CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION

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Thursday, May 4, 2023
Start: 10:29 a.m.
Recess: 1:52 p.m.

HELD AT: COUNCIL CHAMBERS, CITY HALL

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SERGEANT AT ARMS: Thank you. Good morning, and welcome to the New York City Hybrid hearing on the Committee on Mental Health, Disability and Addiction. Please silence all electronic devices. Thank you for your kind cooperation. Chair, we're ready to begin.

CHAIRPERSON LEE: Thank you. Good morning, everyone and welcome. Sorry for the late start. We're just getting things in order. And I just want to thank you all for being here today on this very exciting day with the Mental Health Roadmap, because, you know, this is definitely something that we've been working on for months.

And so I'd like to begin by just thanking all of you for being here today. So the Committee is holding a hearing on 12 pieces of legislation including Intro number 1018, Intro number 1019, and Reso 9584, which I have sponsored, Intro number 1021, and Resolutions number 587, 588, 589. Sponsored by Majority Leader Powers, along with Intro number 1006 sponsored by Councilmember Bottcher, Intro number 1022 sponsored by Councilmember Riley, Reso number 0088 sponsored by Councilmember Holden, Reso number 583 sponsored by Councilmember Joseph, and Reso number 592 sponsored by Councilmember Schulman.

Since many of the sponsors of these pieces of legislation are here to speak about their respective bills, I will not get-- get into the specifics and the details of each and let them speak on that. And instead I just want to uplift the fact that we are here to discuss these bills, because they seek to address existing challenges in the New York City-- New York City's mental health landscape, and how best to address and respond to incidences like we saw just this week with Jordan Neeley, with people suffering from various levels of mental illness, both from perspectives of healthcare providers and from those seeking services for themselves and their families.

On April 24, New York City Council Speaker Adrienne Adams, Majority Leader Keith powers and I unveiled the New York City's Mental Health Roadmap. This roadmap is a point of departure outlining our goals designed to expand prevention and supportive services, invest in our mental health workforce, confront harmful intersections between the mental health and criminal justice systems, facilitate safe and appropriate connections to care for all New Yorkers, and bolster public awareness of available resources and where to go and get them. And may I

just add that this is after years of disinvestment in the mental health system, and we knew this was an issue even before COVID, and so this is us trying to get a little bit closer to where we need to be.

The Council's complete Mental Health Roadmap can be found on the New York City Council's website, and we encourage you all to visit and explore its contents.

At the onset of today's hearing, I'd like to remind everyone that the goal of the roadmap was not to create another program or reinvent the wheel (like the previous administration), but rather to eliminate gaps in care and service provision while coordinating and implementing policies in a way that streamlines the path to help and provide access to better mental health for all. So it's really utilizing already-existing programs, services, and the amazing people on the ground that are doing the work and just really packaging it in a way and streamlining it in a way that makes sense.

And so finally, the Mental Health Roadmap is by no means an exhaustive listing of what's missing in the New York City's mental health services, but rather the beginning of what we hope will be a

transformative living document -- and I want to say living document again -- that will grow alongside the mental health care needs for every New Yorker.

I want to thank the administration, the advocates, legal service providers, volunteers, and any individuals with lived experience who have taken the time to join us today. We look forward to hearing from you.

At this time, I'd like to acknowledge my colleagues who are here right now joining us. We have Councilmembers Bottcher, Councilmember Cabán, Councilmember Riley, and then on Zoom, we have Councilmember Rivera as well as Councilmember Holden.

And finally, I'd like to thank the committee staff who worked to prepare this hearing, Legislative Counsel Sarah Sucher, Senior Legislative Policy Analyst Christy Dwyer, Finance Analyst Danielle Glantz, Senior Data Scientist Melissa Nunez, and Data Scientist, Rachel Avrum.

I will now turn it over to the sponsors of some of the bills we're hearing today to give brief remarks.

Councilmember Bottcher if you would like to go first.

COUNCILMEMBER BOTTCHER: Thank you so much, Councilmember Lee, Chair Lee. I really want to thank you for your leadership on this committee and your leadership in helping to develop the City Council's Roadmap.

How tragic and awful is it that here we are the day after Jordan Neely was murdered on the floor of a subway car. Rather than helped, he was killed.

If this isn't a symbol of how badly we've failed as a society on so many levels, I don't know what is.

So here we are at this hearing discussing a suite of legislation that we hope will help turn the tide on the mental health crisis in our city. We've got to do so much more than just express outrage about what happened to Jordan Neely -- as important as that is-- as important as it is to call it out for what it-- for what it was -- we have to actually do the work to make sure that this never happens again.

And the truth is that, as of now, it will happen again. It's going to happen again and again and again. And we've passed the buck on the issue of mental health for decades Actually, we've been-- we've done worse than pass the buck. We've covered up the tracks. We've slashed at mental health

budgets. We've used public policy rationale as an excuse for saving money for austerity. When we shut down our state psychiatric institutions and mental health hospitals in-- with a noble goal of closing these faulty institutions, a lot of that was about saving money. When we closed our psychiatric beds during COVID to make room for COVID patients, a lot of that was about saving money and not restoring those beds. So shame on us if we don't do better.

