying, skipping school out of fear and safety, sexual violence, and attempted suicide. But for the transgender community, seeking mental health services is actually not a choice, and we need to be aware that this is mandatory to their attaining transition surgery. Medicaid requires two letters, one from a psychiatrist and one from a therapist. This is mandated therapy that is often not with

providers that are sensitive to LGBTQ services, and that means that we're forcing patients into a system which ultimately can lead to further trauma and negative health outcomes. And finally, these services are still way too expensive for most New Yorkers. Despite progress, many LGBTQ individuals are still fired from their jobs or lack spousal or parental support. This results in a community of people that are under-employed or unemployed and cannot afford services. At CHN we have a sliding fee scale for individuals with no health insurance which allows them to pay out-of-pocket to see one of our providers at a lower rate than you would if you had insurance, but it still often unaffordable for many individuals especially youth if they're not supported by their parents. The two remaining bills, other states have shown leadership in these areas, and it's kind of insane that New York prides ourself [sic] on our progressiveness, and it's time for us to take these steps to eliminate all forms of unwanted provider intervention and gender identity. Rather, we must solely support exploration of gender identity and be affirming of an individuals' right to exist without stigma or bias. Further, conversion therapy

or curative therapy has been rejected by the American psychological association for demonstrating that it's just simply harmful to patients. So in closing, I strongly encourage the New York City Council to pass these bills before you.

DAVID GUGGENHEIM: Good afternoon. Thank you for the opportunity to provide testimony in support of Intro. 1225 as well as both resolutions that are being considered today. My name's Dave Guggenheim. I'm Chief Mental Health Officer at Callen-Lorde Community Health Center, and we're pleased to be a member of the Coalition for Behavioral Health who joins us in today's testimony. Callen-Lorde is a FQHC. Our mission is to reach lesbian, bisexual, gay, transgender communities and people living with HIV in addition to our geographic service area. As a vital part of the dynamic healthcare infrastructure in New York City, Callen-Lorde provides patient-centered medical home for about 17,000 patients who made just under 100,000 visits in 2015. We also provide behavioral health services specific to the LGBT community, and every day we see mental health issues which I'll speak about that are specific to our population, last year

seeing over 2,000 medical patients, and the need never ends. The Coalition is an umbrella advocacy and training organization of New York's behavioral health community representing 140 nonprofit community-based agencies serving more than 450,000 consumers. Their members serve an entire continuum of behavioral healthcare in every neighborhood in New York City and include Long Island, Westchester, Rockland and Orange Counties. So, as you've heard, there's a significant body of research showing disparities that exist in health of LGBTQ folks: higher rates of anxiety, depression, PTSD, substance use, and suicide, but these mental health conditions can't be separated from the high-cost chronic and debilitating medical conditions that are associated with trauma and depression, higher rates of cardiovascular disease, asthma, uncontrolled diabetes, and certain types of cancer. There's a deep-rooted connection between trauma and chronic health conditions which we see every day, and it shows just how important mental health intervention can be. A single incident of trauma can deeply affect the cardiovascular, immune, brain, and other bodily functioning, and in one study it showed that

the development of future medical disease are exponentially greater following exposure to trauma. So you can see just how this affects our community, not only mental health but medical symptoms as well. The LGBTQ community faces stigmatization and discrimination on a daily basis, especially those with limited financial resources. Half of limited income LGBTQ New Yorkers reported some form of violence, domestic or intimate partner violence, sexual assault, parental abuse, crime, workplace violence, trafficking, and it's not just incidents like Pulse Nightclub that deeply wound our community and our sense of safety. Of all LGBTQ folks, about a quarter experiences at least one hate crime. LGBTQ persons are more likely to be the victims of hate crimes, as you know, than any other group as of 2014 in the country. But violence and discrimination are just one piece of the puzzle. Many grow up in environments that are not accepting of them. Forty-two percent of youth report living in communities where LGBTQ identification is not accepted. Adults face similar struggles both in communities and workplaces. Twenty-one percent of LGBT employees report having been discriminated against in hiring

practices and in their ability to be promoted and in pay difference, and 78 percent of trans employees report workplace discrimination. One study showed that if an LGBT person has something, a clue on their resume such as "LGBT activism," and they hand in their resume, they're 23 percent less likely to receive a response. As I mentioned, the resulting impacts on mental health are real and sometimes fatal. LGBT people raised in homes that are high in terms of rejection measures are eight times more likely to attempt suicide than those rated in low rejection. Studies have shown that every incidence of physical or verbal harassment, individuals are two and a half more times more likely to engage in self-harm behaviors. Lesbian and bisexual women are twice as likely. Gay and bisexual men, four times as likely to have attempted suicide. Almost half of people who identify as transgender have at least one suicide attempt. We hear stories every day from our patients who face incredible odds, some of whom experienced trauma, from older adults who have watched friends die of AIDS inaction, to younger patients who grow up in communities and homes where their first bullies are their parents. While progress

is heartening, it's inexcusable for us to ignore homophobia and transphobia that exists both overtly and institutionally still here in New York City. The least we can do is to support the LGBTQ community is to support those who face incredible odds and seek treatment because of it. A clear path to mental health services should include a plan that integrates trauma into whole person healthcare. Primary care should include trauma screenings and screenings for other mental health symptoms, and LGBT patients should have easy integrated access to mental health services with culturally competent clinicians. If we're going to address the mental health needs, we need to be sure that the care we provide is specific to the needs of the community and is the best care possible. It is essential that this committee and the New York City Council support a resolution to designate as professional misconduct any form of sexual orientation change efforts by mental health professionals. Not only is it unethical, it can lead to fatal consequences. People who have gone through conversion therapy are almost nine times more likely to experience suicidal thoughts and almost six times more likely to experience depression. They are also

three times more likely to use drugs. Lesbian, gay, bisexual, transgender, queer, and questioning people face stigma and discrimination that deeply affects their overall health, not just their mental health, and leaves communities harmed. Not only will a plan to treat the unique needs of the LGBT community improve the population's health and outcomes, it can reduce the disease burden of chronic illness and decreased suicide rates. Through mental health programs tailored to meet the needs of LGBTQ people, we will increase the quality of the care we provide and build stronger and healthier communities. And Council Member Dromm, I just want to mention that we are working with the organization we've heard of Pride Institute. It's where we send people, and we're working with institutions in New York to develop LGBTQ-specific rehab centers. So, thank you again for inviting Callen-Lorde and the Coalition, and I think Doug just wanted to say a few quick words.

