CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

THE COMMITTEE ON CHILDREN AND YOUTH, JOINTLY WITH THE COMMITTEE ON MENTAL HEALTH AND SUBSTANCE USE, AND THE COMMITTEE ON OVERSIGHT & INVESTIGATIONS

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Tuesday, April 21, 2026
Start: 1:09 P.M.
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HELD AT: Council Chambers - City Hall

B E F O R E: Althea V. Stevens, Chair
Tiffany L. Cabán, Chair
Shekar Krishnan, Chair

COUNCIL MEMBERS:

Shirley Aldebol
Joann Ariola
David M. Carr
Simcha Felder
Ty Hankerson
Rita C. Joseph
Linda Lee
Chi A. Ossé
Kevin C. Riley
Sandra Ung
Nantasha M. Williams
Susan Zhuang

Other Council Members Attending: De La Rosa

THE COMMITTEE ON CHILDREN AND YOUTH, JOINTLY WITH
THE COMMITTEE ON MENTAL HEALTH AND SUBSTANCE USE,
AND THE COMMITTEE ON OVERSIGHT & INVESTIGATIONS

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

Dr. Jorge Petit,
Executive Deputy Commissioner and Director of Community Services for the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene (DOHMH)

Marnie Davidoff,
Assistant Commissioner of the Bureau of Children, Youth, and Families and Developmental Disabilities at the Health Department

Darryl Rattray,
Deputy Commissioner of Strategic Partnerships at NYC Department of Youth and Community Development (DYCD)

Valerie Mulligan,
Deputy Commissioner for Workforce Connect in the New York City Department of Youth and Community Development (DYCD)

Adria Cruz,
Deputy Director of Health Programs and Integration at Children's Aid

Jasiyah Gilbert,
Client and Community Engagement Manager at the Legal Aid Society Juvenile Rights Practice

Talia Kamran,
Staff Attorney
Brooklyn Defender Services

Cassandra Kelly,
Policy Attorney at the Legal Aid Society

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AND THE COMMITTEE ON OVERSIGHT & INVESTIGATIONS

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

Mathew Brodwith,
Community Organizer with Legal Aid,
Community Justice Unit

Cherokee Dickens,
Executive Director of
We The People, 4 The People By The People

Karen Rogel,
Director of Strategic Initiatives at Literacy Inc. (LINC)

Melissa Hunte,
Social Work Manager at "I Have A Dream" Foundation

Paula Magnus,
President of the Northside Center for Child Development, Inc.

Susanne Duque,
FDNY EMS, Lieutenant with NYC B-HEARD, Mental Health Response Unit

Walter Adler,
Hospital-Based 911 Paramedic, The Emergency Medical Services Public Advocacy Council (EMSPAC)

Troy Lee,
New York City, Paramedic, The Emergency Medical Services Public Advocacy Council (EMSPAC)

Davene Roseborough,
Parent Advocate with the Center for Family Representation (CFR)

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

Alena Aguilar,
Senior social worker with the Center for Family Representation (CFR)

Dana Rachlin,
Co-Founder of We Build the Block

Annie Minguez Garcia,
Vice President at Good Shepherd Services

SERGEANT MARINO: This is a microphone for the Committee on Mental Health and Substance Use, jointly with the Committee on Oversight and Investigations, and Children and Youth, recorded by James Marino in the Chambers, on April 21, 2026.

SERGEANT AT ARMS: Good afternoon. Welcome to the New York City Council hearing for the Committee on Children and Youth, along with Mental Health and Substance Use, and oversight investigation. Please silence all cell phones and electronic devices. Moving forward, no one is to approach the dais. Chairs, we are ready to begin.

CHAIRPERSON STEVENS: Good afternoon. I'm Council Member Althea Stevens, Chair of the New York City Council Committee on Children and Youth.

I would like to thank Chair Cabán and Chair Krishnan for joining this important joint hearing on: Oversight - The Effects of Social Media and Screen Time on Youth Mental Health.

We will also be hearing the following legislation:

Intro 450, sponsored by me, which prohibits social media companies from allowing youth to use social media for more than one hour per day

unless waived by a parent or guardian. Additionally, social media companies would be prohibited from promoting targeted advertisements or content to youth.

Intro 451, also sponsored by me, will require DYCD (Department of Youth and Community Development) in consultation with DOHMH (Department of Health and Mental Hygiene) to report on the effects that social media has on mental health for youth.

Intro 660, sponsored by Deputy Speaker Williams, will require DYCD, in collaboration with the Director of the Mayor's Office for Neighborhood Safety, to study in-person altercations among individuals under 24 years of age who attend programs funded by DYCD.

Intro 801, sponsored by me, will require DYCD to include within its Summer Youth Employment Program an apprenticeship, internship, and credit-bearing opportunities for summer youth in the childhood and early childhood education sectors.

Today's hearing comes at a time when there is a growing concern both nationally and here

in New York City about the well-being of our young people.

Data from the Department of Health and Mental Hygiene and the US Surgeon General point to the troubling rise in anxiety, depression, and feelings of hopelessness among youth over the past decade. At the time, social media use has become normal, nearly universal among teenagers, and increasingly common among young children.

The research began by suggesting a clear association between social media usage and negative mental health outcomes when it comes to factors like cyberbullying, social compromise, and sleep deprivation. At the same time, it is important to acknowledge that this relationship is complex. The evidence does not establish caution, and many young people report that social media also provides meaningful benefits, connections to community, and opportunities for self-expression. The complexities should guide our approach.

The goal of today's hearing is to better understand the addictive patterns and to assess how the City can respond in a way that is thoughtful,

evidence-based, and grounded in the real experience of young people.

New York City has already taken a number of steps in this space. From the launch of Teenspace to the expansion of school-based mental health services to the development of community-based interventions like EASE (Explore Early Adolescent Skills for Emotions), the City has made meaningful investments in youth mental health. At this time, we must examine how effective those programs are in reaching young people, where gaps remain, and how we can strengthen coordination across agencies.

We are also considering several pieces of legislation today that seek to address different aspects of this issue, ranging from restricting social media use among youth to improving relevant data and reporting on social media impact. Those proposals raise important questions about the implementation, enforcement, privacy, and effectiveness, and today's hearing is an opportunity to explore those questions in depth.

Ultimately, our responsibility is to ensure that New York City is doing everything it can to support mental health and the well-being of its

young people. This means investing in digital literacy, expanding access to mental health supports, and guiding family and caregivers to promote safe and responsible use of digital platforms.

I look forward to hearing from agency partners and stakeholders today, and to working collaboratively to identify solutions that both partially affect and impact.

I would like to thank our staff, our Senior Policy Analyst Elizabeth Arzt, and our Senior Committee Counsel, Rie Ogasawara, for their hard work in preparing for this hearing. I would also like to recognize my entire team back at the district office, District 16, and Greer Mayhew, my Deputy Chief of Staff.

Now I'll turn it over to Chair Cabán for her opening statement.

CHAIRPERSON CABÁN: Thank you, Chair. I've been waiting to co-chair with you.

CHAIRPERSON STEVENS: I know! This is our first hearing together and with Krishnan! We haven't had a joint hearing in four years.

CHAIRPERSON CABÁN: Good afternoon, all. My name is Council Member Tiffany Cabán, Chair of the

New York City Council's Committee on Mental Health and Substance Use. I want to thank Chair Stevens and Chair Krishnan, as well as everybody joining us today, the Administration, researchers, clinicians, advocates, educators, and young people--after school, and families who are here to help us understand better the rapidly evolving relationship between social media use and youth mental health in New York City.

It's no secret that the landscape young people are growing up in is fundamentally different from it was even a decade ago. Social media is no longer just a tool for connection. It's an environment where identity is shaped, where relationships are formed and fractured, and where attention itself has become a commodity. And while that environment can offer meaningful opportunities for connection and expression, we also must be honest about its harms, particularly for young people. A

And those harms are not evenly distributed—Black and Latino youth, LGBTQIA+ youth, immigrant youth, youth with disabilities, and young people experiencing housing instability or poverty often face disproportionate exposure to cyberbullying,

targeted harassment, exploitation, and identity-based stress online. And for many, social media is not simply a space of comparison or distraction. It's a space where they are actively surveilled, marginalized, or attacked. And these experiences have measurable consequences for anxiety, for depression, for self esteem, and a sense of safety. And at the same time, youth who are already carrying the weight of structural inequities offline are often the most dependent on digital spaces for social connection, affirmation, and survival. And that tension between harm and necessity has to shape how we think about policy responses. And it's clear that the mental health impacts of social media use are real. Clinical research increasingly points to the association between heavy and compulsive use of social platforms and symptoms consistent with addiction. Clinicians are reporting increased sleep disruption linked to late night device use with downstream effects on mood disorders, academic performance, and physical health. And the CDC has already documented that most adolescents are not meeting recommended sleep thresholds, and social media use is a contributing factor. And the thing I will continue to say about

sleep thresholds is that it is incredibly dangerous. To be sleep deprived and the effects on your brain can't be reversed.

We also have to confront how rapidly the information ecosystem itself is changing, misinformation and disinformation (INAUDIBLE) at scale, often amplified by systems optimized for engagement rather than accuracy. And with the rise of AI-generated content, we are entering a new phase where the line between authentic and synthetic material is increasingly-- (CROSS-TALK)

CHAIRPERSON STEVENS: I mean, sometimes I don't know the difference.

CHAIRPERSON CABÁN: I know, yeah, (INAUDIBLE)

And at the same time, it would be irresponsible to treat social media as solely a source of harm, because for many young people, especially those who are isolated due to geography, disability, family rejection, and other circumstances, these platforms provide lifelines of connection. Queer youth, for example, often find affirming communities online that are unavailable in their immediate environments. Immigrant youth and

English language learners use digital spaces to maintain cultural ties and access information in their own languages, and across movements for racial justice, climate action, and labor organizing. Social media has been a powerful tool for civic engagement and collective action.

So ultimately, this hearing is about clarity and responsibility. Clarity about what the evidence tells us and responsibility to act on it without minimizing harm or overstating certainty where the science is still emerging.

Our young people are navigating a digital environment that is powerful, it's persuasive, and it's persistent. And they deserve policies that reflect that reality in full—its harms, its benefits, and the profound inequities, and how those impacts are experienced.

So I look forward to the testimony today, to working together to ensure that our response is grounded in public health, equity, and the lived experiences of the youth that we serve. So thank you, and I'll turn the mic back to Chair Stevens.

CHAIRPERSON STEVENS: Thank you, Chair Cabán.

I would also like to recognize Council Member Hankerson, Council Member De La Rosa, Minority Leader Carr, and Council Member Ariola on Zoom.

I will turn it over to Chair Krishnan.

CHAIRPERSON KRISHNAN: Thank you so much, Chair Stevens. Good afternoon, everyone.

I am Council Member Shekar Krishnan, Chair of the Committee on Oversight and Investigations. I want to thank Council Member Althea Stevens, Chair of the Committee on Children and Youth, and Council Member Tiffany Cabán, Chair of the Committee on Mental Health and Substance Use, for co-chairing—our first time —co-chairing a hearing together, and for their unwavering leadership on this issue.

I'd also like to thank the representatives of the Administration, members of the public, and my Council colleagues who have joined us here today.

We are here today to examine the effects of social media and screen time on our young people's mental health. Our current market is unchecked and

unregulated, leaving social media companies able and eager to keep our youth on social media for longer periods of time by pushing content that forces their attention. Increasingly, that content is violent news, dangerous trends, and fueling feelings of isolation and anxiety with never ending scrolling and read receipts.

I'd like to show you today exactly what our young people are seeing on social media every day.

(VIDEO, DIALOGUE, AND MUSIC BEGIN)

CHAIRPERSON KRISHNAN: What we just saw is 100% caused by the greed of social media companies like Instagram, X, TikTok, and Snapchat. Our kids are being fed dangerous trends, encouraging them to choke themselves until they black out, criticize their friends and highlight their insecurities, and participate in games that manipulate them into self-harm and suicide. The endless scroll and need to go viral are feeding our children's insecurities, encouraging bullying, and telling them that in order to make friends, they need to risk their lives.

The CEOs who have front row seats at Donald Trump's inauguration are given unchecked power

to buy our children's attention spans, sell them dangerous trends from subway surfing to thigh gaps, and profit from an unchecked and unregulated market.

Social psychologists, like Jonathan Haidt, have long sounded the alarm on the collapse of child and adolescent mental health across the globe, as a result of the shift from play and independence to screens and social media.

Today's hearing will examine how we are losing the power struggle at a critical moment in our digital era. The social media crisis we face is the crisis of this era, of this generation of youth. And today, we will learn if New York City is prepared to regulate these unchecked markets for our youth. How can we keep our children safe from harmful and aggressive algorithms? We must take back our power from these billion-dollar social media companies and protect our youth.

The City has now taken a critical step by suing four companies: TikTok, Instagram, Facebook, and Snapchat. And the lawsuit alleges that the companies deliberately designed, marketed, and distributed their platforms to maximize engagement among children. They use algorithms to drive

addiction, endless scrolls, strategically timed notifications, snap streaks, and read notifications that all exploit adolescent psychology. That lawsuit, just like with Big Tobacco, talks about social media and its harms being a public nuisance.

But we must do more. Governments around the world are taking action. In December, Australia instituted a social media ban for children under the age of 16. Last month, the Indonesian government announced that they are doing the same. Sweden is also pursuing similar regulations, telling the EU that we are losing an entire generation and we need to move forward fast.

We must find a way to regulate these profit-driven, billion-dollar social media companies. We need to protect young people from the harm of excessive screen time and social media use that they have far too easy access to, literally every single hour of the day.

Before I conclude, I would like to thank the following Council staff for their work on this hearing. From our Oversight Investigations Committee staff, Nicole Catá, Erica Cohen, Alex Yablon, and Owen Kotowski, and from my team, Chanel Martinez,

Hunter Divinagracia, and Victoria Opperman. And thank you to everyone across the three committees who are working hard to make this hearing run smoothly and be a success. I will now turn it over to my co-chair, Council Member Stevens. Thank you.

CHAIRPERSON STEVENS: Thank you, Chair Krishnan.

Lastly, our Deputy Speaker, Nantasha Williams, was unable to join us, but she does have a bill that's being heard today, and I will read a statement from her.

"Thank you to the Chairs for hearing this bill," she's saying thank you to me. I'll take it. "Across our communities, we are seeing conflict involving young people taking shape in new ways, often beginning online before escalating into in-person harm.

Introduction, 660 takes an important step by asking the Department of Youth and Community Development, in coordination with the Mayor's Office of Neighborhood Safety, to understand better how those incidents develop and how the City can respond more effectively. I also want to acknowledge that many have raised concerns about this bill,

particularly around the issue of surveillance. Those concerns are valid, and I share many of them. The goal is to ensure that the City is better equipped to develop a thoughtful, community-centered response, and that will require meaningful amendments, which I fully support. This moment calls for us not only to study those patterns, but to begin building a more intentional strategy around prevention. This includes exploring how city agencies and partners, especially those within the crisis management system, can invest in a plan for online interpretation as part of the modern violence prevention approach.

We know that much of today's conflict is happening in the digital space. Our response should reflect that reality by equipping trusted, credible messengers with the tools and support they need to engage early before situations escalate offline.

While some communities and organizations are beginning to pilot this work, it must be expanded, properly resourced, and scaled to meet the need. This is about evolving our approach. It's about assuring our system is aligned with how young people are actually interacting today, and positioning the

city to intervene sooner, more effectively, and with greater consistency.

We owe it to our young people and their families to be proactive, informed, and forward thinking in how we can prevent harm, not just respond to it."

That is all. So with that, I turn it over to the committee staff to swear in the Administration and for them to provide testimony. Thank you.

Oh, we've also been joined by Council Member Lee.

COMMITTEE COUNSEL: Thank you, Chair. We will now hear testimony from the Administration. Before we begin, I will administer the affirmation. Panelists, please raise your right hand. I will read the affirmation once, then call on each of you individually to respond.

Do you affirm to tell the truth, the whole truth, and nothing but the truth in front of this committee and to respond honestly to Council Member questions?

PANEL: (UN-MIC'D) (INAUDIBLE)

COMMITTEE COUNSEL: Thank you.