The bill I'm introducing today would require the city to conduct an extensive outreach and education campaign, about the services that are available for the uninsured, that are available for the undocumented. A lot of these services are underutilized, and a lot of New Yorkers don't know that they're eligible for these services. So I really want to thank my colleagues here, and all the advocates and the administration members. Dr. Vasan, I know that this is your life's work. We worked together when you were the head of Fountain House, and I do feel optimistic that we're beginning to turn the tide. But we can't take our foot off the gas. We've got to do so much more, and we need to do it quickly.

I have Keith Powers' remarks that I can read after my colleagues go. Is that okay?

CHAIRPERSON LEE: Yeah, fine. Councilmember Riley?

COUNCILMEMBER RILEY: Thank you, Chair Lee. Um, I just want to give a shout out to my staff, Amanda, for preparing remarks for me, because this is something that we've been working on for a long time. But as everyone has sensed, my energy is down. I'm frustrated. I'm angry. I'm sad, because for the last few years, we're watching, literally-- instead of us receiving resources, we are being choked out. Black men are not safe. We are literally being choked out. Instead of giving resources. I can't explain this to my kids no more. Every morning as I'm getting them ready for school, we watch the news. They've seen us being shot at. They're seeing us being choked out, when we're supposed to be protected.

This Roadway to Mental Health is truly important because we are literally, literally killing our people.

There's no reason Jordan should have been choked out for 15 minutes. Are you serious? How can you

stand there and choke someone out for 15 minutes? This is ridiculous. We are failing. Can't none of us leave this administration if we don't change what's happening right now. This is not talking points. This is not about policies. This is about humanity. We have to provide resources for our people. There is no safe spaces for people with mental health. If you are going through a mental health crisis, there's nowhere for you to go. People don't feel safe. There's no therapeutic beds. There's no community centers for people to go to. What are we doing here?

So I apologize to my staff for preparing these wonderful remarks that I had to say today. And I'll read some of it because I know she worked very, very hard. But I'm not leaving this administration until we do something for our people, y'all.

We have to stand together. We have to continue to fight. And this is why I'm introduce-- introducing Intro 1022 to hopefully require the Department of Health and Mental Hygiene to create a pilot program that will establish community centers for individuals with severe mental illness in high-need areas. Because Jordan himself when he's asking

for food, when he's asking for shelter, when he's asking for resources or a job, he could have went to one of these community centers.

So I am pleading with my colleagues. And I'd like to thank my colleagues, Councilmember Bottcher, Councilmember Lee, because they have been true advocates for mental health. I am pleading with my colleagues to please sign onto these package of legislation, and let's please get these passed. Thank you, Chair Lee.

CHAIRPERSON LEE: Thank you so much, Councilmember. And Councilmember Bottcher if you could read Majority Leader's statement.

COUNCILMEMBER BOTTCHER: This is testimony from-- a statement by Council Majority Leader Keith Powers.

"For too long New Yorkers have been seeking greater access to mental health services. While the state and federal governments have the wherewithal to do more, we can no longer wait for them to act. The New York City Council has the opportunity to advocate more forcefully and take its own legislative and budgetary steps to help our mental health crisis.

"That's why I'm proud to join the effort detailed in the council's Mental Health Roadmap, a plan spearheaded by Speaker Adrienne Adams and Chair Linda Lee which puts forward our own path on the issue in a clear focus. I applaud their initiative.

"I am particularly proud to sponsor a bill which would require the city to establish directly or through contract 2 Crisis Respite Centers per borough. CRCs are facilities that provide a place of refuge for New Yorkers facing crisis and are a proven alternative to hospitalization. CRCs provide individuals with temporary accommodations and a flexible support schedule that allows them to continue regular activities including work. They are staffed by both mental health professionals and peers that provide guidance and support. Four CRCs currently exist that are created by a City-led demonstration program. We need to fill major gaps and capacity.

"I'm also sponsoring three resolutions that put this council on record in advocating for programming and technical assistance that must be spearheaded by or in partnership with Albany and Washington. This includes a resolution calling on

the city and state to reenter the successful New York, New York Supportive Housing Coordination Framework of years past, which held both sides accountable for production goals. Another resolution calls on the federal government to correct the 988 lifeline for geolocation in order to ensure crisis calls are being routed appropriately. My third resolution calls on the state to increase the insurance parity enforcement efforts by applying for available federal funding. Despite existing laws requiring mental health to be treated on par with medical issues, insurance companies too often fall short on compliance.

"I think the Speaker, Chair Lee, and all my colleagues that are contributing to this package. I also thank all the numerous council staff that worked so hard on the Roadmap. And of course, a special thanks to the advocates, including National Alliance on Mental Illness NYC, Legal Action Center, Community Access and Transitional Services for New York, who helped inform our work along with the others we continue to meet with on this topic. I look forward to the testimony today. And ask that my colleagues move this package of legislation forward.