DOUGLAS BERMAN: Thank you. I'm Doug Berman. I'm Vice President of Policy for the Coalition for Behavioral Health. I'm very pleased to be here today to support the testimony of our member

Callen-Lorde, and I am proud to say that the Coalition of Behavioral Health includes Community Healthcare Network, Rainbow Heights, the LGBTQ Center, SAGE, Project Renewal, Amida Care, and Covenant House. The Coalition looks forward to partnering with our members and community and governmental partners to further LGBT-affirmative services. Thank you.

CHAIRPERSON COHEN: I don't know who I'm directing this question to, but just Council Member Dromm made reference and Council Member Torres in terms of competent versus affirming. Could someone just sort of expand a little bit about what definitionally [sic] we think the difference is?

LILLIAN RIVERA: So, I think it's complicated, right? I don't think it's one thing. I think giving folks the skillset to be able to know that they don't know is really important, and I think that's where sort of the competency conversation has gone, to develop some sort of cultural humility, to be able to say, "Oh, okay, so within this institution we do not have the capacity to welcome folks with disabilities. Where do we find that information?" Right? And I think, you know, I prefer fluency. I

prefer folks working diligently in collaboration with people who have that information to transfer that information. I think something that we have done at Hetrick-Martin is we developed it's called the Prism Scan, and it looks not specifically about the skillset of those providing services, but about the system. How thoughtful was this system developed to include LGBT folks, right? So, an HR issue, do you have healthcare that is inclusive of healthcare needs for trans folks, of same-sex couples? Do you give time off for adoption? Those sorts of things. Really thoughtful from a systems level to be able to understand, and I think if we shift systems, then we're thinking about how we include communities.

DIANA CHRISTIAN: I would just like to add to that. On like a very just base-level easy way to explain it, something that we hear a lot is, so say you're a transgender man and you need a pap smear. You have-- there's three levels of it. One, you go in and the provide says, "I don't know how to do a pap smear because you're a transgender man." The second level is, "Yes, I received training, I know how to do this, but I don't' make you feel great when I come in. I'm not warm and opening to you." And

the third is, "Hi, I know exactly how to treat you. I have experience. This is fantastic. I'm going to engage you in the same way I would any other patient." And that is what true cultural competency is.

DAVID GUGGENHEIM: I'll just quickly add to that. Competency we see as more knowledge-based. So, we are able to hire people who have a lot of knowledge but the experience and skills to apply that knowledge in a sensitive and affirming way, and we can say that with trauma screenings. It's one thing to know that you need to-- you likely need to conduct a further trauma screening with a patient, an LGBTQ-identified patient, but in addition it's whether or not you're doing that in a culturally sensitive way.

CHAIRPERSON COHEN: Thank you all for your testimony. Oh, I'm sorry, Council Member Dromm has a question.

COUNCIL MEMBER DROMM: I have a question, but also in response to your very good question about what's the difference between culture competency and affirming. For myself, you know, in therapy it was about somebody, a therapist, understanding the trauma that I experienced, especially in the timeframe in

which I came out when the homosexuality was still on the list of disorders, and understanding how it relates to my ability to be able to get sober. It also relates to the people in the group who would say, you know, "no homo," or you know, "faggot" this or that, and allowing that to go on, and then the therapist saying, you know, "Well, you know, you got to understand that's those people's views as well." And actually, to go the issue of Pride Institute again, it was something where it was just like no hold bard; you are good because you are gay, and that is a real substantive message that we have to get into the minds of people, that we're not only going to tolerate, but we're going to fully accept you as the person for who you are, and it just-- it was very difficult. I also want to ask and maybe just point out the fact that the reason for my resolution on curative therapy as it relates to the American Psychiatric Association and the American Psychological Association is because they still actually do not come out and say that it's unethical behavior. They've danced around the issue, but they have not come out directly to say that practicing curative therapy is unethical, and we need them to do

that, and I need them to do that because I need to say to the Department of Health and to the Board of education and to other agencies as well, you cannot do this. This is torture, and you cannot put especially young people through that type of torture. So that's why we need those two prestigious organizations to come out and say practice of curative therapy is unethical. Thank you.

CHAIRPERSON COHEN: Council Member Torres? I'm sorry.

COUNCIL MEMBER TORRES: Thank you for your testimony. I appreciate the City's emphasis on the need for a comprehensive overhaul, but the concern I have is that comprehensive planning could easily marginalize the needs of the LGBT community, and I worry about comprehensive contracts that just skew naturally toward regional players that serve general populations. How could we restructure the RFP so that organizations like yours are adequately represented in the Thrive IDC [sic] funding pot?

DIANA CHRISTIAN: Hi, Diana Christian, Community Healthcare Network. As an aside, we actually do have one of our health centers, our Tremont [sic] Health Center in your district.

COUNCIL MEMBER TORRES: Great. We should meet.