DEPUTY COMMISSIONER PETIT: Good afternoon, Chair Stevens, Chair Cabán, and Chair Krishnan, and Members of the committees. I am Dr. Jorge Petit, Executive Deputy Commissioner and Director of Community Services for the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene.

I am joined today by Marnie Davidoff, Assistant Commissioner for Children, Youth, Families, and Intellectual Developmental Disabilities, and colleagues from the Department of Youth and Community Development. Thank you for the opportunity to testify today.

This is my second week on the job, having started at the Health Department just last week. I come to this hearing...

ALL: (LAUGHTER)

DEPUTY COMMISSIONER PETIT: So I come to this hearing with more than 30 years of experience in public behavioral health as a community psychiatrist and a physician leader with deep personal connections to the communities we serve. I previously served at this very agency as Associate Commissioner for the Division of Mental Hygiene from 2004-2007, and I'm

honored to return in this new capacity under Commissioner Dr. Alistair Martin.

I'm also a father. Watching my own sons navigate a world shaped by social media has given me a ground level view of what our data reflects: that the pressures young people face today are real, relentless, and deserve our full attention as public health leaders and as a city.

Adolescence is a pivotal period for developing the social and emotional habits that shape mental health and well-being. When children and youth have good mental health, they are empowered to realize their abilities, have fulfilling relationships, learn and work productively, and engage with their communities.

Before I speak to what we currently know about the relationship between social media and mental health, I will first describe the Health Department's work to promote and protect youth mental health broadly.

We strive for a city where all children, youth, families, and communities have equitable access to the conditions, opportunities, resources, and care they need for good mental health. Beyond

treating a young person's mental health needs, we must also holistically support them to help them achieve their goals and live fulfilling lives. We advanced this vision by providing public health surveillance and insights, supporting a continuum of services, and providing technical assistance and guidance to our providers and communities. This includes behavioral health supports across the lifespan, from our perinatal mental health clinics to our program supporting young adults with serious mental illness to live full, meaningful lives. As the local government unit for youth mental health services in the city, we play a pivotal role in understanding, shaping, and overseeing this landscape.

Public health research and surveillance allow us to glean insights into the state of youth mental health in our city. Unfortunately, many youth in New York City are reporting symptoms associated with poor mental health. In an Epi Data Briefs we published this month, approximately 35% of public high school students said they felt sad or hopeless for more than two weeks in the past 12 months. While we are encouraged that this is slightly lower than

the 38% reported in 2021, we see troubling inequities among youth by race and ethnicity, sexual orientation, and gender identity.

High school students who identify as female were more likely to have felt sad or hopeless than males—45% to 26%; Latino youth were more likely than white youth to have felt sad or hopeless—41% to 33%; LGBTQ youth report feeling sad or hopeless compared to their non LGBTQ youth— 49% to 31%.

Another Epi Data Briefs, published in September, reported that suicide related behaviors have increased among New York City Public High School students between 2013 and 2023. We are very concerned with this trend, along with the stark inequities by race and ethnicity, sexual orientation, and gender identity, which we again observed.

In 2023, public high school students who identified as Black, Latino, or multi-race were more likely than white students to report suicidal ideation—35% of public high school students who identified as gay or lesbian reported suicidal ideation in 2023, compared to 12% of heterosexual students.

This is painful information to hear. These are our families, our children, and our lives. While this is difficult to share, it is critical to do so with the public, advocates, our government partners, and council so we can work on solutions together.

That brings me to the wide range of mental health services and supports that the Health Department provides for our City's children and youth. We work closely with the State Office of Mental Health, community-based organizations, and providers to administer a robust array of youth-focused mental health services across our city.

The Health Department's programs cover crisis intervention, suicide prevention, school-based mental health clinics, care coordination, family support, and more. We contract Children's Mobile Crisis Teams, home-based crisis intervention programs, and family-based crisis assessment and stabilization services. Our Caring Transitions program provides support to youth who have been hospitalized or seen at an emergency department for suicidal behavior within 24 hours, and for up to three months following discharge. Repeat suicide

attempts are greatest within 30 days following discharge, so this provides followup care during this critical time frame. And of course, 988 is a resource for every New Yorker, including our youth and children.

The Health Department also provides an array of non-clinical resources to assist youth and families in building community, emotional support, skills, and connections to resources. Our Family and Youth Peer Support Program empowers and supports parents and caregivers, as well as children and youth experiencing social, emotional, developmental, substance use, or behavioral challenges. This network consists of partner organizations in each borough that provide an array of services, such as emotional support, assistance in navigating child-serving systems, information on mental health conditions and family rights, referrals to appropriate services and resources, skills development, and recreational activities. All services are free and available for direct access. We also have Adolescent Skills Centers, which provide a range of strengths-based integrated services to address educational, vocational, and social-emotional needs of youth with

Serious Mental Illness. Additionally, our technical assistance programs, such as Strong Families and Building Resilience in Youth, help community-based organizations build mental health awareness, counseling skills, and referral pathways.

Paramount to the success of these programs is the ability to center youth voices. This year marks the second year of our Youth Committee on Mental Health, where 23 young people between the ages of 15 and 24, representing all five boroughs, come together monthly to inform the programming, policies, and strategies of our youth mental health work. The subcommittees of this group include Suicide Prevention, Crisis Prevention and Services for Youth, and Social Media's Impact on Mental Health Group.

I'll now speak to what we currently know about the relationship between social media and youth mental health, and the guidance we provide to help families and communities navigate it.

Social media, as you have said, is increasingly shaping the lives of young people. There are some clear and observable ways in which the mental health of children and teenagers is impacted by social media. Some of these impacts show up in the

data, while others show up in our everyday lives as parents, caregivers, and educators.

It's important to recognize that social media may have some positive impacts and ensure that we preserve those effects. Among teens, 12% say social media has a positive impact on their mental health, and 4% say it has a negative impact on their mental health. The majority of teens (58%) believe social media has both a positive and negative impact on their mental health.

At the same time, between 2013 and 2023, there was an increase from 27% to 35% of public high school students who reported feeling sad or hopeless. Teens who used social media several times a day, or more than once an hour, were significantly more likely to feel sad or hopeless compared with teens who did not use social media.

In 2023, we released a special report on social media and youth mental health to publish the findings from a one-time deep dive into this topic. Following this analysis, we issued guidance for parents, caregivers, and leaders of youth-serving organizations to reduce the harm social media can pose to young people. It includes information to

empower social media skill development, reduce exposure to harmful content, and advocate to make social media less harmful.

As a city, we cannot limit our response to education and guidance alone. The Health Department has called on social media platforms to implement stronger default protections for minors, including limits on algorithmic amplification of harmful content, robust age-appropriate design standards, and meaningful transparency in how content is curated for young users. We have also urged our federal and state partners to advance legislative frameworks that hold platforms accountable and invest in the research infrastructure needed to understand and address the long-term mental health impacts of social media on our kids. We are pleased that New York State took steps on the Safe for Kids Act. We are also supportive of efforts at the federal level, including the Kids Online Safety Act (KOSA), which aims to strengthen protections and accountability for minors online.

With that, I'll turn to Introduction 451, which relates to reporting on the effects that social media has on youth mental health.

The Health Department appreciates the Council's interest in this important topic affecting young people, not only in this city but across the world. We think it is important to understand the effects of social media on youth, which we have begun doing through the biennial Youth Risk Behavior Survey. The YRBS provides us with data we've used to inform our programming and creates a snapshot of the landscape around youth mental health more broadly. We would like to discuss this work with the Council and how we can meet the goal of providing more information to the public that is actionable and rooted in behavioral health science.

My colleagues from the Department of Youth and Community Development will speak to other pieces of legislation before the committees today.

The Health Department is deeply committed to promoting youth mental health and assisting families in navigating mental health challenges, including those associated with social media. I also want to thank our partner providers who carry out this important and challenging work every single day.

Thank you for the opportunity to testify today. I look forward to answering your questions.

CHAIRPERSON STEVENS: Thank you for that. At this time, I am going to pass it over to Chair Cabán to begin her line of questioning.

CHAIRPERSON CABÁN: Thank you, and thank you for being here. I'm going to question just for a little bit and pass it back. So I know we have colleagues here who have questions as well.

I was going to first ask what the most common impacts of social media addiction on users' physical and mental health are. But you did a nice job, I think, articulating that in your testimony that you just gave.

So I'll follow up by asking if, in recent years, we know that there are these studies that have shown that youth screen time is nearing or surpassing an average of eight hours a day.

So, can you speak to the larger mental and physical health impacts that such prolonged use of devices and social networking apps can have?

ASSISTANT COMMISSIONER DAVIDOFF: Hi, good afternoon. My name is Marnie Davidoff, Assistant Commissioner of the Bureau of Children, Youth, and Families and Developmental Disabilities at the Health Department.

What we have seen is that there is a correlation between length of time on social media and mental health outcomes. But also, you know, research we're seeing suggests that, potentially even more important than the amount of time on screens, is how youth are using their time on screens. So what type of activities they are engaged in, and whether those are more active or more passive activities, really can have an impact on whether it is affecting their mental health (INAUDIBLE)... (CROSS-TALK)

CHAIRPERSON CABÁN: Can you give an example of, can you bear out sort of like, active, restorative, and... (INAUDIBLE) (CROSS-TALK)

ASSISTANT COMMISSIONER DAVIDOFF: Yeah, sure, yes, I would be happy to.

So a more active, goal-directed use, you know, would be participating in interest-based communities, right? If someone is very into art or literature, you know, whatever it is, sports, whatever they're into, you know, and being part of a community that has a similar interest, right? Even creating content, I know which, you know, those of us who are not teens may have thoughts about, but you know, and those have been associated with more

positive mental health outcomes, whereas passive consumption—scrolling through curated feeds, you know, things that are going to induce social comparison, uh, exposure to the idealized content, where youth are comparing themselves to fictionalized versions of other, you know, others lives, right? That is more consistently linked to depression, anxiety, body image, etcetera. So some of the harms we're hoping to avoid.

CHAIRPERSON CABÁN: Thank you. And can you provide a clinical overview of the similarities and differences between social media addiction and substance-based addiction or substance use disorder?

(PAUSE)

DEPUTY COMMISSIONER PETIT: Sorry about that. I'll get the hang of it. All right.

So again, it's really important to be able to differentiate this. And I think, you know, as a clinician, a behavioral health leader, I approach the topic through a lens of public health and the systems of care. And we do know that, you know, these digital platforms that are deeply embedded in the lives of our children and shape how they communicate, you know, form identity, experience the world. We

know that there are some benefits. But we also know that there are a whole bunch of behavioral aspects to this that are on the spectrum. I think it's important to think about that, right? So this goes all the way from, you know, the spectrum that it's a problem all the way to the potential to really cause, you know, significant harm to mental health, their relationships, and responsibilities such as school and academic performance.

So similar to the problem of the use of substances or other behaviors that cause harm, there are a number of factors that influence the development of problematic social media use and compulsive engagement, such as social environmental factors like loneliness or life stressors like engaging in behavior to cope with something else. And while there is training out there for clinicians to treat this issue, widespread screening, referral to care, and systemic expertise are not yet readily available across the board. And addressing any behavioral or problematic behavior, including social media use that might be detrimental ones...

(CROSS-TALK)

CHAIRPERSON CABÁN: Can I ask a quick question about that?

DEPUTY COMMISSIONER PETIT: Yeah.

CHAIRPERSON CABÁN: In terms of it not being widely systemically available. Just to put a finer point on it, the contention is that, you know, the reality of the medical field at this moment is that maybe practitioners who don't have as much experience or training in the area of the topic of social media consumption?

DEPUTY COMMISSIONER PETIT: Right. I don't necessarily think that the field is actually caught up with where we are.

CHAIRPERSON CABÁN: Right.

DEPUTY COMMISSIONER PETIT: And I don't think that as a sector or as medical professionals, or a professional set of disciplines, we have been able to figure out where or how we are going to address this. Even from a perspective of diagnosis, there is no specific diagnosis that looks at problematic social media. Even though there is talk about what that might look like down the road.

So I think that's a bit of an issue. But certainly, the American Academy of Pediatrics and

others have recommended using the term "problematic" rather than "addiction". I do things a little bit less stigmatizing, but it does describe sort of this, you know, addictive-like behavior and functioning that might be impaired because of social media usage. And that could include everything from struggling to limit the use, despite repeated attempts to try, when media use displaces sleep or other health behaviors like exercise or eating, distracting from homework, or becoming excessive or compulsive, the departure from the teen's usual personality and communication style.

And, as a parent of two young adults, I mean, they go through a phase where communication styles are really cramped by a whole bunch of issues, not necessarily just social media. So that's surly, moody stuff happens no matter what.

But showing less empathy, being socially withdrawn, or not listening, which again I think is part and parcel of being an adolescent, experiencing irritability or distress when disconnected, and sort of the fatigue that might come along from more problematic use.

But again, I do want to sort of emphasize that there are some significant positive benefits to social media, and we can't lose sight of that. The majority of kids in New York City, 58%, said that social media had both a positive and a negative impact, but we do know the top responses when asked about how social media makes them feel: it makes them feel connected to their friends, it gives them a place where they can show their creativity, and it gives them a place for community. And we have to think about that in the context of really disconnected, disadvantaged, marginalized populations, uh, that otherwise wouldn't necessarily be able to come together. And 52% feel more accepted and supported.

So, it is important to really keep that in mind.

CHAIRPERSON CABÁN: I have another clarifying question for you because I am not a health expert. But when you talk about the use of the term problematic from a clinical standpoint, and again, I'm coming at this from being a little bit more fluent or familiar with the substance use part of this space, is that a term of art that is different

than chaotic? We often talk about substance use disorder, chaotic substance use. Are these different definitions of that? Are they interchangeable? Like what's...

DEPUTY COMMISSIONER PETIT: I think what we're seeing in the literature is more of a tendency to talk about this as problematic behavior versus using the term addiction.

CHAIRPERSON CABÁN: Okay.

DEPUTY COMMISSIONER PETIT: Even though again, there is some convergence around some of the symptom—profiles that might exist between the two. But again, to conflate one with the other doesn't necessarily make as much sense in the context of this particular issue related to social media.

CHAIRPERSON CABÁN: Okay, thank you.

I'm going to move on to sleep health. The CDC has found that a majority of adolescents aren't getting the recommended eight to 10 hours of sleep per night. And with heavy social media use identified as a key contributing factor, what data does the Administration currently collect on sleep health among New York City youth, if any?

DEPUTY COMMISSIONER PETIT: I will turn it over to the Assistant Commissioner in a second, but again, it is super important. The reality is, if you've got teenage kids, they rarely sleep. And I agree that there may be an impact of social media, but there is a science to this, and we will talk about that in a second.

CHAIRPERSON CABÁN: Yeah.

DEPUTY COMMISSIONER PETIT: But, uh, kind of caveat that.

CHAIRPERSON CABÁN: Yeah, I hear you...

DEPUTY COMMISSIONER PETIT: Adolescence...

CHAIRPERSON CABÁN: I hear you, and at the same time, to use a personal anecdote, I know that sometimes I am losing an hour or two a night, because I got myself caught up in a doom scroll. And it is as an adult who understands that I still have trouble logging off.

DEPUTY COMMISSIONER PETIT: Right.

CHAIRPERSON CABÁN: You know? So, yes/and.

DEPUTY COMMISSIONER PETIT: Yes.

CHAIRPERSON CABÁN: Okay.

ASSISTANT COMMISSIONER DAVIDOFF: Yes, there's a lot of yeses ands in the world of social

media and screen time. Absolutely. So I'm happy to talk about what we collect and what we know so far.

So the Youth Risk Behavior Survey, we refer to this YRBSO, so forgive me if I slip into acronyms. It's a CDC survey, which is conducted on a biennial basis, every two years, in New York City Public High Schools and middle schools. Our most recent survey does include questions on how much sleep youth are getting per night on average. And also where they sleep. And it defines sufficient sleep as eight or more hours on an average school night. That's sort of their threshold.