CHAIRPERSON LEE: Thank you so much. And I'm just going to go off the cuff a little bit here. So for those that haven't had a chance to look at the Roadmap online -- because I never want to make assumptions that people understand all this stuff, because I know I didn't understand this as well -- but when-- when it's an Introduction, that's the City Council level bills. And when it says Resolution, that's the State-- that a State bill that we're just supporting simply on behalf of the City Council.

And the reason why I want to make that distinction is because when it comes to mental health in New York state, as a city, we can provide funding resources, but oftentimes the compliance and regulatory pieces of mental health and legislation comes from the state level. So it has to be a joint partnership, and it has to be something that, you know, we work closely with in terms of the City Administration -- and DOHMH, thank you so much, Commissioner Vasan, by the way for being here with your staff. And also I know at the state level, Commissioner Anne Sullivan is very dedicated to this work, and working with the city. So, you know, anything that you all do to-- when you look at this,

if you have feedback, please let us know. And as I mentioned, I want to emphasize again, it's a living document. We know that circumstances may change and that we may need to adjust along the way. So, you know, we're open to hearing from advocates always. So, I just wanted to put that out there as well. And with that, I will hand it over to Committee Council Staff Sarah Suture to administer the oath for the Administration.

COUNSEL: Thank you, Chair. Will you please raise your right hand?

Do you affirm to tell the truth, the whole truth and nothing but the truth before this Committee and to respond honestly to councilmember questions?

ALL: Yes.

COUNSEL: You may begin when ready.

COMMISSIONER VASAN: Good morning, Chair Lee and members of the Committee on Mental Health, Disabilities, and Addiction. I'm Dr. Aswhin Vasan, the New York City Health Commissioner. I am joined today by Deepa Avula, Executive Deputy Commissioner for Mental Hygiene at the Health Department, and Jamie Neckles, Assistant Commissioner for Mental Health at the Health Department, as well as Laquisha

Grant Acting Deputy Director of Mental Health Systems and Initiatives from the Mayor's Office of Community Health.

As Councilmember Bottcher noted, in his opening remarks, mental health has been a major focus of my life's work. And for me, it represents a coming together of my professional skills and experience in public health, epidemiology, and clinical medicine with my personal journey as a loved one of family who have suffered from, succumbed to, and even triumphed over mental illness and the impact of that journey on my own well being. I joined the health department more than a year ago, therefore with a deep commitment to addressing rising mental health needs for people in New York City, something you've heard me refer to as the second pandemic. And I'm proud to help lead the Mayor's commitment to centering mental health and the public health agenda for the city. It's good to be here with you all today to discuss the council's Mental Health Roadmap. Our city's mental health and well being is a shared value and a shared commitment.

We know that every New Yorker is healthier when they live in a city that's healthy. But right now

our city's health is declining, and mental health is a major contributor to that both directly and indirectly, the crisis is playing out directly in front of us seen with escalating overdoses. We lost nearly 2700 New Yorkers to an overdose in 2021, which is the highest number we've ever seen. And we're losing a New Yorker every three hours to overdoses. We're on track to surpass that number in 2022. We know that the mental health crisis also disproportionately affects young people who have endured a very difficult few years through the COVID-19 pandemic. I know firsthand as a parent, what this looks like. Thousands of our youth are coping with, as well, the loss of a loved one, and have experienced social isolation and loneliness which you have seen recently the US Surgeon General declaring a national health crisis. And according to the CDC, nearly one in three teenage girls say they've considered suicide, an increase of 60% from a decade ago.

Further, our neighbors who live with serious mental illness are not getting the treatment they need. On average, the time between first symptoms of serious mental illness and treatment is 11 years.

And the result is that too many of our neighbors living with treatable conditions are actually living on the streets, cycling in and out of hospitals, or worse, our jails and prisons. We cannot accept this.

In March, the mayor and I announced our historic Mental Health Plan, "Care, Community, Action: A Mental Health Plan for NYC", which focuses on these three priority areas: Improving the mental health of youth, treating people with serious mental illness and reducing overdose deaths. This plan centers on a public-health approach, focusing deliberately on the needs of the most vulnerable to build a system that benefits us all, and understanding that it will demand unprecedented collaboration between city, state, and federal partners to address issues like workforce, housing, and payment which we are already beginning to see.

The plan is ambitious and far reaching and will affect millions of New Yorkers while also being pragmatic, focused, and clear. It builds on evidence-based approaches, but also combines innovation and iteration where best practices are not as well defined.

Some of the key early initiatives we will be building include a new front door to the system for young people through a digital mental health program for New York City teens to access mental health services more easily and quickly, and that links to site-based care in schools and in the community as needed as part of a continuum of services.

We're also committed to addressing the potential impacts of social media on children and adolescents, and critically looking at online spaces as potentially harmful health exposures, balancing approaches grounded in policy, regulation, and research with harm reduction and education for young people, caregivers, and other stakeholders.