DIANA CHRISTIAN: I just wanted to say that I spoke to this a little bit in our testimony, but we have been very frustrated with the fact that ThriveNYC and other initiatives are working outside existing community providers like ours. They did mention the Mental Health Service Corps which I know Callen-Lorde received one, but many other existing community providers didn't receive any of those, and our biggest challenge as a community likely is the hiring of behavioral health professionals and incentivizing behavioral health professionals to treat these specific populations. So, if there's anything within the RFP or ThriveNYC that can be recreated to be directed to be inclusive of existing community providers and assist us in the hiring of behavioral health providers.

LILLIAN RIVERA: So, I think when we think about mental health and mental health outcomes for young people, I think we need to be sort of expansive in what creates mental health possibilities for young people, right? So, when you have young people who are responding or have these mental health

responses to a toxic environment, it's important that we know that their experience is different from their peers. So how do we create opportunities that have mental health, positive mental health outcomes, right, that their peers have? So a peer network that's positive and supportive, role models, right? So, I think-- and Hetrick-Martin provides mental health counseling, right, but we also provide job-readiness. We also provide academic support. We also provide leadership opportunities that have mental health, positive mental health outcomes, because they're allowing adolescents to reach milestones the way adolescents should reach milestones, right? So, I think crafting an RFP that is not sort of exclusive of sort of what we know mental health treatment to be, but expansive about what it means for an adolescent to have good mental health outcomes.

COUNCIL MEMBER TORRES: And I'm just curious to know what are your thoughts on the city's engagement with LGBTQ service providers around ThriveNYC? If you're not comfortable answering that question, I would understand.

LILLIAN RIVERA: No, yeah, absolutely. We actually didn't-- Hetrick-Martin didn't have any involvement around engagement in ThriveNYC in the planning process, and we would love to have that.

DAVID GUGGENHEIM: I mean, I can comment that the MHSC program is wonderful and it's a wonderful resource for our patients. It is not specific to LGBT care. We're training them as well as the city, I believe, but you know, it is a great program. That has been our only interaction with the city on that.

COUNCIL MEMBER TORRES: And how would you-- and this is a tricky because I think one point is that there are many subpopulations that have special needs. Like, why, why focus on the LGBT community? There are all these sub-- what I would argue is there's something distinctive about the LGBTQ experience. There's something distinctive about the needs of LGBT youth who are evicted from their own homes by their own parents and the profound trauma that it causes or LGBT elders who are isolated, and there are almost no senior centers for them in which they could see refuge, or the incomparable barriers that people with trans

experience face in housing and employment. So, what are your thoughts on whether the needs of the LGBT community are distinctive enough to justify a plan of its own?

LILLIAN RIVERA: I would say that we haven't faced the-- we haven't addressed the disparities, right? When you have a health issue, right, and I'm looking at it as a public health person, when you have a health issue and you see a disparity in a particular community around health issues, right? So we're thinking about Zika, and we're not doing Zika care in Minnesota, right? It's not in Minnesota. We don't need to be there. We need to be in Puerto Rico. We need to be in Florida. We need to be where Zika exists. The disparities-- and I believe that the disparities should match, funding should match the disparities, right? So, if we have 20 to 40 percent of homeless youth who identify as LGBT, 20 to 40 percent of funds should go to address that community, and it's the same with depression. Our founders were the people who started this conversation, and they did it in the 80's, and we still don't have an infrastructure to address this for young people. So, we're derelict [sic] as a

nation, right? And I think New York is forward-thinking. New York is always forward-thinking. The reparative stuff we got to get out of, right? New Jersey did it. We could do it. So, I think of course we need a dedicated screen. If we look at funding across the city for young people and then how many of those funds go to work with LGBTQ youth and how many of those funds go to mental health and LGBTQ youth, we're missing the mark.

COUNCIL MEMBER TORRES: And not only do we not have funding, we don't even-- infrastructure. We don't even have an initiative of one under ThriveNYC.

DAVID GUGGENHEIM: Yeah, I just want to mention the disparities again. I mean, I've only scratched the surface in here about just how wide they are, including the most reported hate crimes of any group, and, you know, it's not just medical-- I mean, mental health outcomes. It's how mental health outcomes, trauma, being rejected by family, communities, and parents as well, you know, affects medical outcomes and the chronic conditions that we live with because of it.

CHAIRPERSON COHEN: Council Member Dromm?

COUNCIL MEMBER DROMM: Just one observation, as well. You know, it came up in the doctor's testimony, because they made reference to the LGBT liaison in the Department of Education, and actually that was a City Council initiative, something that I was fighting for, but it still doesn't have a budget, Council Member Torres. You know, there's no budget line for his office to be able to provide services to one person. So, they've hired a person, but there's no budget line to do the work. So, this is the type of thing that we're talking about. So I want to thank you again for bringing that issue up.

CHAIRPERSON COHEN: Alright. Thank you very much for your testimony. We appreciate it.

COMMITTEE COUNSEL: The next panel will be Antoine Craigwell, Emily Contillo, Cecilia Gentili, and Steven Mendelsohn.

[music playing]

ANTOINE CRAIGWELL: Right. Good afternoon, Council Members. Thank you very much for allowing us to have this opportunity to address the Council and this committee. I want to begin my testimony by sharing with you the trailer for a

documentary that I did that addresses depression in black gay men. And after that, then I would hopefully with your indulgence talk some more about this.

[video presentation]

ANTOINE CRAIGWELL: Thank you. My name is An--

CHAIRPERSON COHEN: [interposing] If you could try to keep the testimony a little brief so that we could try to stay as close as we can to the clock.

ANTOINE CRAIGWELL: I would like to, yes.

CHAIRPERSON COHEN: Thank you.