So we are going to continue to collect data on sleep through the YRBS. And the survey also collects information on social media use. We last issued, we call these EPI Data Briefs, in 2018, which looked at the sleep adequacy of New York City children and adolescents. And what it found was that excessive screen time was correlated with inadequate sleep for children, but actually not for adolescents. So you know, we also have results of... (CROSS-TALK)

CHAIRPERSON CABÁN: Could you talk a little bit about why that is?

ASSISTANT COMMISSIONER DAVIDOFF: You know what? I think it's in part, probably in part, because there are so many factors that are disrupting adolescent sleep. Quite honestly, that is probably a little bit harder to find a correlation just with social media...

CHAIRPERSON CABÁN: I see. (CROSS-TALK)

ASSISTANT COMMISSIONER DAVIDOFF: Again, we don't have data to prove that, but that's just kind of what we would speculate... (CROSS-TALK)

CHAIRPERSON CABÁN: So, a lot more contributing factors?

ASSISTANT COMMISSIONER DAVIDOFF: Yes, that's what would (INAUDIBLE)... (CROSS-TALK)

UNIDENTIFIED: (INAUDIBLE)

CHAIRPERSON CABÁN: Yeah. Yeah. Got it.

ASSISTANT COMMISSIONER DAVIDOFF: Exactly, exactly. Uh... (CROSS-TALK)

CHAIRPERSON CABÁN: Meaning it's harder to isolate?

ASSISTANT COMMISSIONER DAVIDOFF: Yeah, exactly.

CHAIRPERSON CABÁN: Got it.

ASSISTANT COMMISSIONER DAVIDOFF: And then, you know, we have some more recent data from 2021, the same survey, the YRBS, and it showed that among youth who reported spending three or more hours per day on screen time, 77.1% did not get sufficient sleep. And again using that eight hours on school nights threshold. Interestingly, for youth who said they didn't spend they-- spent less than three hours per day on screen time, 72% reported that they did not get sufficient sleep. So it wasn't a huge difference in percentages. For you know, for the youth who reported this.

We're going to continue to look at this issue. Yes, I think it's just as Dr. Petit said, there are a lot of factors with adolescents that are contributing to the inadequate sleep.

CHAIRPERSON CABÁN: Thank you.

I just want to take a moment to acknowledge that we have been joined by Council Member Joseph and Council Member Riley.

CHAIRPERSON CABÁN: And I am going to ask a couple more questions, and then pass it back over to the Chair and our other colleagues.

So the DOHMH Special Report on Social Media impacts identifies disparities in both social media use and parental awareness across income levels. How are the agencies targeting resources for communities with the highest need?

ASSISTANT COMMISSIONER DAVIDOFF: Right. So I think that this has been part of our overall strategy, recognizing the critical importance that both--that education plays, quite honestly, for both the youth themselves and for parents, caregivers, and other caring adults, and the youth lives.

So we have issued two guidance documents. One is aimed at parents and caregivers, and the other is aimed at youth-serving community-based organizations to help them help young people navigate the world of social media in ways that are more health-promoting rather than health-harming.

In addition to that, we have...

CHAIRPERSON CABÁN: Those are the resources, the actual resources...

ASSISTANT COMMISSIONER DAVIDOFF: Yes.

CHAIRPERSON CABÁN: I first want to know about how you are targeting who gets the resources.

ASSISTANT COMMISSIONER DAVIDOFF: Yeah. So they are publicly available. We've been putting them out through social media. We've also been actually recently in collaboration with our partners at DYCD to both present our findings right, our data, to make sure that their staff and their contracted providers for the community-based organizations, that are serving youth, are aware of our findings to understand what resources they're using and what resources they're needing from us so that we can-- and we're working on this now, develop guidance (INAUDIBLE) or resources for them to reach the youth who we want to be reaching. And that's one critical way we're going to be using to ensure that we are, you know, reaching communities we need to reach.

CHAIRPERSON CABÁN: And I am sure Chair Stevens will have more questions related to that.

ASSISTANT COMMISSIONER DAVIDOFF: Mm-Hmm.

CHAIRPERSON CABÁN: So, you identify, you get some resources out there, how are the resources evaluated for effectiveness? What does the feedback loop look like?

ASSISTANT COMMISSIONER DAVIDOFF: I think it is challenging with public health educative

materials to evaluate the impact. I do think that because we are-- a few thoughts on that: I think...

CHAIRPERSON CABÁN: Are you using surveys? Are you asking participants or organizations...

ASSISTANT COMMISSIONER DAVIDOFF: Yes.

CHAIRPERSON CABÁN: (INAUDIBLE) to, like, do surveys or (INAUDIBLE)... (CROSS-TALK)

ASSISTANT COMMISSIONER DAVIDOFF: Right, so I think that the YRBS, yeah, what I was talking about before, does have questions on social media, and social media use and its impact on young people. And that is one way that we can track, over time, what those trends are looking like. And, again, will be able to attribute it exactly to resource guidance, no, but I think there is a variety of things we are doing to try to influence behaviors.

And we also have a Youth Committee on Mental Health...

CHAIRPERSON CABÁN: Right.

ASSISTANT COMMISSIONER DAVIDOFF: which has 23 young people ages 15 to 24, who advise us. Right? And one of the subcommittees that we have formed with them is on social media and its impacts on youth mental health. So they come from across the

boroughs; it is a really amazing group of young people. And they keep us honest. Right? They are telling us what youth are experiencing, what they are seeing, and what they think we should be paying attention to. So that is another really important piece of feedback loop 6ha6 we have.

CHAIRPERSON CABÁN: Okay.

And then my last question for now is just what's being done to scale the strategies across schools and community-based organizations?

ASSISTANT COMMISSIONER DAVIDOFF: So I think again, one of the-- it's a great question because, we need to reach scale, right? And I think that is exactly why we wanted to do some partnership with DYCD, because of the reach that they have into so many communities across New York City.

We are also looking to see how we-- So one of the things that the Youth Committee is advising us on is how we can use our own social media accounts at the Health Department to reach New York City youth with this message.

CHAIRPERSON CABÁN: And say how many kids are far-- How many kids are on your Followers List?

(LAUGHTER)

ASSISTANT COMMISSIONER DAVIDOFF: Right, I hear you, but that's why we need them, right? That's why we need their advice.

CHAIRPERSON CABÁN: Yeah, we need to employ some...

ASSISTANT COMMISSIONER DAVIDOFF: Yeah...

CHAIRPERSON CABÁN: Influencers.

ASSISTANT COMMISSIONER DAVIDOFF: Yeah.

CHAIRPERSON CABÁN: Can the government partner with influencers...

ASSISTANT COMMISSIONER DAVIDOFF: Yeah.

CHAIRPERSON CABÁN: To get some of this information out? You know? That's something to...

CHAIRPERSON STEVENS: (UN-MIC'D) (INAUDIBLE) to go on that...

CHAIRPERSON CABÁN: You know...

ASSISTANT COMMISSIONER DAVIDOFF: We definitely appreciate your thoughts about it, because I think we need an all-out, all hands on deck effort... (CROSS-TALK)

CHAIRPERSON CABÁN: No offense, but they ain't following ya'll.

ASSISTANT COMMISSIONER DAVIDOFF: No, we know! And that's why we are saying to young people, "How can we be more relevant?"

(LAUGHTER)

ASSISTANT COMMISSIONER DAVIDOFF: Right? For sure, we get it. We appreciate that.

CHAIRPERSON STEVENS: Well, thank you, Chair Cabán. I really appreciate that. And I was mumbling over here, I think Council Member Riley has a bill on social media influencers, kind of helping with the promotion of government things. So that is definitely something we should be looking into as well. Because it's true, they're not following any of us. I mean, they might be following me. I don't know.

(LAUGHTER)

CHAIRPERSON STEVENS: But to just jump into some of it, and just a followup question, and just with your Youth Committee for Mental Health, you said it's about 23 young people on this. How often do you guys meet?

ASSISTANT COMMISSIONER DAVIDOFF: So they meet both with us and without us. They actually meet weekly. We're only in our second year, and when we

created it, we didn't envision them meeting that often, but they wanted to meet that often. So...

CHAIRPERSON STEVENS: Do they get stipends or anything for being a part of it?

ASSISTANT COMMISSIONER DAVIDOFF: They do. They do get a stipend. It's a nine-month commitment. We have partners at CUNY who help us support the young people. So when they meet, without the Health Department, they are still meeting with our CUNY partners to support them with their skill development and the projects that they are working on. And the Health Department Staff, we meet with them monthly as well.

CHAIRPERSON STEVENS: I know you said that there was a subcommittee on social media. What were some of the outcomes that the young people came up with in those conversations? And I know obviously, probably giving you critiques on your social media because my Advisory Board does that all the time, which is why they created their own social media page because they said mine was boring.

So what are some of the outcomes that came from these guys?

ASSISTANT COMMISSIONER DAVIDOFF: So our focus this year with them has been on what I was referencing earlier, how we can, knowing that our Health Department is not really reaching as many youth, how can we get this messaging out to young people? So our hope is that-- we're working on some messaging that would be sort of designed by youth for youth, right? That can be pushed out on our accounts and hopefully other accounts as well, maybe cross-posts, you know that youth do follow more regularly.

So we're in the design phase of that right now. We've been brainstorming ideas. We're trying to figure out how to make it current, but they're the ones driving the content. And we're basing it on, you know, we walk them through our research, we walk them through reports. We had them talk about our findings and what types of messages they thought were most important and most relevant for other young people to hear.

CHAIRPERSON STEVENS: I'm going to jump into some questions around NYC Teenspace. In 2023, the City launched Teenspace, a free mental health support program for adolescents aged 13 to 17. Is

this program still operational? If so, what are the gaps in access, particularly for young children under 13 who may not have qualified for a Teenspace?

ASSISTANT COMMISSIONER DAVIDOFF: Thank you for the question. Teenspace is a demonstration project. It's a three-year demonstration project, and it is still operational.

And then the second part of your question is about what you said for the younger, for the youth under 13, right?

CHAIRPERSON STEVENS: Mm-hmm.

ASSISTANT COMMISSIONER DAVIDOFF: The program was designed for adolescents for a variety of reasons. The first is that the data showed that adolescents were experiencing poor mental health outcomes, and we knew that we needed to fill a gap and really try to reach them in different ways.

And we know developmentally that a virtual mental health service is well aligned with the developmental phase that adolescents are in, and can be a little bit more challenging for younger kids.

That said, we have an array of other programs that we support for kids of all ages,

including school-aged, younger kids, and that starting from birth to, you know, our youngest New Yorkers, right, we have our perinatal and early childhood mental health clinics. We have care coordination programs. We've got crisis services. We've got peer services. And have a whole range of other services that are appropriate for...

(CROSS-TALK)

CHAIRPERSON STEVENS: You said they have peer services. What are those services?

ASSISTANT COMMISSIONER DAVIDOFF: Yeah, we've got family and youth peer support services, where we have both family members who themselves have supported a young person with a mental health need and have learned how to navigate the mental health system, and they are there to provide peer support to other parents or caregivers who are going through that now.

Then we have youth who are now a little bit older, they are young adults, who as young people experienced mental health needs, received services, and now they are there to provide peer support to other young people... (CROSS-TALK)

CHAIRPERSON STEVENS: And where do families and young people access that

ASSISTANT COMMISSIONER DAVIDOFF: So we have alliances in every borough where there is a lead. And we have subcontractors and have family, youth peer support that they can access through the alliance, and they can guide them to where to get services throughout their borough.

CHAIRPERSON STEVENS: Hmmm.

ASSISTANT COMMISSIONER DAVIDOFF: So it's citywide, though.

CHAIRPERSON STEVENS: And do those alliances partner with DYCD programming and things like that? Because there are a lot of young people who I am sure could benefit from that, but don't know about it. I'm a Council Member, and I didn't know about this.

ASSISTANT COMMISSIONER DAVIDOFF: Okay.

We're happy to share more information. And we welcome partnership in getting the word out about these services. We should look and see if some of their partnerships are with DYCD providers.

CHAIRPERSON STEVENS: I mean, a lot of these programs are often all overlapped in the same

programs, but then they are not connected if we are not being intentional about it. So I am positive that the list looks very similar, and they probably have at least one DYCD program. So how are we connecting them?

ASSISTANT COMMISSIONER DAVIDOFF: Yes.

CHAIRPERSON STEVENS: And if we don't connect it, it just doesn't happen.

ASSISTANT COMMISSIONER DAVIDOFF: I appreciate your feedback on that. We are happy to look at that.

CHAIRPERSON STEVENS: How many young people have been served through this program since its launch?

ASSISTANT COMMISSIONER DAVIDOFF: You're referring back to Teenspace...

CHAIRPERSON STEVENS: Teenspace, yes.

(PAUSE)

ASSISTANT COMMISSIONER DAVIDOFF: One moment. Forgive me, I have the data, but I just need a moment to locate it.

CHAIRPERSON STEVENS: While you're looking for it, I'm going to jump to DYCD to give you a

couple of minutes to get that together, because I have a couple of questions for them.

How does DYCD currently guide or regulate social media use within its contracted programs? Specifically, are there standardized policies, requirements, including the provider's contract of work scope, for social media use, digital literacy, and youth online safety?

DEPUTY COMMISSIONER RATTRAY: Good afternoon, Chair Stevens.

I do want to start by saying that we thank the Council for your efforts on this. I think we agree that the need to understand the true impact of social media on our young adults is one of the most important things that we can do right now. And I can't even imagine what's happening during the time of adolescent brain development, impulse control, and what something like doom scrolling does to that. I think the longer term impacts that we'll find out, but we know sleep deprivation-- yeah, again, thank you.

I can get back to you on what we've done. We do know that after the September school ban on social media and cell phones in schools, we heard

from providers that there was a positive impact. Some of those providers actually continued that practice into afterschool hours. We haven't done a blanket across-the-board policy yet. We are speaking with providers, we are speaking internally, we want to ensure that we safeguard the trust of providers and the work that they're doing. So we are having discussions around what a potential policy may look like.

CHAIRPERSON STEVENS: Okay.

Cell phone ban—and you just mentioned it —since the cellphone ban has been implemented in schools, have providers reported any shifts? And I think you already talked about it. And has there been an increasing usage during program hours or an impact on youth engagement? How is the DYCD responding to these changes?

DEPUTY COMMISSIONER RATTRAY: Again, we haven't seen any negative impacts from the ban. Again, providers are indicating that it's been positive at their program sites, and young people are being engaged. That's not a systematic viewpoint of it. That's some of the providers of the cohort that

we've spoken to, and that the cohort has also extended that practice into afterschool.

CHAIRPERSON STEVENS: Well, how are they extending it? You know, the schools are providing pouches and securing the phones. Is that something that providers are also doing? I would love to--and if you guys have it, I would love to be thinking about what it looks like in programs. Because I think it is important for us not to have blanket stuff, but I am thinking about how we can give providers guidance and support if needed.

DEPUTY COMMISSIONER RATTRAY: Indeed. Indeed.

CHAIRPERSON STEVENS: I am going to come back. I'm not sure. Did you get the data on it? You're ready? Great. So, I am going to come back to DOHMH.

And my question was how many young people have been served through Teenspace since it launched?

ASSISTANT COMMISSIONER DAVIDOFF: So in the first two years of the program, we registered approximately 36,000 youth, and approximately 80% of registrants identified as BIPOC, which is something we were excited to see because one of our goals was

ensuring that there was access to mental health care for BIPOC youth.

CHAIRPERSON STEVENS: Okay. What trends or patterns have been identified among participants, including specific concerns or needs related to social media?

ASSISTANT COMMISSIONER DAVIDOFF: So, in the-- I'll give you data from the second year, the most recent year of the program, approximately 12% of users of the program selected social media as one of their presenting problems. So it actually wasn't one of the top 10 reasons that they seek support from the service, but you know, it is about 12%.

CHAIRPERSON STEVENS: What are the top five? Do you know (INAUDIBLE)... (CROSS-TALK)

ASSISTANT COMMISSIONER DAVIDOFF: The top five, let me just get that for you. It varies depending on year to year...

CHAIRPERSON STEVENS: Mm-hmm.

ASSISTANT COMMISSIONER DAVIDOFF: But typically it has been, one moment, it's typically been somewhere around, uh, usually depression, anxiety. Let’s see, okay, for top year two, anxiety was the top presenting problem. You can also select

more than one. So when I say top, this is the most frequently selected.