For our neighbors living with serious mental illness, we're collaborating closely with the New York State Office of Mental Health to expand mobile treatment capacity to serve 800 more people and to make immense efforts to assist the small subset of acutely ill New Yorkers facing street homelessness and serious mental illness. We're also expanding the capacity of our clubhouses, our one-stop community centers, facilities for rehabilitation, treatment, or other services to provide safe, supportive, and

sticky communities for people with SMI that can reduce hospitalizations, homelessness, and criminal legal system contact while expanding employment and educational opportunities and improving health and wellness.

During fiscal years 22 and 23, New York City clubhouses have enrolled more than 1000 new members, and this ongoing growth demonstrates a clear demand for the services as a key pillar of our community mental health system for people with serious mental illness, and a clear commitment from this administration.

We must also continue to invest in the expansion of 988 and integration with NYC Well, ensuring that New Yorkers have a clear alternative to 911 for their mental health needs that are not emergencies requiring response in minutes, while positioning NYC as an exemplar in the pathbreaking federal 988 initiative, which will create a fundamental shift in how we view access to mental health resources.

To reduce overdose deaths, we continue to support overdose prevention centers as part of an expanded harm reduction hub strategy, and are working to expand the services to reach more communities across

the city. We're also enhancing our drug-checking work, expanding naloxone distribution, bringing our Relay non-fatal overdose response program to additional hospital emergency rooms, and facilitating access to treatment like methadone and buprenorphine.

From a policy perspective, we're working closely with State, academic partners, and other stakeholders on an agenda to build the mental health workforce and continue efforts to increase reimbursement for mental health care in line with federal parity laws. We understand that we cannot continue to build more and more programs on top of a fundamentally under-resourced, and under-capacitated system.

And as Councilmember Lee alluded to, this is just the beginning, or the first floor, if you will, of a multilevel, multiyear effort to build the mental health system we've always deserved, but never had, and need now more than ever.

I'm very happy to expand upon all of the initiatives covered by this plan and to answer any questions. I'm also looking forward to discussing more specifics on new funding at our executive budget hearing on May 15.

Turning for a moment to the legislation being heard today: These bills are all still under review by the law department.

Intro 1006 requires the Health Department to establish and implement an outreach and education campaign regarding mental health services that can be accessed under Health + Hospitals NYC care program as well as other H+H behavioral health services. We agree that ensuring New Yorkers know how to find the help and care they need is vital. We want to make sure that New Yorkers are connected to the services that are right for them, whether that be at an H+H site or by another community provider. We look forward to working with the council to identify more opportunities to promote NYC Well 988 and mental health services throughout the city.

Intro 1018 requires the Health Department in conjunction with NYPD and other agencies to provide an annual report to council and other agencies about involuntary removals conducted pursuant to Mental Hygiene Law Sections 9.41 and 9.58. These statutes authorize the removal of a person to a hospital for medical evaluation in the event of observable mental health impairment, where the person is conducting

themselves in a manner likely to result in serious harm to self or others, which can include harm from clearly unmet medical or basic needs. The goal behind these removals is to improve access to care, reduce social isolation and connect people to stable housing and community based care in the long term. We support collecting, tracking and reporting on this data to the public annually, and look forward to working with Council to ensure this proposal is aligned with the data we have access to and are collecting through our work, as well as ensuring that any data reported does not compromise patient confidentiality and privacy.

Intro 1019 requires the Health Department to develop and maintain a searchable electronic database an interactive map of outpatient mental health service providers in New York City. The Health Department already provides access to a provider directory through NYC Well 988. Providers can submit requests to be included in this directory. NYC Well 988 is available 24/7 to New Yorkers where they can speak with a counselor and be referred to available services and providers. We look forward to discussing these capabilities with you further and

addressing any questions and concerns. We also want to make sure that we are not creating duplicative systems or resources that can be further confusing to the public, and we recognize that the State plays the primary regulatory and oversight role for mental health providers and facilities.

Intro 1021 requires the Health Department in consultation with the Mayor's Office of Community Mental Health and other relevant agencies to ensure that each borough has at least two Crisis Respite Centers open to walk ins and referrals. To date, nine Crisis Respite Centers, also called supportive stabilization centers, as they're now called, operate across all five boroughs, half of which are in contract with the Health Department directly and the other half with the State Office of Mental Health, or OMH. These sites are an OMH-licensed service and we expect to open more soon. In 2022 OMH released an RFP for additional Supportive Stabilization Centers, as well as an a slightly higher level of respite care called Intensive Crisis Stabilization Centers. Further analysis is needed after the additional sites are opened to assess remaining needs throughout the city. We look forward to discussing with you how

crisis respite center locations are determined based on the agency's assessment of need, and population size.

And lastly, Intro 1022 requires the Health Department in consultation with OCMH to create a pilot program that would establish community centers for individuals with serious mental illness in high-need areas of New York City. The City's serious mental illness plan outlines the expansion of clubhouses. The Health Department will soon be releasing a concept paper outlining the planned approach to expanding clubhouses in New York City, and specifying high need areas to be targeted for that expansion. I am obviously a strong proponent of this model, having run Fountain House before joining the administration last year, and having previously driven expansion of the model in New York City and across the nation. I look forward to working with Council and discussing how the plan to expand clubhouses accomplishes the same goals in the proposed legislation.