ANTOINE CRAIGWELL: My name is Antoine Craigwell. I am the President and CEO of DBGM Incorporated, an organizations committed to raising awareness of underlying factors contributing to depression and to prevent suicide and HIV infection as a passive form of suicide affecting black gay men. We would like to applaud the City Council for undertaking to enact legislation ensuring that LGBT are included in the Department of Mental Health's initiatives. We ask and encourage the City Council to take a further step and include LGBT peoples of

color, a subset of a demographic that is known to be disproportionately affected and as a result of racism and homophobia, often victims who suffer from disparities. We recognize that while the importance of this hearing and the significance of the proposed legislation and the two resolutions should be considered, it should come against the backdrop of the HHO [sic], which suggests that by 2020 depression is likely to become the second leading cause of disability for people worldwide. It is no great leap that given the rhetoric, whether real or imaginary, of the incoming Administration along with cases of depression, there will likely be an increase in suicides either traditional or non-traditional means. Each life is precious and should be safe-guarded. I'd like to publicly acknowledge the honorable Council Member Carlos Menchacca who when he was LGBT liaison from the Speaker's Office supported our organization, Council Member Ritchie Torres who has also demonstrated his support for us, and honorable Public Advocate Letitia James who was one of our keynote speakers at our conference last year. It is important to find-- for us to understand that the issue of LGBT mental health is disproportionately

skewed towards the Caucasian or the white community. There are predominantly lots of people of color who are literally dying. Public Advocate Letitia James at our conference last year spoke about two black gay men she knew who committed suicide, and just before Christmas this year, two other people committed suicide who have been working for years in the black and people of color communities. As a matter in preparation for our conference last year, we approach Doctor Gary Belkin, Council Speaker and the Mayor's wife to be keynote speakers at our conference. In a conference call with Doctor Belkin's office, they said to us that ThriveNYC after one in of being in action has no plan or program for the LGBTQ community, and he actually admitted that there today, that of the 54 initiatives none of them address LGBT, much less LGBT people of color. Again, as I prepared for today's testimony, I reached out to the Trevor Project to ask them to share with me some data , and their representative in Los Angeles sent back to tell me that the data that they have is proprietary and can only be used with legal agreements. So, I asked the question then, does the Trevor project get any funding from city, state or federal government, and

if that's the case, wouldn't their data be public access and public information? I just want to point out a couple of things that I think should be added to the LGBT legislation. One is that a person's mental health needs needs to be separated from substance abuse. The two things are not mutually inclusive, because it does not follow the request of mental health is also a substance use or abuser. A person with mental health issues is not always visible or apparent, and we need to be clear on that. Legislation should be modified that there ae many LGBT peoples of color along the age spectrum with mental health issues. It is not confined to teenagers and elders. So [inaudible] to something you'll commit suicide? What are the issues that were unresolved in his life? All aspects of law enforcement need to incorporate mental health care and training in the public response, and law enforcement needs to be regularly screened for mental health issues, similar to retraining and firearm recertification to provide mental health screenings for those people of color, especially LGBTQ who are arrested including mental health clinicians on-call at precincts. To mandate that all immigrants

detained for immigration violations be mental health screened. To mandate that mental health screening and referral to accompany all HIV-positive diagnosis and treatment regimens. To mandate that all teaching facilities, education and medical in this city provide mental health screening and cultural competency training for students. A survey of medical training institutions revealed that less than five percent of the overall curriculum is devoted to cultural competency. To develop programs and initiatives to encourage mental health clinicians to accept Medicaid and Medicare for those in our communities who cannot afford or do not have sufficient insurance coverage. This includes increasing the percentage of Medicare, Medicare reimburses and the reduction of the volume of people work required of mental health clinicians. Mandated mental health professionals, if in a public or clinic setting should have a manageable client or patient caseload. Mandate that all healthcare providers, private, clinic or public provide mental health screenings and referrals to mental health professionals. According to the State Office of Mental Health, nearly two-thirds of the 1,585 New

York clinicians surveyed reported little or no specialized training in suicide-specific interventions. Require that at the Department of Health and Mental Hygiene through the Coroner's Office and the Medical Examiner establish and keep records of the sexual orientation of cases of self-inflicted or cause of deaths. And finally, to mandate that religious institutions or organizations registered as nonprofits who receive any government funding, especially for HIV prevention and who if any practice or preach homophobia, bigotry or any form of discrimination should have their funding suspended pending a review and/or terminated. Now, I think our final bullet here actually goes towards the conversion therapy, because that then plays into the increases in homelessness and drug and alcohol abuse. Thank you.

CECILIA GENTILI: Hi, my name is Cecilia Gentili. I am the one that didn't write anything, okay? So, I'm just going to talk. I'm the Assistant Director of Policy of GMHC, and we have a different arrange of services when it comes to mental health. Most of them come from ray [sic] and white [sic]. Most of them directed to people living with HIV and

AIDS. Do all people living with HIV and AIDS are LGBT? No, but a huge part of our clients are not only just living HIV but also identify as LGBT or Q. So, I can tell you about all the great things that we do at GMHC, but first of all I wanted to thank the opportunity to testify on behalf of these important piece of regulation. But we made a decision of me to talk more from my personal experience since I am an actual trans person, right? And you know, I always remember like the first time that I faced a mental health counselor. I hear, "I do not have any experience of working with a person like you, but I find it fascinating, and I welcome the opportunity to learn with you about your problems." What's wrong with this sentence? Like, everything, right? Everything is wrong. That happened like many, many times, and I feel like my community, especially the trans community, face having to see mental health providers that do not understand them, that do not know who they are, and like I actually think mental health providers like Google "transsexual" while seeing me. Yes. So, this is just to say that mental health services that are provided by the City-- and by the way, I really do not see myself in any of the

trite [sic] publicity. I really-- they really do not screen LGBT in any kind of way. So, when it comes to mental health services it is just not important for the person that is offering you mental health to know, but all support the space that the mental health services offer to screen LGBT. Because I don't go to places that don't screen LGBT, because I'm used to spaces that are not LGBT-oriented to be kind of like aggressive towards me. So, I only go and receive services or seek for services in places where I just see LGBT everywhere, where like the person that receives me at the front desk is trans, you know. That make it like extra points for me. I love you. You know? But if I see like a flag, you know? So, that's why it's important to have mental health services for the LGBT community, but to have mental health services that are offered in LGBT spaces, that makes a huge differences. And as a person that went 17 months of treatment living in the male quarters, I know that in New York City we don't have any LGBT substantive youth specific for the community. I guess I needed it because I did 17 months living with the boys, but-- which was fun

sometimes, but you know, I know that does happen and that is a huge need of the community.