CHAIRPERSON STEVENS: Yeah.

ASSISTANT COMMISSIONER DAVIDOFF: Okay. So anxiety, one, second was feeling down or depressed, third was Becoming My Best Self, fourth was Improving My Relationships, and fifth was family conflict.

CHAIRPERSON STEVENS: Thank you.

What neighborhoods or council districts have seen the highest use of Teenspace?

ASSISTANT COMMISSIONER DAVIDOFF: So, my data for today is really on what we refer to as the TRIE neighborhoods (Taskforce for Racial Inclusion and Equity).

CHAIRPERSON STEVENS: Mm-hmm.

ASSISTANT COMMISSIONER DAVIDOFF: So the top neighborhoods among TRIE neighborhoods that, uh, were receiving services in the second year of the program were Concourse in Melrose in the Bronx, the second was Cypress Hills, East New York, the third was Ocean Hill, Brownsville, and then, the fourth was Cypress Hills, uh, a different zip code in Cypress Hills, East New York.

CHAIRPERSON STEVENS: Mm-hmm.

ASSISTANT COMMISSIONER DAVIDOFF: Yeah.

CHAIRPERSON STEVENS: Thank you. To what extent are programming providers, including therapists, incorporating DOHMH-developed guidance or research on social media use and these services? And we are talking about Teenspace.

So basically, we are asking, like, what supports are you giving the providers around supporting, I guess, this 12% who identify some things around social media issues?

ASSISTANT COMMISSIONER DAVIDOFF: Yeah. So the therapists are all licensed clinical, uh, licensed in New York State, mental health professionals, and they are capable of treating mental health, uh, a broad array of mental health concerns around youth. So that includes any, you know, anxiety, depression, identity challenges or other challenges that whether they're associated with social media or whether they're, you know, due to other causes.

CHAIRPERSON STEVENS: Okay.

This is actually for DYCD. What strategy is DYCD using to engage and reach youth and families

regarding healthy social media use? How are those efforts tailored to different communities?

DEPUTY COMMISSIONER RATTRAY: Chair Stevens, I am part of that. I'll get back to you to see what we've done systematically. But we have done training in the past for our providers around social media use, which included some guidance for them on how to monitor and utilize social media for the young people, young adults in their programs. We also, of course, push out on our social media channel as well to support programs in advertising what we do.

CHAIRPERSON STEVENS: DOHMH framework of action recommends the use of tech-free or device-limited spaces in youth settings. Does DYCD provide guidance or recommendations to providers in the implementation of such practices? If so, what does the guidance entail?

DEPUTY COMMISSIONER RATTRAY: Chair Stevens, I didn't catch that first part. Can you repeat it for me?

CHAIRPERSON STEVENS: So, DOHMH has a framework for action that recommends a tech-free space or a device-limited space for youth settings.

Does DYCD provide guidance or recommendations to providers on the implementation of this practice?

DEPUTY COMMISSIONER RATTRAY: We have provided guidance and recommendations. But let me get back to you to ensure that it is connected directly to the DOHMH approach.

CHAIRPERSON STEVENS: Yeah, I would love for us to make sure-- you know how I always feel, how are we all working together? And what does collaboration look like? And not reinventing the wheel when we have folks who are already doing the work. So, I would love to make sure that we are strengthening that connection.

In 2025, the Mayor's Office of Community Mental Health, in partnership with the community-based organizations and DYCD, co-developed early adolescence skills for Emotion Erase (phonetic), a curriculum that equipped non-clinical staff and youth caregivers with tools to support youth experiencing stress, anxiety, and depression. How does DYCD integrate the EASE (Early Adolescent Skills for Emotions)program curriculum into programming, and which programs or sites are currently implementing it?

DEPUTY COMMISSIONER RATTRAY: Thank you, Chair Stevens.

So DYCD was pleased to partner with the Mayor's Office of Community Mental Health and The New School to pilot the Early Adolescent Skills for Emotions EASE model. We did it at 15 community centers across the city.

Through the effort, approximately 40 staff were trained to deliver culturally responsive, non-clinical mental health skill building, and we reached roughly 200 participants and their family members.

The focus was on equipping staff and caregivers with practical tools to support youth experiencing stress, anxiety, and depression. The programs that participated have continued to embed EASE into their day-to-day practice. Staff is incorporating core concepts such as understanding big feelings, interrupting negative thought patterns like toxic shame spirals, supporting healthy self-expression, and using de-escalation techniques. These approaches are reinforced through small group sessions, one-on-one support, and social-emotional learning activities during afterschool programming.

This model has strengthened the capacity of frontline staff to respond to youth in real time, while maintaining a prevention-focused, relationship-based approach.

CHAIRPERSON STEVENS: Are those plans to expand EASE across additional DYCD programs or providers, and what resources would be required to do so?

DEPUTY COMMISSIONER RATTRAY: So, funding for EASE actually concluded in 2025. DYCD doesn't currently have dedicated resources to support continuation or expansion of the model as scaled.

That said, again, the pilot demonstrated the value of equipping non-clinical staff with practical, culturally responsive tools to support youth and families. DYCD continues to explore opportunities to build on this approach through training and technical assistance that strengthen social-emotional and mental health supports across programs.

Expansion of EASE, or any other similar model, will require dedicated funding for staff training, ongoing coaching, and technical assistance,

as well as coordination to ensure quality implementation across sites.

DYCD remains open to working with partners who identify resources, like DOHMH, that would allow for thoughtful expansion in the future.

CHAIRPERSON STEVENS: Yeah, I mean, I know we have a tight budget, but I am (INAUDIBLE) investment. And I say this all the time, investing in young people actually saves us money, so we should be looking at this as a savings. And the point of pilot programming is to see how it works before we roll it out to a bigger number. So if we see that it had a positive effect, I'm disappointed that money wasn't already designated to have an expansion because that's the point of pilots.

But, at this time, I will pass it over to Chair Krishnan for his line of questions.

CHAIRPERSON KRISHNAN: Thank you so much, Chair Stevens. And thank you to DOHMH and DYCD for your testimony today.

In February 2024, New York City filed a complaint against major social-- a lawsuit against major social media platforms, including TikTok, Instagram, Snapchat, and YouTube. And the lawsuit

alleges their role in contributing to youth mental health harms. It was based on a theory of it being a public nuisance, among other things.

You all are aware of that litigation, right?

Public reporting and the City's complaint describe digital environments with continuously refreshing content feeds and extended scrolling experiences. From a public health standpoint, what are youth reporting about time spent and the difficulty disengaging from these types of environments?

(PAUSE)

ASSISTANT COMMISSIONER DAVIDOFF: So, according to our-- So we have--again, referring back to this YRBS survey, we have one for middle school students and one for high school students. According to the middle school YRBS data from 2022, just laying the context out here, 73% of New York City public mental-- excuse me, public middle school students use social media several times a day. And for the YRBS in 2023, a similar percentage for public high school students, 76% of New York City public high school

students use social media several times a day or more.

In June of 2023, the Health Department convened more than 150 participants, including government officials, CBOS, advocates, academics, families, and youth for a forum on New York City's role in the national crisis and social media and youth mental health. And, we, again, wanted to hear directly from young people. And at that forum, people described the difficulties that they were having in moderating their own use and talked about some of the strategies that they were using to do so, sometimes that included deleting their apps, taking deliberate breaks, or using other ways that they were using to manage reengagement.

So, we know that this is a challenge. And we also know that there is national data on this as well. The Surgeon General, in 2023, issued an advisory, and in that advisory, it was reported that a third or more girls aged 11 to 15 found their own social media use problematic. And about half of teenagers report that it would be really hard to give up social media.

So we know that disengagement is a real challenge. And this is consistent with neurological research about how these platforms are designed around the infinite scroll and variable reward delivery, which makes this engagement, you know, cognitively and emotionally difficult, particularly for adolescents.

CHAIRPERSON KRISHNAN: And that's a staggering number of students using social media every day, 70+% in middle school. And then, you know, something around there, maybe 76% for high school. Which just goes to show, I think, just the scale of the crisis we're facing and why we need to have, as a city, also a much, far different approach to how we're addressing it.

Now, the lawsuit and related reporting also reference patterns where users repeatedly check for new content or interactions. Without addressing any specific platform, what does DOHMH observe regarding repetitive checking behaviors or difficulty resisting reengagement, once you've disconnected, difficulty with resisting reengagement?

ASSISTANT COMMISSIONER DAVIDOFF: Yeah, so right, the behaviors you're describing are a sign of

problematic social media use. And our survey data, the survey that we conducted, is that the Health Department found that parents of a substantial number of children, about 45%, say that their child used social media too much. And among teens, we're seeing a similar pattern, with about 46% of parents of teens reporting the same, that their teens use social media too much.

And I know that neither of these constitutes an outright majority, but they show that parents have substantial concerns about children's and teens' social media use.

And again, you know, looking at some of the national research on this, the US Surgeon General's Advisory also describes how, you know, researchers believe that social media exposure can over stimulate the brain's reward center, triggering these pathways that, you know, feel-- I know we are, are not using the term addiction, but feel similar to those pathways, right, that are leading to this problematic use. And, you know, this is something that the Health Department views, this pattern, as a public health concern that calls for sort of upstream, you know, intervention. And yes, there's

individual behavior change that's needed, but also upstream intervention to help individuals make those shifts.

CHAIRPERSON KRISHNAN: And do clinicians report patterns consistent with anticipation or reward seeking? You're already testifying that it did, but how is that documented in the public health context?

As I understand it, it is true, you know, those dopamine spikes, too, are true for adults, for youth. But it seems like there's a real public health issue there of this sort of, you know, reward-seeking or anticipation impact that social media has.

DEPUTY COMMISSIONER PETIT: Yeah, it's a great question.

So the social media platforms are explicitly designed around this variable reward schedule. It's the same mechanisms that drive slot machine use, where unpredictable, positive feedback, a surge of likes, a viral post, is more reinforcing than consistent rewards.

For adolescents whose reward systems are more sensitive and whose inhibitory control systems are still maturing, this design dynamic is

particularly powerful. So yes, there is growing clinical and public health recognition that youth social media use often reflects anticipatory and reward-seeking behavioral patterns that are analogous. They're not identical to those seen in substance-related and behavioral addictions. There is some literature that shows preoccupation with checking, compulsive engagement, and emotional reactivity to feedback, such as likes or comments. So these are typically documented as components of broader behavioral or emotional functioning rather than a discrete disorder.

So while there is an evolving evidence base, you know, multiple lines of clinical observation, epidemiological data, and emerging research really converge on this point.

From a public health perspective, these patterns are operationalized through constructs such as problematic or dysregulated use and are measured via self-reported urges, reinforcement-driven engagement, and loss of control indicators.

CHAIRPERSON KRISHNAN: Public reporting and the complaint that initiated the lawsuit also raised concerns about exposure to idealized or

altered images, as we saw in the video during my opening statement before. What trends is DOHMH seeing in body image concerns among adolescents? How frequently do youth report exposure to these types of altered images, and what associations are you seeing with self-esteem and mental health outcomes?

DEPUTY COMMISSIONER PETIT: Again, another great question. You know, body image concerns are an area of growing focus for the Department.

You know, members of our Youth Committee on Mental Health have directly raised the effect of social media on body image as a consistently cited concern. The US surgeon general's 2023 advisory concluded that social media may perpetuate body dissatisfaction, disordered eating behaviors, social comparisons, and low self-esteem, especially among adolescent girls. A synthesis of 20 studies found a significant relationship between social media use and body image concerns and eating disorders, with social comparison as a key contributing factor.

A 2024 to 2025 scoping review of the literature identified body dysmorphia and distorted eating as among the most documented mental health outcomes associated with social media, alongside

depression and anxiety. The effect is amplified by algorithmically curated feeds that disproportionately surface idealized or altered images.

So the Department does not currently have New York-specific prevalence data on body image disorders disaggregated by social media use, but this is an area we are actively considering for future data collection.

CHAIRPERSON KRISHNAN: The complaint also references adolescent development factors, including, uh, impulse control and reward sensitivity. I think you testified on this a bit before, too, but what does the research say about how adolescent brain development interacts with high-frequency digital engagement?

DEPUTY COMMISSIONER PETIT: So this is again another really important scientific question underlying the entire hearing. And the emerging evidence is pretty sobering, right?

Adolescence is a critical period of brain development. We've got the prefrontal cortex, which is responsible for impulse control, long-term planning, and decision-making. It does not fully mature until the mid-20s. At the same time, the

brain's reward and emotion centers are at peak sensitivity, creating a developmental window of heightened reward seeking and vulnerability to behavioral reinforcement. Social media platforms are designed to exploit precisely this profile. They deliver variable rewards, likes, comments, and notifications that activate dopamine pathways, create anticipatory loops that are hard to interrupt, and use algorithmic feeds that keep users engaged longer than they intend.

There was a landmark three-year longitudinal study by (INAUDIBLE) and colleagues in 2023 that followed 178 sixth and 7th graders and found that habitual social media checking led to measurably different brain development. Those who checked most frequently showed increased amygdala reactivity and decreased capacity for self-regulation over time compared to non-habitual use. So the implications are significant.

For youth who develop habitual social media use during early adolescence, their neurological effects may compound over time, increasing susceptibility to anxiety, depression, and impulsive behavior.

This underscores the public health urgency of early intervention and platform-level design accountability.

CHAIRPERSON KRISHNAN: And is that the gain that social media companies get from getting kids hooked to the platform, right? Because unlike adults, kids, you know, they don't have bank accounts, they're not consumers, they're not buying products on social media.

UNIDENTIFIED: (INAUDIBLE)

CHAIRPERSON KRISHNAN: Well, consumers in the sense of they, well, to some degree, they spend their money, but some also...

CHAIRPERSON STEVENS: Our money.

CHAIRPERSON KRISHNAN: Our money. That's right, our money. But some also don't have that. But they're also getting hooked on social media, too.

So what is the benefit that social media companies see, besides having kids spend *our* money, but also, if they can't, they're getting hooked on at an early age. And I wonder why--why do you think social media companies capitalize on that, or why do they want that to happen?

DEPUTY COMMISSIONER PETIT: So again, a great question.

I don't know if I can necessarily speak to why social media companies do what they do. What I can say is, you know, our responsibility here at the Department is to really think about what the interventions are that we could put in place to be able to mitigate some of those harms, what we can do to study the impact of some of those harms over time, and really be able to provide evidence based scientifically rigorous data to support where providers, family members, and caregivers can make decisions around how their kids should or should not be using social media. I don't know if you want to add anything more to that?

CHAIRPERSON KRISHNAN: And my final couple of questions. So the American Academy of Pediatrics has been a part of coining the term “digital stress”. Stress resulting from the frequent use of technology and the constant access to a wide variety of social content, including exposure to violence.

How can holding companies be held accountable to create a protective environment for our youth from this type of digital stress?

DEPUTY COMMISSIONER PETIT: So again, I'm going to just be able to answer this from the perspective of our role as a public Health Department, which is to really think about how we identify what some of those issues and challenges are. How do we create the evidence-based interventions necessary to be able to, you know, address those and be able to provide as much, again, scientifically rigorous evidence-based information out there for families and providers to do right by kids around these issues.

CHAIRPERSON KRISHNAN: Thank you. Thank you, Chair.

CHAIRPERSON STEVENS: Thank you.

At this time. I'll pass it to Council Member Joseph, who has a few questions.

COUNCIL MEMBER JOSEPH: Thank you, Chairs.

I wanted to know what categories of data you collect on minor usage. For example, location, usage, duration, behavior, profiles, and emotional inferences? And is any of that data shared or sold with third parties? And that was a conversation we had about Teenspace.

ASSISTANT COMMISSIONER DAVIDOFF: I'm sorry, you're referring specifically to Teenspace? Oh yes, I'm happy to speak to that.

So the Teenspace program, you know, the data is protected. This is of utmost importance to us as a health department. It's of utmost importance to me as a professional and as a parent of an adolescent.

And the data that is used is only for service provision. There is no other allowable use of the data.