We look forward to this discussion and to answering questions you might have. We thank you for your collaboration, as we work together to address

the mental health of our most vulnerable New Yorkers. And let me just add, given recent events, specifically around Mr. Neely: I am not here, and it is not my place to comment on an open investigation. But as a doctor, as the city's doctor, as a New Yorker, and as a human being, this was a tragedy, and our hearts go out to Mr. Neely's family and his loved ones. As the city's doctor, no one deserves to lose their life with a mental illness. Thank you.

CHAIRPERSON LEE: Thank you so much, Commissioner Vasan. And we definitely look forward to hearing more details on the funding aspects in the executive budget hearing (which is scheduled for May 15, in case you guys did not hear that). And I'll just dive right into questions and then hand it over to my colleagues also to ask questions.

So Mayor Adams announced the fiscal year 2024 executive budget prioritizes strengthening the city's mental health resources. So can you give us a sneak peek and elaborate on what specific investments will be made, and where?

COMMISSIONER VASAN: Yes. I'm happy to, and thank you for the question. The executive budget for 2024 but as well as in years out has baselined

approximately $50 million in new funding for growing our mental health system. And as you alluded to, this is just a start. Some examples: Our key initiatives include building a new digital mental health program for New York City teens accessible to all high school aged students to access mental health services more easily and more quickly; expanding mobile treatment capacity by 800 slots to serve more people facing street homelessness and SMI; of course, expanding clubhouses for people living with chronic serious mental illness; expanding our overdose prevention initiatives, including our OPCs, expanded harm reduction hubs, drug checking, and Naloxone; and of course expansion of BEHERD to more zip codes around the city.

These are investments we'll be making year over year with the combination of city, state, and federal dollars in our budget. The fact that we now have a state budget is helpful in sort of outlining these specific investments. And as I alluded to in my remarks, these are all balanced around a public health approach that emphasizes prevention, community-based care as prevention of crisis, as much as it does crisis response.

CHAIRPERSON LEE: Thank you. Now, moving over to Intro 1018, in relation to reporting on involuntary removals: Is the administration in support of this bill?

COMMISSIONER VASAN: So the law department, of course, is still examining the language-- the specific language in the bill. But at a high level, we are very supportive of data collection, we are actively engaged in interagency data collection. You can imagine that's no small feat, given the number of agencies involved in our subway outreach program and our removals. And we are very open to efforts to increase transparency and reporting both to the City Council as well as to, of course, the public. And so we look forward to discussing more details around this bill with you and your teams.

CHAIRPERSON LEE: Yes. In general, I'm definitely a very big fan of data. And just what are your thoughts on the implementation? And also your feedback on what should be included in these reports?

COMMISSIONER VASAN: Well, we are collecting-- Thank you for the question. We're actively collecting data now and looking for ways to best present it, coordinate it. As I said, it's no mean

feat. This is also exquisitely sensitive data. The privacy rules and regulations around the sharing of data for people with mental illness are extremely strict, and for often very good reason, to protect the needs of the individual and the community member.

So we are happy to discuss more on the details of the actual implementation of any proposed bill. I will say, just at a top line, I think we have to look at this holistically. My interest, and our interest as administration is getting to zero, zero people who face need to such a degree that they are living on the street or the subway are facing crisis in-- either in public or private settings. And so whether it is involuntary removal, voluntary removal, we have to track all of that together, because the goal here is getting as close to zero as we can.

CHAIRPERSON LEE: And hopefully we can continue that conversation because yes, definitely privacy laws and everything, we want to protect identities, but definitely we also want to try to see what would be the best indicators to put in that report. So definitely would love to have those conversations.

Okay, great. Just want to sorry, really quickly recognized Councilmember Hanif as well as Councilmember, Deputy Speaker Ayala, who is on Zoom.

[COUNSEL WHISPERING]

Yeah, okay.

So just, the-- the bill, as drafted currently requires DOHMH to create and submit the reports. But do you think that it-- would DOHMH or OCMH be better suited for-- for that role?

COMMISSIONER VASAN: We-- We are happy to talk about implementation. We work in close collaboration anyway. And so we're happy to talk about details with you and your staff about who should be leading reporting. But we're-- that's an active-- we work very closely together. So--

CHAIRPERSON LEE: okay.

COMMISSIONER VASAN: -- we'll all be working on it anyway.

CHAIRPERSON LEE: And has any data been compiled so far regarding the implementation of the directive or not as of yet?

COMMISSIONER VASAN: Yes. We're collecting a substantial amount of data. And as you can imagine, even building the data frame to pull in data from,

you know, tens of agencies is -- and as well as external partners, nonprofit partners that are collaborating with us -- is no mean feat. And so we're actively building that now.

CHAIRPERSON LEE: Great, thank you.

Sorry, just in case, I also wanted to recognize Councilmember Abreu.