STEVE MENDELSOHN: Good afternoon. I'm Steve Mendelsohn. I'm the Interim Executive Director for the Trevor Project, and I'd like to just start by addressing the comments that were made a little earlier. We do not receive any city, state or federal funding, unfortunately, and we do not have any data currently that we are ready to disseminate but we are about to finish a huge study with the University of Southern California, and that information will be widely disseminated and shared with everyone, and I've already seen preliminary information and has a lot of interesting facts and figures that will help us all in our work. So, thank you. In terms of my testimony, so the Trevor Project is the nation's only suicide prevention organization and crisis intervention organization focused on LGBTQ youth under 25 years old. I'm here today in support of Intro. 1225-2016, the LGBT mental health bill. Thank you, Councilman Torres, for bringing this important piece of legislation forward. Today, I'll focus my remarks on how to improve the bill by including a focus on suicide prevention. The LGBT

mental health bill rightly tasks the Department of Health and Mental Hygiene with developing a comprehensive plan to address the needs of LGBTQ youth and older adults. Given that LGBTQ youth have significant mental health disparities, there is great need for such a plan. Suicide is an important aspect of mental health that is too often neglected even within the mental health profession. Some may even be surprised to find out that a majority of graduate schools for social work and psychology that provide those degrees do not require courses on suicide assessment or treatment even though suicide is the second leading cause of death among young people 10 to 24 years old. While developing the plan to address the mental health needs of the LGBTQ community, the bill requires DOHMH to consult not-for-profit organizations with expertise in providing social and mental health services to the LGBTQ community. We urge the committee to mend this language, to also specifically state that include not-for-profit suicide prevention organizations among the list of consultants to address the often present gap in suicide education or training of mental health providers. Just a few months ago, the country

received a major wake-up call when the Centers for Disease Control released the results of the 2015 Nationwide Youth Risk Behavior Survey, the YRBS, which includes data from New York City's local YRBS study. This is a survey of young people which for the first time ever included a nationally representative sample of lesbian, gay and bisexual youth, just LGB, and the results were shocking. LGB youth seriously contemplate suicide at almost three times the rate of heterosexual youth, and LGB youth are almost five times as likely to have actually attempted suicide. Another factor to consider is that LGBT youth attempts were almost five times as likely to require medical treatment that heterosexual youth. So, in summary, significantly more LGB people think about suicide, make a suicide attempt, and those attempts are more deadly than heterosexual youth. Additionally, nearly one-half of transgender youth have seriously considered attempting suicide, and approximately a quarter of them have attempted. These alarming statistics speak to the severe need for tailored plans and policies to meet the mental health needs of this highly vulnerable group. over the last several years, almost 10,000 LGBTQ young

people in New York have utilized Trevor's Suicide Prevention Services including calling or texting our Trevor Lifeline or our chat text services or engaging with other youth who are our program called Trevor Space which is a unique and monitored social media platform that allows young LGBTQ youth to connect with other youth who may be dealing with similar issues. We all know that youth spend a lot of-- a large part of their time in school, or a lot of the youth, not all of them. These statistics indicate a need for schools to implement plans to appropriate address suicide prevention, intervention and post-vention [sic]. We are aware that the New York City school system has these types of policies, and we work with Jared Fox. However, they are not specific to the LGBTQ community. We strongly suggest that the LGBTQ mental health bill require schools to develop these tailored policies, policies tailored to LGBTQ youth. Major cities and states nationwide have begun to recognize this need and have acted. Just last year, the District of Columbia and the State of California passed laws requiring schools to develop and implement policies to address suicide that specifically focuses on the needs of several elevated

risk populations, including LGBTQ youth. We anticipate that the 2017 legislative season will see even more states passing this kind of legislation. Fortunately, the Trevor Project in partnership with the American Foundation for suicide prevention and others have published a model school policy on suicide prevention that is based on research and provides sample language that school districts can use to draft their own policies. This is a free and existing resource to help reduce any barriers that might exist for schools to be able to develop these types of plans. New York City LGBTQ youth would benefit tremendously from having educators and administrators who can recognize and act on the warning signs of suicide. Far too often, LGBTQ young and old who are already in crisis run into a lack of understanding or support from the very systems that are supposed to support them which we've heard today. Passing this bill will help enable these systems to respond to the unique needs of this population. Unfortunately, this bill is very much needed because the City's ThriveNYC initiative to address mental health does not specifically speak to the needs of the LGBTQ community as others today are discussing.

In rectifying this, it is critical that this be amended to add suicide prevention organizations to the list of groups that are tasked with developing a plan for schools to be written into the bill to require LGBTQ inclusive suicide prevention policies. We know that one supportive adult can reduce a young person's risk of suicide, and the passage of this bill would significantly add to that pool of supportive adults. Thank you again, Council Member Torres, for introducing and holding a hearing on this bill. We look forward to working with you and others to ensure that LGBTQ youth receive the culturally competent treatment they deserve. Let me just add that conversion therapy is a major contributing factor to suicide. We hear it all the time when young people call us.