COUNCIL MEMBER JOSEPH: Okay. So, can you share the collections, like location usage, behavioral profiles? If you're studying this, are you planning to do a local study? Because I noticed you referenced a lot of national data. Will you be using local data to drive your policy and the work that you're doing?

ASSISTANT COMMISSIONER DAVIDOFF: So we do have local data collection, but also for the Teenspace Program specifically, we are collecting information that will enable us to evaluate the program, as you mentioned earlier, for a demonstration project. And we are very much, you

know, looking to see what we can learn from its successes and its challenges through an evaluation.

COUNCIL MEMBER JOSEPH: And how are you engaging parents in this conversation around social media use in homes that are communities--immigrant communities? How is that information traveling to those communities?

ASSISTANT COMMISSIONER DAVIDOFF: On social media use? Yeah, you know, the Health Department always translates anything it puts out into the top languages spoken in New York City. You know, through our communications and outreach, we often partner with various news outlets, et cetera, that we know are commonly read in immigrant communities to get word out. So that is one way that we ensure that, you know, information disseminates throughout the city.

COUNCIL MEMBER JOSEPH: Are you also working with school counselors and social workers in schools to know what to look for in students who are going through those mental health challenges, by the usage? Because we also have some students who scroll, and some students are also consumers of this social media.

ASSISTANT COMMISSIONER DAVIDOFF: Yeah. So, school mental health clinics, the clinicians are all, again, as I was speaking earlier about, other sets of clinicians are all licensed clinicians who receive broad training in various needs that young people and adolescents have, which could be depression, anxiety, body image, et cetera. And that is inclusive of those that are related to social media use or due to other, you know, other factors.

So these are things that school-based mental health clinicians are equipped to manage.

COUNCIL MEMBER JOSEPH: Are there any protocols in place to engage pediatricians, who are usually the first stop for a child community health worker to identify or refer students who are experiencing social media mental health harm?

ASSISTANT COMMISSIONER DAVIDOFF: Mm-hmm. I think that is a really good opportunity for us to look out to see how we can do more to engage pediatricians on this issue.

COUNCIL MEMBER JOSEPH: Thank you, Chair.

CHAIRPERSON STEVENS: Thank you. I will pass it back to Council Member Cabán for a second round of questions.

CHAIRPERSON CABÁN: Thank you.

I want to focus a bit on just the disparities that were talked about in your testimony that we talked about in our opening.

Research shows that queer youth, Black and Latino youth, and youth with disabilities experience higher rates of cyberbullying and online harassment.

What is the Administration doing to address those harms?

(PAUSE)

ASSISTANT COMMISSIONER DAVIDOFF: So we know that cyberbullying is absolutely a challenge.

In 2022, over a quarter of middle school students reported being cyberbullied, and middle school students who use social media more than once an hour are more likely to report being cyberbullied. And 37% of those who use social media more than once an hour said that they'd experienced this, versus 19%.

CHAIRPERSON CABÁN: I'm sorry. I just want to interject for a second.

I want to focus on just the intersection of the use, the harms, and these particular

populations or identities. So, LGBTQIA+ youth, Black and Latino youth, and youth with disabilities have higher rates. So, in light of that, what's the Administration doing to address these specific harms, specifically for these young folks that are disproportionately affected?

ASSISTANT COMMISSIONER DAVIDOFF: I mean, I think that, as the Health Department, what we are trying to do is ensure that mental health resources are available to these communities. We are looking, for example, through Teenspace to be able to-- and other programs that we have-- to ensure that we're reaching the communities who are most affected, which has always been our priority.

CHAIRPERSON CABÁN: Can you give some more specifics, though? You're saying Teenspace and others, and we're doing it. But again, specifically, how are you reaching—what are the strategies being used to specifically reach queer youth, Black and Latino youth, and youth with disabilities?

ASSISTANT COMMISSIONER DAVIDOFF: We are trying to market in the communities that we know have higher rates that are disproportionately affected, essentially.

So, for example, you know, speaking about Teenspace, where we have like 82% of approximately 80% of users identifying as BIPOC because the marketing and outreach have been very intentional in communities and schools where we can reach those youth. So it's been a very deliberate, intentional outreach strategy.

CHAIRPERSON CABÁN: Okay. And if you-- and what I would encourage is just even coming back to us with more information around what's happening outside of Teenspace or folks that aren't being touched by Teenspace, especially in those particular communities. Because this is the first answer you've given that's just a little too vague for me, to be honest.

Okay, I'm going to move on, but I will ask for some followup on that front.

Immigrant youth and English language learners may face unique vulnerabilities online, including exposure to xenophobic content and digital exploitation. What culturally competent and multilingual supports for digital literacy are available?

(PAUSE)

ASSISTANT COMMISSIONER DAVIDOFF: So I know that the New York City Public Schools, in particular, have been a vehicle for reaching youth and that they've been doing quite a bit in this area.

Give me one moment, and I can describe some of those for you.

So New York CITY Public Schools, in addition to having school- based mental health clinics...

I'm sorry, do you mind? I just want to make sure I'm answering your question...

CHAIRPERSON CABÁN: Yeah, sure.

So, immigrant youth...

ASSISTANT COMMISSIONER DAVIDOFF: Yes.

CHAIRPERSON CABÁN: English language learners, there are unique vulnerabilities there, right? I mean, the harm there is obviously xenophobic content that they may be exposed to or targeted, and then digital exploitation, because of either immigration status or the fact that English is not their first language. So, in light of those things, what culturally competent and multilingual supports for digital literacy are available?

ASSISTANT COMMISSIONER DAVIDOFF: Yeah, I'm going to have-- I will probably have to defer to New York City Public Schools for details on that. I can certainly speak to some of the work they're doing on digital citizenship to support all their students, but for more detailed answers, I'd have to defer to our colleagues at the New York City Public Schools about that approach.

CHAIRPERSON CABÁN: Okay.

And again, I'd love for you guys to have that communication and circle back with us on that. We did give these questions beforehand. So I would hope for a little bit more information here.

Black, Latino, queer youth, and other groups often face a documented phenomenon called "identity-based stress" online, which is repeated exposure to gender based and racial violence, discrimination, and community trauma through social media feeds.

Has DOHMH developed clinical guidance or messaging to address this?

ASSISTANT COMMISSIONER DAVIDOFF: We have not.

CHAIRPERSON CABÁN: Is that something that you are actively exploring at this point, or can you commit to exploring that?

ASSISTANT COMMISSIONER DAVIDOFF: I mean, it is certainly something we'd be happy to look into.

CHAIRPERSON CABÁN: Okay, great.

Moving to some social determinants and compounding risk factors: Food insecurity, housing instability, and community violence, they're all known to compound the mental health effects of social media. Does the Admin take an integrated approach to address social media harms in the context of these social determinants?

And I think the Chair has done a good job of articulating a really particular example of this, of youth who are in foster care, for example, or run away or homeless youth.

How is that reflected? Is there an integrated approach to address those things? And if so, how's that reflected in your research?

DEPUTY COMMISSIONER PETIT: So, just I think in general, what I would say is that we are incredibly focused on not just the specifics of mental health and substance use disorders, but all of

the social drivers or health-related social needs that impact, you know, not only the emergence of these conditions, but certainly the exacerbation of them.

So, you know, core to what we do is really taking into account all of these different factors and aligning them around how we're going to be able to develop and deliver the right array of supports and services for individuals, taking into account a very holistic and comprehensive approach to the needs.

We know that someone who might be, you know, couch surfing or food insecure is going to have a harder time being able to access services. So a lot of our programs across the Department are really aimed at being able to take those things into account—everything from care coordination and appropriate engagement and referral into appropriate services, or entitlements, or whatever may be needed to the actual delivery of services and treatments.

So it's an integral part of what we do. Specifically around social media, I don't know how I would disaggregate that because our focus is always

about looking at the individual and their needs holistically.

CHAIRPERSON CABÁN: So let's go deeper on that then. You specifically talked about the couch surfing example. If a youth is experiencing homelessness, it is true, right, that they often rely on smartphones and social media as their primary source of social connection.

So, how do you balance the harm reduction approaches to social media with the reality that digital connectivity is essential for these youth?

Like, what's the approach there? And this has been talked about a lot, right? Like, there are positives, and then, we're balancing out the realities of these negatives.

Can you give some particularized testimony on that?

DEPUTY COMMISSIONER PETIT: I would have to say...

CHAIRPERSON CABÁN: Say it.

DEPUTY COMMISSIONER PETIT: I do think that the reality of the importance of, you know, actual cell phone usage and obviously social media

being part of that as a lifeline for many of the folks that are connected to the digital world.

It's hard for us to be able to influence others-- as well as knowing fully well that many folks rely on their telephones to be able to connect to a whole bunch of things. So I don't know that we're necessarily in a position to do anything about the utilization of, let's say, smartphones...

(CROSS-TALK)

CHAIRPERSON CABÁN: Well, I guess I'm saying like, does the Admin have a strategy where they're specifically saying, well, kids that are in the shelter system or something like that are more vulnerable to this thing? So we are doing outreach in our shelters, or we're doing outreach in this, because we know that's how we can find and access these kids?

CHAIRPERSON STEVENS: (UNINTELLIGIBLE) yeah, no, that’s a good question for DYCD. They run the youth shelters. Those are the ones who do it.

And so, thinking about what the guidance looks like in those spaces and how we are getting that information out?

And, also just thinking about collaboration, because I think for me, and this is something we could also ask (INAUDIBLE), is like, what does it look like for this vulnerable population? And one of the questions that keeps coming up is, then how do we regulate this for those kids?

But my question is, so then only a certain set of kids get support and get what they need? That doesn't sit well with me.

So I think this is one of those places where I would love for us to all be thinking about how we ensure that we're protecting all these young people. So you guys are managing the shelters with homeless runaway youth. So we'll also think about like, how are you guys thinking about this, and how do we move forward in these conversations to think about how do we like-- because that is a hard thing, right? We have young people who drop in at the drop-in centers and who are in some of these other spaces. But how do we support them in these moments, especially when it is sometimes the only place they have a connection?

DEPUTY COMMISSIONER RATTRAY: And, Chair Stevens, you know this--and Chair Cabán, so, one, we create safe spaces across our entire system. So for RHY, whether it's workforce programs or community development programs, Youth Services, we train staff to create safe spaces, which includes hiring from the community, ensuring that there's a diverse workforce supporting our young people, most importantly, ensuring that the resources that our young people who are the most vulnerable are going to need are out there and available to them.

So whether that's a place to go because it's a 24-hour drop-in center, or unfortunately, they need a youth shelter bed, they are connected to those programs—we're getting the word out; they're receiving those resources; and they're planning for their future.

But I do look forward to working with our colleagues at DOHMH, OCMH, and the Council on what we can do to improve and innovate the work that we're doing across the city.

CHAIRPERSON STEVENS: Because I think this is the moment where we should be thinking about what that looks like, and how we don't want to have an

overreach, but also just still, how are we creating and putting pressure to make sure that all these young people are safe?

And, obviously, a safe space is one place, but how do we make a safe space digitally as well? Because that is also important.

CHAIRPERSON CABÁN: And how are we identifying what the prime sites for those contacts should be? And so in that same vein, for example, how many school-based mental health clinicians are trained to screen for and treat social media-related harms?

(PAUSE)

ASSISTANT COMMISSIONER DAVIDOFF: Yeah, I'm not sure that there is specific training on screening for social media-based harms for school-based mental health clinicians.

Again, I think it is a broader approach that they get in terms of looking for general mental health, you know, concerns and needs, and supporting them, you know, when in relation to social media or other.

CHAIRPERSON CABÁN: Is there anything around social media usage that's kind of part of the

typical, at least like, start of an intake with a child?

ASSISTANT COMMISSIONER DAVIDOFF: I'd have to get back to you on that, because I don't know.

CHAIRPERSON CABÁN: Okay. That would be great to know. And another thing I would like to know, in relation to that, is whether access is equitable across income levels, across districts. Those are other data points that I think would be helpful to know.

I have questions on Intro 660 specifically, so I am going to hold there and give it back to the Chairs their questions.

CHAIRPERSON STEVENS: I have some questions on the intro as well.

Intro 450 requires social media companies to prohibit any person under the age of 17 from using social media for more than one hour per day unless we obtain permission from a parent or guardian in writing.

Are there clinical studies that indicate that limiting social media use to one hour per day would have a measurable impact on youth when compared

to allowing them to use those sites for unlimited amounts of time?

ASSISTANT COMMISSIONER DAVIDOFF: So we're not aware of a study that specifically speaks to that issue.

CHAIRPERSON STEVENS: So we don't know if there's a study? So maybe we should do one. I don't know, maybe, I don't know.

What, if any, mental health challenges are more common for youth that are different from those experienced by social media adult use?

So, is there any difference? Have there been any studies that have shown differences between young people who use social media excessively and adults, like the effects of that?

ASSISTANT COMMISSIONER DAVIDOFF: Not that I'm familiar with right now, but again, we'd be happy to look into that.

Our survey did ask not only young people about their social media use, but also their parents and caregivers about their social media use. And we'd be happy to look at the findings to see what the differences are. Yes, we can get back to you on that.

CHAIRPERSON STEVENS: I mean, and I think especially for old people like myself, we grew up in a generation--Yeah, I said old people, but I don't care. I don’t care. I look good. Anyway, but like we grew up in a generation where social-- we were not consumed with it in this way. And so, you know, it's been moving rapidly. And I think that this is a great moment for us to be taking a step back to look at all the studies, because there are things like a prime example, there have been-- and Chair Krishnan was talking about this, there have been a number of lawsuits around this, and folks are winning because the social media companies are doing this research, and they're leading in this space. And so we also need to be doing the same thing and making sure we have the information and the data to back up what we're saying. Because they have it, they're just not sharing it with us. So, I think that it's that moment in time that we are there.

Which brings me to my next piece of legislation. Intro 451 This bill would require the DYCD, in consultation with the DOHMH, to report on the effects that social media has on mental health for youth. Such reports would include recommendations

on appropriate use, age, and hours per day for youth's use of social media.

We know that children and teens who use social media are more likely to experience higher levels of anxiety and depression, which were the top two things that you said young people are experiencing, and that racial and economic status may shape the ways in which parents or guardians approach social media in their homes.

So, has the DOHMH been able to look at the intersection of racial or economic status on social media use and mental health challenges to identify common patterns?

ASSISTANT COMMISSIONER DAVIDOFF: We have seen that there are some discrepancies, you know, by race, and that-- this is something we are actively looking at, because even in parents' perceptions of how much they think their youth's use is problematic use or is too much use, it does break down across racial lines, and we speculate to some degree socioeconomic lines. And this is something that we really want to better understand, particularly because one of the top reasons that youth cite using social media is boredom. And we really want to take a

look and ensure that non-online opportunities for healthy recreation, et cetera, other things are more equitably available. And I think it's something we need to look at comprehensively. So yeah, it's absolutely a concern.

CHAIRPERSON STEVENS: Has DOHMH observed other patterns in contributing factors that may worsen the impact of social media use on mental health outcomes?

ASSISTANT COMMISSIONER DAVIDOFF: I think that I would come back to what I was speaking about earlier, you know, that I think that one area for us to better understand is how youth are spending their time online. I think we've spent, you know, we've been looking pretty extensively at how much time. And I think that understanding how they use it and how that correlates with mental health outcomes will help us to provide better supports to young people about how to use it in healthier ways.

CHAIRPERSON STEVENS: What is the Administration's position on Intro on 451? Do you foresee any difficulties with the implementation of this bill?

ASSISTANT COMMISSIONER DAVIDOFF: Yeah, for Intro 451...

CHAIRPERSON STEVENS: That's for both of you, because that would be a collaboration between the two. It's pretty much a report.

DEPUTY COMMISSIONER RATTRAY: Hey, Chair Stevens.

CHAIRPERSON STEVENS: Hi, welcome back.

DEPUTY COMMISSIONER RATTRAY: So I'll read our position into the record.

DYCD recognizes that the Council's focus on understanding the impact of social media on the mental health of young people is a critical and evolving issue and one that providers and staff encounter regularly in their work with youth across the city. We share the goal of ensuring that young people are supported in navigating digital spaces in ways that promote well-being and reduce harm. At the same time, the scope of this legislation requires a level of public health research, longitudinal data collection, and clinical analysis that extends beyond DYCD's current operational structure and capacity.