And then I'm going to pause on my questions, because now that we have quorum, I know that Councilmember Holden, who is on Zoom, wanted to make a statement about his bill that he's introducing today.

Councilmember Holden, if you're there?

COUNCILMEMBER HOLDEN: Thank you. Thank you, Chair Lee, and thank you for this important hearing. And thanks to my colleagues who have signed on to Resolution 88. And by the way, I-- I introduced this in the last council in July of 2019. And it went nowhere, never got a hearing. So I appreciate Chair Lee that you're bringing this up. But this my resolution calls upon the United States Congress to pass, and the President to sign legislation to fully repeal the institutions for mental diseases exclusion from the social security act.

Under the current law, states cannot be reimbursed through Medicaid or providing inpatient psychiatric services. And that's ridiculous. Over the decades, a perverse financial incentive has taken hold. Bureaucracies realize it's cheaper, but less effective to provide treatment that Medicaid can cover. IMD exclusion is outdated and prevents us from helping the severely mentally ill with the inpatient psychiatric services that they need. Repealing the mental disease exclusion will be a significant steps in getting the severely mentally ill off of our streets, out of our jails and into hospital beds.

I applaud all my colleagues for addressing the mental health crisis. With legislation being heard today. I am proud that my resolution will be part of the Mental Health Roadmap legislative package, which should receive a vote in this Council as soon as possible under the-- you know, under the situations that we're seeing on the streets of New York. Thanks again to Chair Lee for holding this necessary hearing, and to all my colleagues who have introduced legislation and resolutions today. Thank you.

CHAIRPERSON LEE: Thank you so much, Councilmember.

Okay, so going back to the questions going to Intro 1019, which is in relation to requiring the creation of a database, interactive map of outpatient mental health service providers in New York City, which I know is definitely a big lift and takes resources. But in general, is the administration in support of this bill?

COMMISSIONER VASAN: Thank you for the question. In general, we are in support of the intent of this bill, and we look forward to working with you on making this information on how to access mental health services more widely available. I think the bill, its intent, as well as steps that we've made through NYC Well to build already an opt-in directory, are trying to get to this very core issue, which is mental health services are confusing for too many people, regardless of your insurance status, especially if you are English-- a non-native English speaker or a new immigrant to the city. And anything we can do to break down those barriers and to be more transparent around where services are in your communities in your zip codes is something that we're

committed to and have already built an opt-in service through NYC Well.

We are acknowledging though, that for this to become more than just an opt-in service, we would need the State to mandate inclusion of providers in such a directory. And we're actually we've actually opened up discussions to that end with them.

CHAIRPERSON LEE: Okay. And I just had a quick question based on the testimony that you gave, because you were saying that you want to be mindful of not creating duplicative systems, and recognizing the role that the State plays. But do you-- How-- Just out of curiosity, the question I had when you mentioned that is how would that sort of impact this bill? Would it impede it at all? Or how do you see that being a potential barrier? Well, we're looking at the-- the law department is looking at the language, the specific language of this bill. But the essential point of what I was saying is:, we don't want to create a new architecture for releasing data on providers or a map that we don't already have, number one, and to the extent that that map is incomplete, is only because it's currently an opt in system. And as a city, we have no way to mandate

providers that are not licensed by the city to put their reporting, put their location and range of services online. But the State does have that authority. And so we're talking to them about building on our current database. What would it look like if we mandated that kind of reporting?

CHAIRPERSON LEE: Okay. Got it. Thank you for that clarification. And I just want to recognize we've been joined by Councilmember Joseph, and she is also going to be making a brief statement on her bill that she's introducing as well.

COUNCILMEMBER JOSEPH: Thank you, Chair. Good morning, distinguished colleagues. I'm here today to speak in support of my resolution Reso 583, which calls on the State of New York to subsidize the education and licensing costs of CUNY students to commit to working in a public sector and then mental health professions, which as you may all be aware of historically experiences high turnover rates and staffing shortages.

As many of you know, mental health is a critical issue in our city, and the demand for mental health services is at an all-time high. However, the mental health profession has historically experienced high

turnover rates and staffing shortages which have resulted in long wait times for patients and a lack of access to care. One of the main reasons for the shortage is the high costs of education and licensing required to work in this field. Many students who want to pursue a career in mental health are deterred by a financial burden which can be incredibly challenging for those coming from low-income families. By subsidizing the education and licensing costs of CUNY students who commit to working in the public sector and mental health professions, we can encourage more students to pursue careers in this field and help address the staffing shortage currently impacting mental health services in our city, and of course, high pay.

This resolution is a win-win for both students and community. With the passage of this resolution, students will have the opportunity to pursue their dreams without incurring an overwhelming financial burden. And the community will benefit from a more robust mental health workforce, which will improve access to care and reduce wait time for patients. I urge my fellow councilmembers to support this resolution and call on the State of New York to

invest in our mental health workforce, help us work together to ensure all New Yorkers have access to quality mental health care.

Special thanks to all of you who already supported this resolution. Hopefully more members will sign on to this resolution. Thank you, Chair.