EMILY CONTILLO: Thank you for the opportunity to provide testimony on Council Member Torres' bill, Introduction 1225. My name is Emily Contillo, and I'm the Government Relations Coordinator at the Lesbian, Gay, Bisexual, and Transgender Community Center, commonly known as "The Center." We were founded in 1983 and visited every week by 6,000 unique individuals from all five

boroughs. I sought input from both clients and counselors on the issue Introduction 1225 seeks to address, the lack of city-funded mental health services available to the LGBT community. As mental health can be a difficult topic to speak about firsthand, I've combined their input and expertise into the testimony that I deliver today. Counselors at the center say that they observe two main issues when assessing mental health services made available to the community. First, there are significant gaps in services. These gaps include free long-term counseling, services designed for the aggressor in a same-sex relationship that is dealing with domestic violence, and bereavement counseling for individuals who have lost a spouse of the same gender. The center provides as much service in-house as possible, but there is a consensus among staff that there's a general lack of city programs to which we can refer clients for longer term care. To maintain the trust of our clients, we don't refer programs which we either know to lack knowledge of the LGBT community or where clients have expressed cultural competency problems in the past. The second main barrier our community encounters when attempting to access mental

health services is what do we mean when we say LGBT affirming? Our counselors have worked with clients who previously sought help in an environment that was advertised as being knowledgeable and inclusive of their community only to ultimately conclude that the mental health professional wasn't really comfortable with their being gay. These plights may seem unperceivable to others, but if an individual is misgendered during intake or there's no box to check for the person to offer up the information that he or she identifies other than sis-gender or straight, the relationship between counselor and client is already damaged. The center's own intake process is influenced by these nuances and our counselors are trained to leave the questions as open as possible to allow individuals to identify how he, she or they choose. When an LGBT person is not able to access identify-affirming mental health services, the cost to that individual is significant. Often, these are people who have already experienced both personal and community based trauma who are already at risk of isolation. The act of seeking care that instead leaves you feeling judged or misunderstood leaves lasting damage and risks making that person less

likely to pursue care in the future. For this reason many people seek help in an environment in which they've already been made to feel welcome, seen and understood. As an example, this experience informs the way we approach youth treatment at the center. We work to create an environment including drop-in spaces where LGBTQ young people can come and build a sense of community and self-worth. Once that trust has been established, they are much more likely to reach out to our counselors to discuss bullying, suicidal tendencies or substance abuse issues that make up their daily reality. The center would like to thank Council Member Torres for shining a spotlight on this issue. We encourage passage of instruction 1225 and think that a citywide closer look at LGBT mental health services can only be a good thing. The center would be honored to continue to provide guidance and expertise on these issues.

CHAIRPERSON COHEN: Thank you. You know, I'm wondering, you know, Council Member Torres said I was doing such a good job. I hate to go the other way on a thought, but you know, in terms of your own experience as service providers, like, we're talking about LGBTQ sort of monolithically, and I guess maybe

I'm concerned that, you know, that are unique issues to youth, to seniors, to various ethnicities. I wonder if, you know, and again I am a big proponent of ThriveNYC, and I think that the city is doing tremendous work with ThriveNYC and that we're on the right track. You know, again, not to say that we can't do better, but I do think we are on the right track, but I wonder if it's as easy a task or as useful a task of focus, you know, coming with an LGBTQ plan that really when we're talking about an incredibly diverse community that it would be very hard to kind of come up with a plan that sort of fits all, so to speak, and I wonder from the service providers, particularly if you would see that as a challenge on the ground?

ANTOINE CRAIGWELL: I think I'd want to jump in on this. I think Council Member Torres when he was speaking with Doctor Belkin put forward two paradigms that I think are crucial. The second option that ThriveNYC or the Department of Health creating a platform or a program that addresses mental health specifically for LGBT people and under that, LGBT people of color, and because again I will reiterate it, the disparity between the LGBT

community which is predominantly white oriented and most of the service providers, and on the ground LGBTQ who are people of color and are disproportionately affected. So, I think, Council Member Torres' second perspective on this, the two options he offered, would be the better way to for the Department of Health to adopt.

STEVE MENDELSOHN: So, as I said, the Trevor Project only focuses on youth, but that's LGBTQ youth and the L, G, B, T, and Q are all very different, but we have one approach, and this is part of cultural competency. It's important be open-minded and to be trained to listen to be where a person is and to recognize who that person is and how they present themselves. So, the other thing that's also critically important is intersecting identities. So, for a person of color who happens to be bi or a white sis-gender person who happens to be questioning, those are things that are all within the LGBTQ, and it could be among youth or elders or anyone else. So it's just important as we were talking about cultural competency to learn how to speak to these people who are lumped under these five letters which are becoming six, seven and eight

letters, but it's about understanding the complexities, the intersecting identities and by being trained to ask the questions in a sensitive way.

CECILIA GENTILI: Yeah, I think it's important too that, you know, under the LGBT umbrella you're going to find like 10,000 different intersections, but I believe that you know, addressing it as LGBT and you know, as one can be like a great opportunity to start doing something and at the same time kind of address all the intersections that go in the middle. We always going to have a new population that is not going to feel totally included. Like, for example, like it is very important for us in GMHC to start addressing like tans partners who, you know, may not identify as LGBT, but somehow are partners of a "T" person. So, are you a part of this? So we always are going to keep finding more and more intersections that are now going to be totally addressed, but I think like taking LGBT as one and then start looking at all those intersections could be a great start.

CHAIRPERSON COHEN: Thank you very much for your testimony.

COMMITTEE COUNSEL: Our next panel is Jared Odessky, Tom Weber and Christian Huygen.

CHAIRPERSON COHEN: As soon as you're ready.