CHAIRPERSON STEVENS: That's why you're dealing with DOHMH.

DEPUTY COMMISSIONER RATTRAY: The type of study and vision, including population level analysis of mental health impacts, identification of harmful usage patterns, and a development of the age and time use recommendations would require specialized research design, large scale data collection, and sustained analytical infrastructure.

CHAIRPERSON STEVENS: Are you done?

DEPUTY COMMISSIONER RATTRAY: We...

CHAIRPERSON STEVENS: Okay.

DEPUTY COMMISSIONER RATTRAY: We (UNINTELLIGIBLE)

CHAIRPERSON STEVENS: (UNINTELLIGIBLE)

DEPUTY COMMISSIONER RATTRAY: You're right. We are well-positioned to contribute to our role as a youth development agency, including integrating digital literacy, mental health supports, and conflict navigation strategies into programming and providing on the ground insights from providers and participants.

We welcome continued discussions with the Council and other partners to further explore this issue and help shape the approach.

CHAIRPERSON STEVENS: So just say yes, and support my legislation. Thank you. That's what I heard.

No, but I understand that obviously there would be challenges, but that's why it wasn't DYCD only. It was like, how do you guys work together to kind of do this? Because DYCD has access to kids and young people and programs. And you guys have access to the RHY population, young people, and all those things that DOHMH typically doesn't have access to, right? We have to throw ACS in there too, because you know, all, you know, I'm going to add them to the bill. That's my modification, adding them to the bill. Because those are the folks who really need to be thinking about this work and how we protect those young people. So I love that you guys support my bill. I appreciate it. And then we're going to continue to work together.

I guess DOHMH, you have something else you wanted (UNINTELLIGIBLE)...

DEPUTY COMMISSIONER RATTRAY: Yes, Chair Stevens, something I think what you're hearing from our position is that we want to make sure we get this right, as do you.

CHAIRPERSON STEVENS: Yeah.

DEPUTY COMMISSIONER RATTRAY: I think it takes further discussion to figure out what the right approach is.

CHAIRPERSON STEVENS: Absolutely.

ASSISTANT COMMISSIONER DAVIDOFF: We would really love to have some further discussion with the Council about what we are currently doing in terms of our surveillance and data collection activities, and just to work with you on legislation to ensure that what is legislated is actionable and that it's rooted in the science that we're aware of. So we look forward to having more conversations with you about the bill.

CHAIRPERSON STEVENS: Amazing. So you guys love it too. Sounds great. And we're going to add ACS in there too. It's going to be great. We're going to have a bigger party. Oh, maybe we should add DOE. All the people, everyone, are coming to the table so we can talk about it and come up with a real strategy and plan.

So Intro 660 would require the commissioner of DYCD, in coordination with the directors of the Mayor's Office for Neighborhood

Safety and the Mayor's Office to Prevent Gun Violence, to conduct a study on verbal and physical altercations among youth who are 24 years of age or younger who receive services from DYCD.

Do City agencies and officers currently monitor social media to identify threats or flag potential altercations or disruptions that may arise?

DEPUTY COMMISSIONER RATTRAY: I'm sorry, Chair Stevens, the last part of that question, are you asking do...

CHAIRPERSON STEVENS: Do you guys currently monitor social media accounts?

DEPUTY COMMISSIONER RATTRAY: We do not as an agency. We do not.

CHAIRPERSON STEVENS: Yeah, you do not, but the NYPD does.

DEPUTY COMMISSIONER RATTRAY: I am on your account.

CHAIRPERSON STEVENS: (LAUGHS) Well, thank you.

What type of gun violence indicators does the City currently measure? Do you guys measure it? I know you guys have the Office of Neighborhood

Safety (ONS) under you. How do you measure...

(CROSS-TALK)

DEPUTY COMMISSIONER RATTRAY: We have ONS, and we have indicators that measure the work that's being done on the ground. So whether it's mediations, de-escalations, or canvassing, of course, we have indicators that measure that. I would hesitate to go too deep into the practices, because I never want anyone to misinterpret whether there is surveillance happening. In many cases, there are meaningful relationships between the young adults and the mentoring staff that they're connected to. And I never want that to get misinterpreted. So, on specificity around social media, I would love to have offline conversations around that.

CHAIRPERSON STEVENS: Yes, you should definitely have those offline conversations with the Deputy Speaker, Nantasha Williams. I will let her know to reach out.

What specific details do you foresee with the input, implementation, or enforcement of this bill?

DEPUTY COMMISSIONER RATTRAY: So, as the bill is written, it will require case level

documentation analysis of altercations and their underlying causes. This would require significant enhancements to our existing systems, which include DYCD Connect, and an upwards of a technology boost of approximately $5 million on how to do this.

Honestly, we believe that through provider-informed insights, it could be leveraged to identify trends and risk factors at a systems level. An approach that emphasizes prevention, aggregated data, and strengthening youth supports to help inform how we best address this issue, while avoiding the need for this sort of interesting case-by-case surveillance or investigation of what young people are doing.

I think it just gives-- it's like rooted in youth development, and it could cross a line and lose the trust of young people (INAUDIBLE)...

(CROSS-TALK)

CHAIRPERSON STEVENS: Yeah. It could cause a rift in trust in those relationships that young people have.

DEPUTY COMMISSIONER RATTRAY: But overall, we are interested in continuing that discussion with. the Council.

CHAIRPERSON STEVENS: Mm-hmm

Chair Cabán, you have questions? Go ahead.

CHAIRPERSON CABÁN: Okay, all right. I have a lot of questions on 660. I'm going to be real. I have some serious concerns with the bill. I think just to put the concerns in perspective, there was the 2024 report that DYCD funds well over 1,000 CBOs serving over 400,000 youth. And I mean, we're talking about Afterschool, summer jobs, literacy, immigrant services, support for runaway and homeless youth. And so my concern is just about whether we are creating a mass surveillance database and using these programs to do that?

And then just to also put into context for my questions, it's not just DYCD programs that this is going to affect, is my understanding, it's also reporting and surveilling requirements on the-- it puts it on the Office of Neighborhood Safety, which combines the efforts of the Mayor's Action Plan for Neighborhood Safety, otherwise known as MAP, The Office to Prevent Gun Violence, OPGV, and the programs that span our city.

So do you know how many programs receive ONS funding and how many young people are served by those programs?

Before I start asking the questions, I want to get a better sense of how many people this could touch. We have a sense of how many are under the DYCD umbrella, but not so much about those other areas. And I mean, I don't know if you have access to that information.

DEPUTY COMMISSIONER RATTRAY: We do. So, actually ONS... (CROSS-TALK)

CHAIRPERSON CABÁN: Okay, great, even better... (CROSS-TALK)

DEPUTY COMMISSIONER RATTRAY: has been part of DYCD for the past few years... (CROSS-TALK)

CHAIRPERSON CABÁN: Great.

DEPUTY COMMISSIONER RATTRAY: And they recently announced that they will be joining the Office of Community Safety.

CHAIRPERSON CABÁN: Got it.

DEPUTY COMMISSIONER RATTRAY: And we're working on that transition and what that means.

Of course, DYCD, we have over 1,000 programs that young people are engaged in. With ONS,

let's say a couple hundred programs that...

(CROSS-TALK)

CHAIRPERSON CABÁN: Okay.

DEPUTY COMMISSIONER RATTRAY: and opportunities that young people are engaged in.

We share, Chair Cabán, the same sentiments around ensuring that there's no disruption in the trust among young people and the adults that are working with them, mentoring them, supporting them, and getting them on positive tracks.

We believe with this bill that a more top level, aggregated approach with best practices can be implemented, not that sort of case-by-case investigative approach that feels like the bill is indicating...(CROSS-TALK)

CHAIRPERSON CABÁN: So what would this cost?

DEPUTY COMMISSIONER RATTRAY: About...

(CROSS-TALK)

CHAIRPERSON CABÁN: Five million, but...

DEPUTY COMMISSIONER RATTRAY: Yeah, roughly $5 million-- $5 million on this as well.

CHAIRPERSON CABÁN: And does that include the setups for it, or does the infrastructure already

exist? Are there things that have to be added that the City already utilizes?

DEPUTY COMMISSIONER RATTRAY: So that would include enhancing our current system, our current infrastructure, and then the additional staffing, analysis, and consulting time that may be needed for this. Again, not a bill or approach that we are in agreement with.

(PAUSE)

CHAIRPERSON CABÁN: Can you talk more deeply about the privacy concerns? What notice will you give to families? Uhm...

DEPUTY COMMISSIONER RATTRAY: Yeah...

(CROSS-TALK)

CHAIRPERSON CABÁN: What happens if they don't consent? Like, do you anticipate losing people in programming if they don't consent to this?

DEPUTY COMMISSIONER RATTRAY: Yeah, Chair Cabán, I don't think the bill, at least as I read it, goes too deep into the release of private information for young people.

But what I think our concern is, and what I'm touching on, is the youth development platforms and relationships between our programs to staff and

young people, and the second that you start to-- it starts to feel like they're being investigated... (CROSS-TALK)

CHAIRPERSON CABÁN: (UNINTELLIGIBLE) You lose them.

DEPUTY COMMISSIONER RATTRAY: Yeah, yeah, we lose them immediately. And then they go on social media, and it's endless on what could happen from there.

CHAIRPERSON CABÁN: Now, I think, at least the way I read it, is that Intro 660 creates an authorized sort of surveillance database. So I mean, do you have a sense of how long data gathered by Intro 660 would be retained, and who controls the data, who determines who gets access to it? What are the limitations of accessing it?

And these are questions, I think, you know, when we're collecting data, we're always asking, but I think it’s particularly sensitive when it comes to children.

DEPUTY COMMISSIONER RATTRAY: I don't have a sense of Intro 660 and what that would mean in terms of the expectations around data gathering, retention, or usage... (CROSS-TALK)

CHAIRPERSON CABÁN: (UNINTELLIGIBLE)

DEPUTY COMMISSIONER RATTRAY: And I don't think it's a practice that-- I think we should speak with the Council and other partners. I don't think it's a practice that-- we would go through with the case by case...

CHAIRPERSON CABÁN: Do you think search warrants would be required to obtain the data, or subpoenas? What would you anticipate some of the guardrails being, or where do you see gaps?

DEPUTY COMMISSIONER RATTRAY: I don't want to speculate because we didn't write the bill.

CHAIRPERSON CABÁN: Yeah.

DEPUTY COMMISSIONER RATTRAY: I don't want to speculate on what the intended purpose... (CROSS-TALK)

CHAIRPERSON CABÁN: Okay.

DEPUTY COMMISSIONER RATTRAY: was because it will change your narrative... (CROSS-TALK)

CHAIRPERSON CABÁN: But would you agree that those are questions that you have? I guess I should have framed the questions that way. Because you're right, you didn't write the bills. I shouldn't be framing them as like, "Do you share these

concerns?" Are they the questions that you have about the legislation?

DEPUTY COMMISSIONER RATTRAY: There's certainly one of many of the questions that we have... (CROSS-TALK)

CHAIRPERSON CABÁN: Yeah. Are you wondering about ICE accessing it at all?

DEPUTY COMMISSIONER RATTRAY: I think all the variables that could release personal information fall into play in questions that we may have, in addition to the foundation of that being the trust and relationships that are best practice in our programs and how we connect to young adults.

CHAIRPERSON CABÁN: So I'm not going to belabor it, because I think the concerns are out there, but I will say this: When I was a public defender, I represented a lot of young people. I was practicing before Raise the Age. And the way that prosecutors used social media was horrifying, *horrifying.* And with such regularity and such like-- it was just a common thing that they would even admit to some of these, really, what I think are nefarious uses around social media. You know, like I had DA once tell me-- an ADA once told me, outside of a

court space, in a social setting, because they thought it was an okay space to talk about it, that they'd pull all kinds of information from a kid's social media, who happened to be connected to another kid they were investigating. And then if they found something even questionable on kid A's social media, they use that to threaten them to testify against kid B, even if the stuff wasn't true. And you have these kids terrified about what's going to happen when they're talking to these folks, and it happened a lot. You would have kids being willing to say, "Oh, yeah, that person's gang affiliated." And Oh, yeah, this, and oh yeah, that. And I really, really worry about those things. I'll leave it there.

CHAIRPERSON STEVENS: Yeah, I know that Deputy Speaker, she is literally running a (INAUDIBLE) conference right now, but I just want to make sure we level set. She's very open to hearing all concerns and amending the bill. And she also has similar concerns. So I will let her have these offline conversations with folks around it. But she wanted to be clear that she is definitely open to amending and hearing feedback about this bill. And I think DYCD definitely should--I'll make sure that she

reaches out to hear those concerns and hear the perspective and some of the issues you foresee with doing it, especially because you guys are the people who are making these relationships. And I come from youth development, and I understand that our relationships are like collateral; they come and go.

Council Member Aldebol, Shirley Aldebol? Sorry about that. My fellow Bronx girl, sorry about that.

Valerie, I realize this is why you're here for Intro 801, that's why you're here, got it.

Intro 801 would require DYCD to provide employment, apprenticeship, internship, and experience-based opportunities for academic credit in the childcare and early childhood education sectors as part of the agency's Summer Youth Employment Program.

What is the Administration's position on this bill?

DEPUTY COMMISSIONER MULLIGAN: Okay, thank you... (CROSS-TALK)

CHAIRPERSON STEVENS: I was, like, why is she here?

DEPUTY COMMISSIONER MULLIGAN: You couldn't have a hearing without me. Thank you, Chair Stevens.

So we are absolutely in agreement that SYEP (Summer Youth Employment) is the perfect way to introduce young people to careers in early childhood education and youth development. I think you know this better than anybody that this is something SYEP already does really well. Over 32,000 of our SYEP participants last year spent their summer working in the childcare and education settings. And education and childcare are consistently among the top most requested career interests of our participants when we survey them before they're enrolled each summer.

That said, we do have some concerns with the bill itself. I think how it's written, we need to keep in mind that it's really important that we remain realistic about what providers, employers, and other partners are able to do within the six weeks that SYEP has available... (CROSS-TALK)

CHAIRPERSON STEVENS: Well, you know, my goal is for this to be all year long and have youth employment. So it actually is on track with what I'm trying to do.

DEPUTY COMMISSIONER MULLIGAN: And we appreciate very much your advocacy for the program and for Work, Learn, Grow, which is the year-round extension of SYEP.

And I think the other thing that is very important to us at DYCD is all of the efforts that we have been making to diversify the sectors that participate in SYEP. It's really critical that we don't position SYEP as a pipeline into one specific sector or job. And I'm particularly sensitive about that, because SYEP is perceived as a place where young people are only doing daycare jobs. And I've always been an advocate that those are important, amazing experiences for young people, but we also want to continue to diversify the experiences that young people have through the program, and we want to make sure that corporate employers, business, finance, tech, all feel like SYEP is a place for them.

So I have a lot of concerns about...

CHAIRPERSON STEVENS: But you know, I have ideas. Because some of the problems are that a lot of our providers need SYEP to run the programs, that, like, again, we have 70 providers, all of them also

run camps. Right? So, a lot of times, they are going to obviously feed into those programs. And, so when we are thinking about SYEP in the next RFP, we should be looking at incentivizing sectors to be providers and not just the regular providers, by saying, "You will specialize in this and that." So I have lots of ideas on how we can diversify this. You know that I always have ideas.

But I think that those are some of the things--because we do-- we can't-- I ran a camp, and you can't have camp without SYEP. There's no way, just because of the ratios, and trying to leave the building. It is a crucial part of the program that keeps getting expanded. So we also have to think about how we have the pipeline.

But I also want to be clear, like we don't want it to be all working with kids only, but SYEP has been a place where I know for a fact I've inspired young people to get into this field, because they didn't know about it other than working in youth development and seeing that there was a career trajectory. And also in this field, right now, I'm just working with the nonprofits in general, so it exposes them.

So I have lots of ideas. I am open to all of your feedback. But we should definitely talk more about this bill, because this is definitely something I want to see get passed and want to push forward.

DEPUTY COMMISSIONER MULLIGAN: Yeah.