CHAIRPERSON LEE: Thank you so much, Councilmember Joseph. Okay, so I'm just going to ask a few questions on behalf of Majority Leader Powers, since he could not be here with us today. And this is in relation to the Crisis Respite Centers.

So actually, could you clarify the numbers? Because-- Is it because some are operated by DOHMH and some OMH? Because I think the-- we had for Crisis Respite Center sites that we noted, but have there been more expansions to that? If you could elaborate. Sorry.

COMMISSIONER VASAN: No problem. And thank you for the question. And you're right: It is because some of them are operated and appear in our city budget. Some of them are directly funded by the State OMH, but they are the exact same model. We know Crisis Respite Centers play a critical role in transitions of care, whether transitioning from

crisis, most importantly, but even in some small subset for people who need transition from crisis.

And so we currently are driving expansion of these Crisis Respite Centers in partnership with State OMH. There are currently nine Crisis Respite Centers across the five boroughs, two programs each in Brooklyn, Manhattan, and Queens, and one program each in the Bronx and Staten Island. Each program has a capacity of about 50 beds and a maximum stay of about 28 days per person per year.

In addition to these Crisis Respite Centers, we also operate to Support and Connection Centers, which are built off of the Crisis Respite Center model, but also offers counseling, psychiatry, and onsite medical care, which is different than Crisis Respite Centers. The Support and Connection Centers -- one in northern Manhattan and one in the Bronx -- have a total of 35 beds and have the capacity to serve a total of 60 people at any given time. So that's really like Crisis Respite Center Plus.

CHAIRPERSON LEE: Okay, so do you-- So do you have oversight of the ones-- I mean, so OMH is completely separately run in terms of their-- their crisis with centers? Or is that jointly with DOHMH?

COMMISSIONER VASAN: Yes, we're working very closely-- Thank you for the question. We're working very closely with OMH on a joint expansion, but the fact that they appear differently is simply a product of their funding. The model is one that has been in the city for a long time.

CHAIRPERSON LEE: Yes. And then in-- So in terms of the contractual relationships with the City versus others is that-- if you can make that distinction in terms of the site. So are they usually contracted-- like, are they contracted differently between those nine sites?

COMMISSIONER VASAN: They are. We're happy to get you more details on the specifics of each site.

CHAIRPERSON LEE: Okay, great. Um, and in-- Okay, so you actually touched on my next question on the differences of the support and connection centers versus the Crisis Respite Center, so thank you for that.

In a city of over 8.5 million, we need to increase capacity at all types of health facilities, especially those treating New Yorkers in crisis. So you mentioned some of the current bed capacities at

the existing CRCs. Could you just go over those numbers again, if you could? Sorry about that.

COMMISSIONER VASAN: Oh, I turned the mic off, not on. I'm happy to do that. But I'll actually kick it to Jamie Neckles, our Assistant Commissioner for the Bureau of Mental Health.

CHAIRPERSON LEE: Great.

ASSISTANT COMMISSIONER NECKLES: So across the nine Respite Sites that operate in New York City, there's a total of 50 beds available. So that's 50 total.

CHAIRPERSON LEE: Total?

ASSISTANT COMMISSIONER NECKLES: Yep. Available. Citywide.

CHAIRPERSON LEE: Whew. Okay. Um--

ASSISTANT COMMISSIONER NECKLES: Stays are short as well. So...

CHAIRPERSON LEE: Right. So 28-- You said 28 days?

ASSISTANT COMMISSIONER NECKLES: Up to 28 days--

CHAIRPERSON LEE: Up to 28 days, okay.

ASSISTANT COMMISSIONER NECKLES: --is what's doable. You know, people may stay one to two weeks.

So far more people can use it in a given year than 50.

COMMISSIONER VASAN: And there are an additional 35 beds at the Support and Connection Centers.

CHAIRPERSON LEE: An additional 35. Okay. And just out of curiosity, um-- So I mean, I'm sure the goal is to refer them out to existing community programs in outpatient clinic settings and those types of services. So is it that you see sort of a revolving door at these Respite Centers of similar people that are coming in and out? Or-- if you-- do have numbers on individuals who are just unique, one time versus the ones that are reoccurring?

COMMISSIONER VASAN: We'll be happy to get you more specific numbers. But in general, you can imagine that these are pitstops or waystations in the continuum of care. Ultimately, we want people to be stably housed. If anything-- if not stably housed, then clinically stable and in a shelter with a roof over their head, because it's very hard to-- to stabilize long-term, when you don't have a roof over your head. We want them to be connected into community-based mental health care whether that means they need an outreach team, or whether that is site

based care at a clinic, depending on their ability to keep up with that kind of care. And of course, we want them to be connected to a community of peers where-- so they don't fall into isolation. Isolation is the harbinger for crisis. When we start to see signs that someone has fallen out of view, or fallen off the map, or stopped attending visits or programs, that's a harbinger for someone who's struggling either with their treatment, struggling with their symptoms, and is either in crisis or peri-crisis. And so these stabilization centers, these crisis centers, are there to get folks who are in crisis the early steps and the early choices and the early referrals and connections to start the process of stabilization.