JARED ODESSKY: my name is Jared Odessky. I'm here on behalf of State Senator Brad Hoylman. Thank you for the opportunity to testify today in support of two proposed resolutions under your consideration, one of which Resolution Number 130A calls upon the State Legislature to pass and the Governor to sign legislation I sponsor in the New York State Senate, designating so-called conversion therapy by mental healthcare professionals upon patients under 18 years of age as professional misconduct. The accompanying resolution, 613A calls upon the American Psychological and American Psychiatric Associations to immediately pass resolutions declaring the practice of conversion therapy to be unethical. I want to thank Council Member Andrew Cohen, Chair of the Committee, for hosting today's hearing, and I also want to thank Council Member Daniel Dromm for his committed sponsorship of both resolutions. On May 15th, 2014 I held a public forum in New York City with Senator

Michael Gianaris and Assembly Member Deborah Glick to address the practice of conversion therapy. The forum brought together two dozen panelists, including former subjects of conversion therapy as well as representatives from leading mental health professional associations, legal experts, members of the clergy, and LGBT advocates. My office compiled the form's main take-aways in a report titled, "Protecting LGBT Youth from Conversion Therapy in New York State," which you should receive a copy of as well. First and foremost, we found that conversion therapy is unfortunately practiced in New York State including by licensed mental health professionals and is thus a real problem that warrants legislation. The subjects of conversion therapy at our forum reported that it was ineffective and degrading, resulting in numerous negative outcomes, including depression and suicidal thoughts. We also learned that the unanimous consensus among major mental health professional associations, including the American Psychological and American Psychiatric Associations, collaborated the anecdotal evidence from subjects that the practice poses harmful and potentially life-threatening risks particularly to

minors. The American Psychological Association, for instance, finds that conversion therapy victims face 8.9 times the rate of suicidal ideation than general population. Mental health professionals and legal experts agree that legislation prohibiting licensed mental health professionals from engaging in conversion therapy with minors is inappropriate and necessary use of New York State's ability to regulate professional conduct. California, Oregon, Vermont, New Jersey, Illinois, and the District of Columbia have now all passed legislation with bipartisan support banning this deleterious practice on minors. New York has also made strides. I was extremely grateful for Governor Cuomo's use of his Executive Authority in February of 2016 to cut off state support for conversion therapy through a series of multi-agency regulations to ban public and private healthcare insurers from covering the practice, and to prohibit mental health facilities under jurisdiction across the state from conducting the practice on individuals under 18 years of age. None the less, conversion therapy remains legal in New York State. While admirable, Governor Cuomo's actions will only have a small impact on the scope of

conversion therapy as most practitioners operate underground and do not openly apply for state support such as Medicaid reimbursements. My bill would go further than the Governor's actions by classifying the practice of sexual orientation change efforts upon minors as professional misconduct, which is punishable by the Board of Regents under the New York State Education Law. Penalties range from censure to suspension or revocation of a license to a civil penalty of up to 10,000 dollars. Only by making this bill a law will we finally see the end of the shameful practice in New York State, and thus, I urge the adoption of Resolution Number 130A before you today. Moreover, while the American Psychological and American Psychiatric Associations have already been instrumental in calling attention to the ineffective and disastrous effects of conversion therapy, they can go further by classifying the practice as unethical, and thus, making healthcare providers who engage in the practice subject to professional sanctions. The ascendency of a stridently anti-LGBT federal administration heightens the needs to take state and organizational action to curtail conversion therapy and signal support for LGBT youth. Incoming

Vice President Mike Pence has openly supported the use of federal funding to treat people seeking to change their sexual behavior, and the family of Secretary Education nominee Betsy Devos has given hundreds of thousands of dollars to advocacy groups that champion the practice. The election of Donald Trump has also ushered in a wave of hate crimes targeting the LGBT community. The Southern Poverty Law Center reported 867 hate incidents in the 10 days following the election, 11 percent of which were anti-LGBT. Bringing conversion therapy to an end once and for all will send a positive message to LGBT youth amidst an otherwise hostile anti-LGBT climate, especially for transgender youth in the absence of the Gender Expression Nondiscrimination Act. I respectfully ask my colleagues in the City Council to support today's resolutions sponsored by Council Member Dromm. I appreciate your time and consideration, and thank you again for the opportunity to comment.

THOMAS WEBER: Hello, Council Members. Thank you very much for this hearing and also for support of the LGBT community. My name is Thomas Weber. I'm Director of Care Management at SAGE.

SAGE is the country's first and largest organization dedicated to improving the lives of LGBT older adults. I think you probably all know that. Founded here in New York City in 1978, SAGE has provided comprehensive social services and programs to HIV-positive and LGBT older people for nearly four decades, including through our five LGBT welcoming senior centers across the City which have been funded through the Council. Thank you again for that. SAGE's services are so important to LGBT older adults because they face compounded challenges of age and they are twice as likely to live alone, half as likely to be partnered, and half as likely to have close relatives to call for help, and more than four times more likely to have no children to help them than heterosexual counterparts. As a result of these thin support networks, many LGBT older people have nobody to rely on. In fact, nearly 25 percent of LGBT older adults have no one to call in case of an emergency. LGBT older people are more likely to face discrimination around their sexual orientation and gender identity when accessing healthcare, social services or mainstream senior centers, which was mentioned before. Yet, they are among the most in

need of care, as they have few places to turn. All this leads to severe isolation among LGBT older people, already a concern among all seniors, and deepened experiences of isolation puts LGBT older people at greater risk for physical and mental health issues. Depression is the most prevalent mental health problem among all older adults. Recent CDC behavioral risk factors surveillance data indicated that among adults age 50 or older, 7.7 percent reported current depression and 15.7 percent reported a lifetime diagnosis of depression. Also, according to the National Council on Alcoholism and Drug Dependence, by the year 2020, the number of persons needing treatment for drug abuse and addiction will double among persons age 50 or older. LGBT elders disproportionately grapple with mental health issues. According to a 2011 national health study of LGBT people, more than half the respondents have been told by a doctor that they have depression. Thirty-nine percent have seriously thought of suicide, and 53 percent feel isolated from others. This is historically higher than the general population, and further, when compared to their sis-gender and heterosexual peers, LGBT populations have high rates