CHAIRPERSON STEVENS: But I want to make sure that we are being realistic. Because, again, six weeks isn't a long enough time. But again, that's not my goal. My goal is youth employment all year long, because it is that important. And because we see such a high rise in unemployment among youth right now, this is again something as a government we should be reacting to. The youth unemployment rate is over 21% for young people, and for Black youth it's 26%.

So it's clearly an issue. And we have to make sure that we're addressing it. So I'm happy to hear that you're here to support it. And let's also just continue to have conversations and hear about the amendments.

DEPUTY COMMISSIONER MULLIGAN: Yes, definitely.

CHAIRPERSON STEVENS: What do you foresee as any difficulties with the implementation of this bill?

DEPUTY COMMISSIONER MULLIGAN: A few things. I definitely think the timeline is a concern, depending on-- again, I think we should talk more about what the actual intent and vision of the bill is. At the same time, I think we have done a really great job building resources into SYEP. We want to make sure, like you said, that if a young person is interested in a career in SYEP-- in the early childhood education sector and education and childcare, that they use that first SYEP experience as their next step.

So we've done a ton in Work, Learn, Grow to make sure that as young people move through this vision of a year-long program, they have access to CUNY courses, to credits, and to other opportunities where they are able to actually build upon what they did in SYEP.

But that has been possible because of the length of time that Work, Learn, Grow allows the amount of engagement that the young people have, the time, and the resources that it takes to do the work of getting young people placed in CUNY courses, in jobs that are relevant to the CUNY courses. We've done great work. We've had over 20,000 participants

in Work, Learn, Grow over the last five years, receive a college credit through Work, Learn, Grow. So we know how to do it, but I think trying to do that within the framework of the six weeks of SYEP can be really challenging.

CHAIRPERSON STEVENS: Well, keep building up my argument for a full-year extension of programming, because that's what you just did. It helps support what I'm saying. But again, Work, Learn, Grow has its limitations because it's not for everyone, right? And so that's probably my biggest issue. I love Work, Learn, Grow. I think it's a great program. I actually have Work, Learn, Grow folks who are in my office. But it's one of those things where we have seen what that looks like to have a full-year program and what actually could be done with that.

So I understand the challenges, and we'll continue to have these conversations offline. But you actually just helped build up my argument for full-year programming.

DEPUTY COMMISSIONER MULLIGAN: You know, we really appreciate you advocating for these programs, because we also think that they are really, really important for young people.

CHAIRPERSON STEVENS: Absolutely.

Okay, with that, we have no more questions for this panel. Thank you for your time.

I now open the hearing for public testimony. I remind members of the public that this is a formal government proceeding and that decorum shall be observed at all times. As such, members of the public shall remain silent at all times.

The witness table is reserved for people who wish to testify. No video recording or photography is allowed from the witness table.

Further, members of the public may not present audio or video recordings as testimony, but may submit transcripts of such recordings to the Sergeant at Arms for inclusion in the hearing record.

If you wish to speak at today's hearing, please fill out an appearance card with the Sergeant at Arms and wait to be recognized. When recognized, you will have two minutes to speak on today's hearing topic: *The Effects of Social Media and Screen Time on Youth Mental Health*.

If you have a written statement or additional testimony you wish to submit for the

record, please provide a copy of that testimony to the Sergeant at Arms.

You may also email written testimony to testimony@council.nyc.gov within 72 hours after the close of this hearing. Audio and video recordings will not be accepted.

I will now call our first panel: Adria Cruz, Matthew Brodwith, and Talia Kamran. If I messed up your names, please correct them when you start your testimony. Cassandra Kelly and Jasiyah Gilbert.

You may begin, in whatever order you guys...

(PAUSE)

ADRIA CRUZ: Good afternoon. Hi, my name is Adria Cruz, Deputy Director of Health Programs and Integration at Children's Aid. Thank you for the opportunity to testify on the effects of social media and screen time on youth mental health.

Across our programs, we see a steady increase in youth with anxiety, depression, and attention-related challenges. While multiple factors contribute, youth themselves, along with families and frontline staff, consistently point to constant connectivity and unstructured device use as a

significant concern. We've noticed impacts on sleep, focus, and peer conflicts that start online and spill into school and community settings.

We strongly support continued investment in mental health services. Simultaneously, we must also invest upstream in prevention by addressing contributing factors before they escalate into clinical needs. This includes increasing awareness among youth and caregivers and investing in youth development programs that promote real-world connections.

As a provider of 19 afterschool programs, we see the value of safe, engaging alternatives to social media. In light of recent COMPASS awards, which resulted in many community-based providers losing afterschool contracts, we urge the City to reaffirm and provide transparency on its commitment to expanding afterschool.

We also support reasonable guardrails on device use during the school day and in afterschool and summer programming, as harmful technology use extends beyond social media: 73% of teens report exposure to online pornography, nearly half during school hours on school devices; 80% report

encountering hate speech monthly; and between three to 8% (TIMER) meet criteria for youth gambling disorder, with up to 15% at risk.

Regarding the bills before you, we support the thoughtful approaches to youth safety and workforce development in Intros 450, 451, and 801.

While we appreciate the Council's commitment to youth safety in Intro 660, its implementation remains unclear. We already follow protocols to report and investigate bullying...

CHAIRPERSON STEVENS: Ten seconds.

ADRIA CRUZ: and protect student safety, and imposing additional monitoring risks, undermining trust and program quality by shifting the role of youth providers toward surveillance.

Thank you for your leadership and for the opportunity to testify.

CHAIRPERSON STEVENS: Thank you

JASIYAH GILBERT: Good afternoon. My name is Jasiyah Gilbert, and I am the Client and Community Engagement Manager at Legal Aid Society’s Juvenile Rights Practice.

We all want young people to be safe and prevent harm, but Intro 660 is not the way to do

that. This bill is not just about studying youth altercations. It expands surveillance into young people's online lives and does so in ways that will disproportionately impact Black and Latino youth. And we have seen this before. When surveillance increases, young people don't feel safer. They disengage. They pull back from programs, from services, and from the very adults who are trying to support them because trust and surveillance cannot coexist.

And what will young people do? They will go private, and they will go silent, not just from systems, but from the people in their lives who could actually help deescalate conflict before it turns into harm.

So instead of preventing harm, this bill risks pushing it further out of reach, out of sight, and away from meaningful intervention.

If the goal is truly safety, the answer is not more monitoring, even in the name of a study; it is stronger relationships and real trust with young people because safety is not created through surveillance, it is created through connection before harm ever occurs. Thank you.

TALIA KAMRAN: Hi, good afternoon, my name is Talia Kamran, and I am an attorney with Brooklyn Defender Services.

We appreciate the Council's attention to issues that impact the mental health and well-being of New Yorkers. But at the same time, we're concerned that strategies like social media monitoring and reporting will result in increased contact with the criminal legal system and ultimately disrupt the lives of young people.

BDS is a public defense office. We provide criminal, family, and Immigration Services, and because we're working at the intersection of these systems, we see how surveillance-based approaches to public safety are actually harming the people that they're claiming to try to protect.

In my limited time, I want to express our strong concerns about Introduction 660.

First, it carries serious privacy concerns. The bill's operative trigger of verbal or physical altercation is not defined and leaves enormous discretion to program staff to try to interpret what an altercation is, and creates a vagueness problem under the First Amendment.

And to the extent that DYCD programs operate in and alongside schools, documenting student conduct and online activity could violate FERPA (The Family Educational Rights and Privacy Act). And where programs connect young people with mental health services, reporting behavioral information could conflict with HIPAA. So directing program managers to surveil and document participants' behavior like this will probably result in actual violations of privacy laws. And on top of this, this kind of surveillance of social media is already happening. NYPD has SMART teams (Social Media Research and Analytics Team), right? They're surveilling, at a multi-million dollar scale, youth social media at all times. They also permit officers to create fake profiles to impersonate teenagers and add young people on social media. And they're mapping all of this all of the time. So if prevention isn't happening there, why would we then reduce the quality of services that are supposed to deescalate conflict and support young people by putting the barrier of surveillance in front of youth accessing things that will help them succeed? (TIMER) Thank you.

CASSANDRA KELLY: Good afternoon, Chairs. My name is Cassandra Kelly, and I'm a Policy Attorney at the Legal Aid Society. I testify today against Intro 660.

As defenders, my colleagues and I come in contact with hundreds of vulnerable young people each and every day. We go beyond just fighting for them in court. We build relationships with the young people we serve and slowly earn their trust. We learn about their interests and the community supports that not only keep them safe, but also help them flourish. Based on their needs, we work hard to connect them with programs that create safe spaces and support them. The programs that have the greatest impact on our youth are often funded by DYCD.

Intro 660 is a direct attack on the Black and brown youth we represent. It destroys DYCD-funded safe spaces that providers fought hard to create.

Social media squabbles turning into some sort of in-person altercation is a universal problem. We are living in a world where wars are declared on social media. The power and impact of social media are felt across all ages, races, and social classes.

While we can appreciate wanting to protect our youth from the negative impact of social media, Intro 660 is very far from the answer; it is racist in application, as it targets the mostly Black and brown youth who benefit from programs funded by DYCD, calls for their over-surveillance, and destroys their safe havens.

It is very disappointing that once again this city is looking to target, label, and surveil our youth instead of providing the actual support and safe spaces they need.

I would be remiss if I didn't highlight how far-reaching this bill is. It calls for our children to be targeted, investigated, and surveilled at afterschool programs, youth shelters, sports programs, during Summer Youth Employment, at crisis management systems, and so much more.

Intro 660 applies to all DYCD providers. This could include our 4th graders getting into a verbal dispute in the afterschool program.

Today, I urge you to stand up for our youth and oppose Intro 660. So many of us here today have testified before the Council, urging the passage of Intro 460 to abolish the gangs database. But what

Intro 660 creates is far worse than that rogue database and is also more expansive.

(TIMER) Intro 660-- Just two seconds.

Intro 660 does not protect our children; it harms them. The bill states that it is the duty of the Commissioner to gather data, but let's be clear, not only is this an impossible burden based on a multitude of organizations that receive DYCD and ONS funding, but there is no way for the Commissioner to obtain this information without the involvement of providers.

Intro 660 turns providers into extensions of law enforcement, while destroying our children in spaces where they should be free. We urge you to oppose Intro 660.

CHAIRPERSON STEVENS: Thank you.

MATTHEW BRODWITH: Good afternoon, and thank you for the opportunity to speak today. My name is Matthew Brodwith, and I serve as a Community Organizer with Legal Aid Society's Community Justice Unit, working closely with crisis management sites across the five boroughs of New York City, including the Bronx and Harlem.

These CMS sites include organizations such as Save Our Streets, Guns Down, Life Up, Bronx Against Gun Violence, and broader networks—32 crisis management sites citywide made up of credible messengers, outreach workers, and violence interrupters.

I want to speak about strong concerns regarding Intro 660 and the proposal for DYCD and ONS to monitor youth social media activity.

Across all five boroughs, CMS programs build one core foundation: trust. Credible messengers, outreach workers, and violence interrupters are effective because they are embedded in the same communities they serve. They are people who have lived experience, who understand the realities on the ground, and who can step into conflict before it escalates into violence.

Young people engage with CMS not because they feel monitored, but because they feel heard, supported, and respected. That trust allows outreach workers and violence interrupters to mediate disputes, prevent retaliation, and connect young people with real resources at critical moments.

My concern is that introducing social media monitoring into this work risks undermining that foundation. Historically, violence prevention through CMS has never relied on monitoring social media, especially youth. That space has largely been associated with law enforcement surveillance, including NYPD monitoring social media, and in some cases, digital communication investigations.

Bringing CMS into the monitoring role risks blurring the line between support and surveillance. It could show shifts in how young people perceive credible messages, outreach workers, and violence interrupters from trusted community-based support to extensions of enforcement. Once that trust is weakened, it becomes significantly (TIMER) harder to reach young people in the moment.

We also share the same goal of reducing violence and protecting young lives. But the most effective CMS work is relationship-based, not surveillance-based. If we want to strengthen outcomes across the city, we should invest in credible messages, outreach workers, and violence interrupters, not introduce systems that may

unintentionally undermine what makes this work successful.

Thank you so much for your consideration and your time.

CHAIRPERSON STEVENS: Thank you.

COUNCIL MEMBER CABÁN: Thank you very much for your testimony, and I obviously share a lot of the concerns that you all have brought here today.

CHAIRPERSON STEVENS: Same, and I look forward to continuing these conversations. Again, I think for me, specifically here (INAUDIBLE), is a place where we want to hear concerns and want to hear things so they can be addressed. So, thank you. So, in addition to talking to me, please make sure you reach out to the bill sponsors as well, so that she can hear those concerns as well. Thank you.

PANEL: Thank you.

CHAIRPERSON STEVENS: Next panel will be: Cherokee Dickens, Dana Rachlin, Karen Rogel, Melissa Hunte, and Paula Magnus.

CHEROKEE DICKENS: There we go. Peace, blessings, and community.

Good afternoon, Chairs and Members of the Council. My name is Cherokee, and I am the Executive

Director of We The People 4 The People By The People. I, along with our partners House of Skillz Barbershop and Lucian Dojo, created Spread Love, a youth-led, intergenerational anti-bullying initiative rooted in restorative justice and healing.

We are here to talk about mental health and substance abuse, but we cannot have that conversation without addressing a root cause: bullying. Bullying is often dismissed as kids being kids, but for many young people, it is their first experience with trauma. In New York City, nearly one in three middle school students reports being bullied. Those youth are significantly more likely to experience anxiety, depression, and turn to substance abuse. This is not a coincidence; it's a pipeline.

Bullying leads to isolation. Isolation leads to untreated mental health challenges, and too often that leads to substance abuse.

Through Spread Love, we work with elementary school youth across Brooklyn, creating safe spaces where they can express themselves, build confidence, and resolve conflict without harm.

We focus on prevention, not crisis response. And that brings me to Intros 660. While we

understand its intent, we do not support this bill as written. Focusing on monitoring young people rather than addressing root causes risks damaging trust and increasing isolation. Instead, we urge the Council to invest in community-based solutions, funding trusted organizations, expanding restorative justice, and supporting youth-led prevention programs. Because we already know (TIMER) where the problem begins. The question is, what are we willing to do to invest in this work? If we wait until harm is documented, we are already too late. We must start earlier. We must start with our children.

Thank you.

CHAIRPERSON STEVENS: Thank you.

KAREN ROGEL: Hi, good afternoon. Thank you for the opportunity to testify today on Intro 801 and for your leadership in strengthening New York City's early childhood workforce.

My name is Karen Rogel, and I am the Director of Strategic Initiatives at Literacy Inc. (LINC). I also coordinate City's First Readers (CFR) initiative, which is the City Council's early literacy initiative.

We strongly support Introduction 801, particularly its inclusion of employment, apprenticeships, internships, and credit-bearing opportunities in childcare and early childhood education through the Summer Youth Employment Program.

But I want to be clear that training and early literacy must be a central component of these opportunities, not an afterthought. This is a child's first step in their educational journey. What happens in the first five years of life lays the foundation for everything that follows. Decades of research show that early literacy development, beginning at birth, is one of the strongest predictors of later academic success.

Early literacy is not just about books or learning letters. It is about language-rich interactions, responsive caregiving, and the back-and-forth engagement that builds brain architecture. These are skills that can be and must be taught to adults working with young children.

As Introduction 801 creates new entry points into the early childhood workforce, it also creates powerful opportunities to ensure that every

new provider understands how to support early language and literacy development from day one. Without that training, we risk expanding access to care without expanding quality.

We encourage the Council to ensure that these apprenticeships and internship experiences include structure, evidence-based training in early literacy and child development. Participants should leave not only with work experience, but with practical tools: How to engage children in conversation, how to support vocabulary growth, and how to create nurturing and language-rich environments. This is especially important because many of the SYEP participants will come from the very communities where children face (TIMER) the greatest barriers to reading success.

By equipping these young people with early literacy knowledge, we are not only building a workforce, we are also building community capacity. Thank you very much.

MELISSA HUNTE: Thank you, Chairs and the Committee, for giving me the opportunity to speak.

My name is Melissa Hunte, and I am a Licensed Social Worker and the Social Work Manager at "I Have A Dream" Foundation.