of tobacco, alcohol and other drug use, which has already been mentioned here. These statistics mirror SAGE's experience working directly with LGBT older people. What we've seen in the last years is a dramatic rise in the demonstrated need for mental health services among LGBT older people in New York City. In the past year, SAGE has administered 269 depression, alcohol and drug screenings, far exceeding the 175 screenings that were funded to do through the New York City Geriatric Mental Health initiative. Of those, 20 percent were referred for mental health treatment, a staggeringly high number, and there's not a lot of providers for those folks, by the way. Here in New York City, geriatric mental health services are limited and these services are even scarcer for our folks than they are for-- as main stream providers typically lack cultural competence, which we've also talked about here. And LGBT age and cultural competence is a little different than LGBT cultural competence in general. This Geriatric Mental Health Initiative is currently the only city government funding we have for mental health services at SAGE. And aside from the Geriatric Mental Health Initiative, we don't receive

any other government funding, nor are we qualified to receive some of the Thrive funding. Some of it was used to enhance existing DFTA contracts. Those contract are for case management programs which are decided by geography, so we were absolutely excluded from them just as an LGBT organization, because we can't have geography-based contracts. We're a citywide organization, and we don't comprise a majority in any area of the city. Other Thrive funds that were designated for aging populations are giant contracts, and I wanted to just echo the words of somebody else earlier who talked about CBO's not being involved in the creation of these contracts. Many of the other Geriatric Mental Health Initiative contractees [sic] were not eligible for these funds either. So, it has become strikingly clear these resources are not enough, and immediate additional resources such as mental health training, professionalized staff and opportunities to screen for mental illness and substance abuse are required to address this compounding need. This is why SAGE supports this legislation, and we want to thank you for this opportunity to provide this testimony and the recommendations surrounding mental health needs

of LGBT older adults. With the new administration in Washington, we at SAGE are doubling down on our commitment to serve our vulnerable LGBT elders, and we are greatly for our partnership with the New York City Council. We hope that the Mental Health Committee and other members of the City Council will support this legislation and deepen its support to meet the needs of LGBT older adults who are most at risk and prioritize their need to age in place safely and with culturally competent mental health services. Thank you to the City Council for your continued commitment to our city's LGBT elders. Two more things I want to say really quickly. In Doctor Belkin's testimony he mentioned that there's a CBS Board with an LGBT subcommittee that's having a meeting later this month, and I would like to request that SAGE be invited to that meeting. And when he mentioned earlier some of the LGBT organizations that gave input into ThriveNYC, none of them were aging providers. So, thank you.

CHRISTIAN HUYGEN: Good afternoon. My name is Doctor Christian Huygen. I'm a licensed Clinical Psychologist, and for the past 14 years I have served as the Executive Director of Rainbow

Heights Club. We provide peer-based LGBTQ affirming mental health services to adults who are living with mental illness. We provide those services entirely free of charge, and we serve 75 percent people of color. As Doctor Gary Belkin mentioned in his testimony, we are partly supported by a contract within New York City Department of Health and Mental Hygiene. I strongly support Introduction 1225 because as we've heard many times today, the needs of LGBTQ people living with mental illness are not currently being met. We've heard a lot about the disparities that they experience. We've heard a lot about the fact that ThriveNYC contains no specific recommendations or initiatives to address those needs. What we haven't heard about and what I would like to focus on is the enormous cost to New York City and New York City taxpayers of failing to plan for and provide services that meet the needs of this population. Over the past 14 years, Rainbow Heights Club's affirming services have kept 90 percent of our clients out of the hospital and in the community every year, and since a one-year psychiatric hospitalization costs New York taxpayers over 300,000 dollars, this potential cost savings of actually

meeting their needs and providing services that allow them to stay out of the hospital are enormous. The system needs a plan to meet LGBTQ people's needs, and it doesn't currently have one. The ThriveNYC roadmap was a bitter disappointment to me. I came to listening forums. I provided spoken testimony. I've provided written recommendations, and they didn't make it into the roadmaps. So, I think we need to do better than that, and I think that demonstrates the importance of legislative prompting to make that happen. To end on a positive note, I do want to mention that I spoke with Doctor Myla Harrison, the Assistant Commissioner of Mental Hygiene at DOHMH recently about my concerns. We had a very productive conversation. I really appreciate that. Thank you for your consideration of all of our testimonies today, and I did want to mention in regard to a question that you had asked, because I have a few seconds left. Rainbow Heights Club is a member of the LGBT Health and Human Services Network, which is a statewide network of agencies that actually in 2009 conducted a statewide needs assessment of the health and human service needs of LGBT New Yorkers. A number of people have actually cited data from that

report, and then the next year they issued a blueprint of specific recommendations to meet those identified needs with legislation, policy and funding. So, those documents are publicly available on the internet, actually, at the Center's website, because they currently administer it, and actually just last year they completed a new updated statewide needs assessment. So, there's a lot of information that's already been done. There's a lot of recommendations out there. I would like to see them implemented in New York City. Thank you.

CHAIRPERSON COHEN: I do want to thank you all for your testimony. You know, thinking as the panels were going through, I've been to Hetrick-Martin. I've been to the Center. I've been to SAGE. I've been invited to the Rainbow Heights Club and I've never come, so I'm going to make it a point in 2017 to do that. And you don't have any questions? I'm going to thank everyone again for their testimony, and this is going to conclude our hearing. Thank you.

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 January 19, 2017