"I Have a Dream" builds cohorts of "Dream Scholars" from under-resourced communities and provides a holistic continuum of afterschool and summer programming and services for young people from kindergarten all the way through college, along with guaranteed post-secondary scholarship support.

We currently operate two program sites in New York City, serving 220 Dreamer Scholars ages 5-23. Each of our young person's journeys stretches over more than a decade of wrap-around programming from kindergarten to their first job.

At "I Have a Dream" Foundation, we run a Digital Citizenship class that specifically helps our young scholars navigate online spaces safely, keep information private online, and understand the role of social media in friendships. This programming is reinforced by a weekly anti-bullying group session within our social-emotional support framework, part of our Overcoming Obstacles curriculum, rooted in the evidence-based approach utilized by CASEL (Collaborative for Academic, Social, and Emotional

Learning), which we adapt as our scholars progress through grade levels to ensure age-appropriate guidance. They learn the importance of being a good friend, empathy, how to report bullying, and standing up for what's right; all of which are rooted in the CASEL five competencies of self-awareness, social awareness, relationship skills, responsible decision-making, and self-management.

Building on this foundation, we recently integrated monthly parent workshops on social media safety to bridge the gap between home and digital life. Due to our long-term approach here at "I Have A Dream" Foundation, these skills are reinforced consistently through high school and beyond.

I want to thank the Council for convening today's hearing and exploring policy solutions to ensure that our young people use social media responsibly, so that digital literacy can serve as a tool for success for our young people, not for setbacks, and urge the Council to continue to invest in community-based programming that reinforces (TIMER) these lessons to our young people and their parents. Thank you so much.

PAULA MAGNUS: Good afternoon, Chair Stevens, and Members of this Committee. My name is Paula Magnus. I'm the President of Northside Center for Child Development. Founded in Harlem, we serve over 5,500 children and their families through therapeutic education programs and Head Start programs across Harlem, the Bronx, and Brooklyn. We have clinicians in 23 public middle and high schools. And we have over 80 years of experience in children's mental health clinics and how it intersects with education and the minority community.

Our clinicians and teachers are on the front lines of the crisis. They see children who cannot read a face or resolve a conflict, because screens have replaced real-world practice. They see 4th and 5th-graders with explicit content on their phones, and they see something particularly alarming: when phones are taken away, the children become severely dysregulated. This is not a bad mood. This is withdrawal.

These platforms, as you've heard with all the facts and figures, are engineered to be addictive, and that engineering keeps improving every year. For each new generation, it is harder to put

down that instrument. Jonathan Haidt's study showed how it increased anxiety and depression beginning in 2012. And as you can see from experienced individuals in the field, they confirm it.

So, pass Intro 450 and Intro 451. Invest in the mental health services children already need. The legislation before you is the beginning of a serious (TIMER) response, and these children deserve nothing less. Thank you.

CHAIRPERSON STEVENS: Thank you. No questions for this panel. Thank you for your time.

The next panel will be: Davene Roseborough, Alena Aguilar, Walter Sebastian Adler, Susanne Duque, and Troy Lee. Is Dana Rachlin here? Oh, you can come up with this panel.

SUSANNE DUQUE: Hello, my name is Susanne Duque, I am a Lieutenant with B-HEARD, the Mental Health Response Unit.

EMTs in the service are often very young; they are in their 20s. It's often the first job they have, but back to behavioral health, behavioral addictions like social media. What helps is therapeutic alliance, honest conversations to meet the young people where they're at.

Mental health support readiness is not always guaranteed. This is an impasse we face as mental health providers. We at B-HEARD are able to work in a team. We work so well because we let the client decide who to connect with: the clinician, the EMT, or (INAUDIBLE), maybe a school safety officer, the para, or the teacher.

Trust is only built one model at a time. You have to be authentic, consistent, non-judgmental, useful, and transparent.

Young people often have a low mental health literacy for care navigation, so there is a need for prevention initiatives and mental health advocacy.

There are high comorbidity rates without integration, which brings the need for a complex care system, such as No Wrong Door places, where you go in not really knowing what services you need, but getting the services when you need somebody who manages that for you.

Followups are important after crisis care or hospitalizations to support, understand, and equip with coping, and so on. So it would be nice if all our New York City EMTs had that. A preventive care

clinician as peers in teams (TIMER), complex care system, and followups. Thank you.

WALTER ADLER: Good day, Members of the Council. My name is Paramedic Walter Adler. I'm a hospital-based 911 paramedic. I'm one of the EMSPAC organizers.

The epidemic of mental health is affecting our youth in an extreme way because of the amplification of what they can be exposed to on the phone. But it is absolutely the civilians as well, all day and all night, plugged in to watching a life that we would like to be leading, friends that we would like to be seeing, and comparing ourselves against artificial things. All with the purpose of trying to sell us something.

In the end, what affects the EMS force, what affects civilians, and what affects the youth is an overlap. And in relation to today's topic, I would like to say on behalf of EMSPAC, we are very much in favor of the regulation of social media for both youth and adults.

Where the youth and where civilians depart from my specific workforce is this: when the doom scrolling stops of the tragic, the wonderful,

the beautiful, and dark things that we are connected to through these phones, my workforce has to then put down the phone and drive like crazy across the city to mop up the effects of the mental health.

So we see it as interconnected. Whether my workforce, whether any other workforce, whether youth in particular, are affected by the virus of social media being rampant in our society, I think that is almost beyond debate.

But what I bring is a specific message to the Council on behalf of my organization:

Youth are very vulnerable, because for the first time in our human history, these devices are letting them be plugged in 24/7.

Adult civilian employees of all trades are vulnerable because this is the main way we can have a life on top of the grueling way we work 60-70 hours to survive in our city.

And as an EMS workforce, when I drop the phone and have to drive through traffic to try to bring someone back from the dead, or one of my colleagues has to go deliver a baby, or someone has to go to a youth who is losing their mind because of

what they are seeing on the phone, we say all of this needs our attention.

We encourage the Council to support the mental health needs of all New Yorkers, and to limit what social media can do as nothing less than an unregulated virus rampant in our society.

TROY LEE: Good evening, Council Members. My name is Troy Lee. I'm a New York City paramedic. I'm also a high school track coach.

I listened to the first panel speak for an hour about the statistics they put together, the stats, and everything. I can tell you what I've seen firsthand. I have 25 athletes on my team. I have seven who have mental health issues. I have four who are cutting. I have three who have thought about suicide. I have one in February who actually attempted suicide.

This is more than an epidemic. There is no recourse for them. I'm sitting in a school, as coaches, we're trying to find a recourse. We have none. You're in the middle, either you tell the school what's going on and lose the confidence of your athlete, as I've talked to parents, and they say

they don't want the school to know. So now you sit right in the middle.

We've been trying to find different organizations that can help them, and we haven't been able to.

Last week, one of my kids was cutting from their wrists all the way up to their elbow. I don't think people understand what's going on at this point. I believe that the first panel that was up here talking is completely not on the ball with what's happening. They're moving at such a slow pace and a slow percentage that they're working with. I'm not the only coach in the city who's having this problem. I'm talking about a very small window. As a New York City paramedic, six weeks ago, I responded to a house for an 11-year-old having an anxiety attack. The 11-year-old was on anti-anxiety medication. The mother was concerned that since she spoke Spanish, the pediatrician wasn't really listening to her. When I asked them what the followup steps are as far as counseling, there are none. All that happened was the pediatrician put this 11-year-old on medication. This is crazy. And I find that the first panel that was sitting up here is very

much behind the 8 ball; they are not where they need to be.

Every high school in New York City is probably having this problem. All I look for is maybe if they set up a desk in a high school, give these kids a pamphlet where they can call. They don't want to go into the counselor's office in the school, because they're afraid of people seeing them walk in or walk out. And that's the answer that my kids are telling me. We need some kind of help, and we're not getting it. Thank you

DAVENE ROSEBOROUGH: Thank you, Council Members, for allowing CFR to speak. My name is Davene Roseborough, and I am a Parent Advocate with the Center for Family Representation.

As a Parent Advocate and a single mother of two grown men, I have personally seen how social media and screen time can significantly affect children. Excessive screen time and social media consumption can often replace face-to-face interactions, reducing opportunities for children to develop emotional regulation and social skills. This can lead to low self esteem, social anxiety, increased aggression, and difficulty reading

non-verbal cues such as body language, as we have learned today.

Electronics can also memorize the amount of time a child spends interacting with family members and others, which can lead to emotional distress and can result in behavioral challenges within the home.

At this time, we must recognize the reality that many families face; as screen time plays a role in keeping children entertained and occupied, while parents address their various responsibilities, it is not realistic to remove these devices from families' daily lives entirely.

Let's not forget that screen time is no longer strictly for gaming and social media, as many, if not all, children receive homework to be done on electronic devices.

I have worked with clients who face a range of challenges that are often misunderstood or overlooked. Some parents struggle with digital illiteracy, including navigating school technology platforms, assisting children with online assignments, or setting up email accounts to receive important school communications—— all skills that

could help parents better understand how their child navigates the digital world.

The concerns about social media usage are driving an important conversation (TIMER), and we must recognize that no one is more concerned about this than our parents. Accordingly, we must ensure that parents are included in the conversation about addressing social media and screen time. The focus should be on meaningful solutions, such as supporting families with things like computer literacy programs, community centers, resources, and activities that create safe spaces for our families.

By helping families educate themselves and build digital literacy, we can better educate them about the potential harms of social media and screen time. We can ensure that parents and children can work together to navigate an increasingly digital world. Thank you.

ALENA AGUILAR: Good afternoon, Chairs and Members of the Council.

My name is Alena Aguilar, and I'm a Senior Social Worker with the Center for Family Representation in the Youth Defense Practice. We work with young people whose lives are shaped not only by

their neighborhoods, but by what happens on their screens.

Social media is not inherently harmful. At its best, it fosters connection and community, especially for young people who feel unseen. But for many adolescents we serve, it amplifies risk. Conflict no longer ends at school. Threats spread online. Fights are shared. Intentions follow youth home with no off switch, fueling anxiety and hyper vigilance. Online disputes increasingly spill into the real world, where harm and dangerous trends, such as subway surfing, are performed for views. For adolescents, the pull of visibility can outweigh their ability to assess danger, sometimes with fatal consequences.

Adolescence is a critical stage of development where emotional and reward systems are highly active while impulse control is still maturing. Social media intensifies that imbalance, reinforcing impulse behavior and heightening emotional reactivity, especially for youth impacted by trauma. We see the results every day: rising anxiety, escalating conflict, physical harm, and deeper involvement in the legal system.

Social media is not the sole cause, but it is a powerful accelerator of the risk and the inequities that surround them.

So what do young people need? While we understand the instinct and desire to better understand the issue and gather more information, increasing reporting and surveillance is not the solution.

What young people need the most are constructive, engaging, and sustainable alternatives to social media, as well as mental health support to address social media's impact on their lives. This requires investment in culturally competent mental health care, community-based programs, well-funded schools, and safe spaces both online and offline.

While well meaning, Intro 660 takes a punitive surveillance focus approach that risks doing more harm than good. Expanding reporting and monitoring of young people's online activity would only increase disproportionate surveillance without addressing the root cause of the conflict. It will (TIMER) likely have a cooling effect, discouraging youth from seeking help or expressing themselves openly.

Rather than emphasizing surveillance, reporting, and monitoring that have long disproportionately affected youth, policy solutions should focus on investment and prevention, support, and opportunity. Because right now, the systems that are meant to protect them are not keeping pace with the world they're growing up in, and our young people are paying the price.

DANA RACHLIN: Good afternoon, Chairs and Members. My name is Dana Rachlin, and I am the Co-founder of We Build the Block.

For something to be called good, it must cause good. Intro 660 will cause very predictable outcomes, none of which are good. Those outcomes are all the same issues that the legislation is supposedly solving. We heard social media causes depression, anxiety, addiction, and sleep deprivation. Those are all the same symptoms exhibited by youth being gang policed, yet Intro 660 aims to systemically expand gang policing policies within the same organizations trying to stop it.

As this esteemed body knows, the highest risk youth in this city are already being surveilled and monitored. This leads me to believe that Intro

660 is an admission by this body that the NYPD, which touts its online and tech advancements, and has entire units within the real-time crime center dedicated to monitoring social media activity, is wholly ineffective in nurturing safe communities and stopping dangerous behaviors.

We also know that the NYPD has an abundance of what is being asked for by providers to share for their study. Is this an admission that the NYPD does not share meaningful and timely information and data with the other parts of government that can allow our city to develop safety strategies that actually work? If a city agency is unwilling to share data in service to safety, that raises questions about priorities and accountability that truly deserve this body's attention.

Perhaps it is more politically expedient or politically safer to put youth providers who are already underpaid, unprotected, and overworked in a surveillance posture with their participants, undermining their approach, integrity, and relationships, rather than address real deficits in government that lead to safety and stability.

I hear the concerns raised about social media, including how it is used by both government and private companies. Those concerns are valid. But with Intro 660, we must be clear. (TIMER) Are we trying to regulate platforms and markets, or are we expanding surveillance of young people and exacerbating the symptoms of social media by compounding anxiety and depression with surveillance by young people they trust and rely on? Because those are not the same thing.

Today, it was said that young people have unlimited access to social media; that is true, but it is equally true that many young people, especially served by DYCD providers, lack access to stable housing, high-quality schools, healthcare, mental health support, nutritious and affordable food, employment, and meaningful pro-social activities. If we are serious about youth safety, those are the conditions we must address and are within our power to address.

I urge this body to consider the consequences of delaying the abolishment of the gang database while simultaneously building a new one. Safety is not created through surveillance. It is

built through stability, trust, and investment. Thank you.

CHAIRPERSON STEVENS: Thank you to this panel.

CHAIRPERSON CABÁN: And I just want to say a quick thank you, in particular to the First Responders on the panel. Thank you for your work.

CHAIRPERSON STEVENS: And your perspectives were different. Thank you so much.

That concludes the in-person portion of public testimony.

We will now move to remote testimony. If you're testifying remotely, please listen for your name to be called. Once your name is called, a member of our staff will unmute you. You may then start your testimony once the Sergeant at Arms sets the clock and cues you to begin. You may begin once you are unmuted by the Sergeant at Arms.

COMMITTEE COUNSEL: First, we will have Annie Minguez.

SERGEANT AT ARMS: You may begin.

(PAUSE)

ANNIE MINGUEZ: (NO RESPONSE)

COMMITTEE COUNSEL: I repeat, we are calling Annie Minguez.

SERGEANT AT ARMS: You may begin.

(PAUSE)

ANNIE MINGUEZ: Good afternoon, Chair Joseph and Members of the Committee. My name is Annie Minguez Garcia, and I am testifying today to share our concerns about Intro 660, which would require DYCD-funded programs to report on incidents of social media.

As a provider of afterschool, community-- Chair Stevens, thank you.

As a provider of the crisis management system, as a provider of afterschool, as a provider of Cornerstone, Beacons, and other programs within DYCD's portfolio, our staff are not trained to surveil young people on social media. This would require us to build out additional staff to do this. But we would have major concerns about being able to do this and to be reporting on it, because our job is to ensure that young people are in a safe, encouraging environment, and that we build relationships with them. And this, to me, is counter to that.

If we're going to be reporting, we should be considering ways in which we could be educating young people about the use of social media, and also researching how it's impacting their mental health, which I know there were other bills regarding that were introduced.

Thank you so much for allowing me to testify.

COMMITTEE COUNSEL: Next, we will be calling Sitan Sako.

SERGEANT AT ARMS: You may begin.

(NO RESPONSE)

COMMITTEE COUNSEL: Seeing no one online, we now call Evelyn Nedderman.

SERGEANT AT ARMS: You may begin.

(NO RESPONSE)

CHAIRPERSON STEVENS: The following witnesses are signed up to testify remotely. If there is anyone else online who wishes to testify, please raise the Zoom Raise Hand Function.

Okay, great. If there is anyone present in the room who has not had the opportunity to testify but wishes to do so, please raise your hand.

Seeing no one else who wishes to testify, this hearing is now adjourned. Thank you. [GAVEL]

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 no interest in the outcome of this matter.

Date June 24, 2026