CHAIRPERSON LEE: Great, thank you. And I know-- I feel like I know the answer to this, but I'll just ask it for the record: But is the administration in support of this overall bill, initiative?

COMMISSIONER VASAN: Yeah. The law department is looking at the specific language of the bill, but we are very supportive of Crisis Centers as a whole.

CHAIRPERSON LEE: Got it. Yes. Thank you so much. Okay. And with that, I'm actually going to

hand it over to Councilmember Rivera, if you're on Zoom still, because while we still have quorum, I want to make sure she's able to ask her questions. Councilmember Rivera?

Okay, if not, we can actually come back. Okay, so with that, I'm going to hand it over to Councilmember Bottcher to ask questions that you may have.

COUNCILMEMBER BOTTCHER: Thank you. Commissioner, I'm going to ask the same question I asked just over a year ago about clubhouse capacity. In 2001, the de Blasio administration put out a press release announcing that they would expand clubhouse membership by 25% from the current 3000 to 3750. By December 31, 2021. Can you report on clubhouse membership today in New York in May of 2023?

COMMISSIONER VASAN: Thank you for the question. And I'll kick it to Jamie Neckles again. But I will say that in the last year alone, we've expanded clubhouse capacity by more than 1000 new members. But as I alluded to in my remarks: It's very difficult to build more and more on top of foundationally weak systems. And so what you're going to see us do, and we are about to issue a

concept paper to this effect, is restructure our Clubhouse system so it can absorb new capital, new resources and real expansion, especially as Councilmember Riley's bill suggests in high need neighborhoods that have historically not had access to clubhouse services. I'll kick it to Jamie for more specifics.

ASSISTANT COMMISSIONER NECKLES: Yup. We met that goal and exceeded it. So there's currently over 5000 members across 16 clubhouses in New York City.

So, um--

COUNCILMEMBER BOTTCHER: That's great.

ASSISTANT COMMISSIONER NECKLES: Yeah, it's wonderful. There--

COUNCILMEMBER BOTTCHER: That's great news. What's the goal? For clubhouse capacity?

COMMISSIONER VASAN: We sta-- Thank you for the question. We've stated the goal in our Mental Health Plan to expand clubhouse enrollment to 15,000 in-- in this administration by the end of the first term. So we're working actively on that. And hence the new concept paper, new RFP.

COUNCILMEMBER BOTTCHER: Great, what do you need to achieve that goal that you currently don't have with respect to resources, real estate, et cetera.

COMMISSIONER VASAN: Thank you for the question. You mentioned that we need staffing. We need program support.

We need real estate; we need physical space for people to come and spend their days. Some of the clubhouses, if you visit them, they're-- they're extremely small. I was lucky enough to run Fountain House, which has thousands of members, but some of them are as small as 40 or 50 members. And so we need to have some standardization of the model in order for it to expand and that includes space, and that includes more staffing. So we run up against some of the workforce issues you-- or folks have highlighted.

As well as-- we need-- we need data systems. We need data systems to bring this together. And lastly, we need referral pathways. We need our emergency rooms, our Crisis Respite Centers, our community-based providers to know by default that clubhouses are there as a point of referral as a

point of partnership. And-- and that to date hasn't been the case, but we're working on it.

CHAIRPERSON LEE: Okay, do we have? Oh, wait, no. Okay. Great. Councilmember Riley?

COME IN RILEY: Thank you, Chair Lee. Thank you, Commissioner. Thank you to your team for presenting today.

Can you explain the functions of a clubhouse, just for those who don't know what a clubhouse is?

COMMISSIONER VASAN: Absolutely. Thank you for the question. Clubhouses are essentially rehabilitative communities that-- whose sole intent is to break social isolation or prevent social isolation and increase economic, educational, and employment opportunities, and thereby increase health and well being. In doing so they prevent crisis, they prevent hospitalization, they prevent homelessness, and they prevent criminal legal system involvement. And not to put a dry number on it, but it also prevents costs. Costs to the city, costs to the health system, and moral costs, and physical costs to the patient and the member in the case of the clubhouse.

Inside these clubhouses, members, as they are called, are participating in a working community. So they are the lifeblood of keeping the program going, participating in structured work, structured training, educational and employment programming, as well as the work to keep the community together. And so in that way, clubhouses are an anchor institution, but they're also an early warning system. As I mentioned, in my response, if someone stops coming to a clubhouse, your community of peers, then it's-- that that was an attempt for us are an opportunity for us to reach out and say, "what's going on" before you descend into crisis.

COUNCILMEMBER RILEY: Thank you, Commissioner. I understand that the Clubhouse Program is a proven model for providing resources to those dealing with serious mental illnesses, and being a pathway for employment opportunities in this under-resourced system. How much funding and tracking is done to ensure that the system can be expanded equitably?

COMMISSIONER VASAN: Thank you for the question. This is a-- a real priority for us. In the concept paper that we're about to launch, and will be available in in public, we specify criteria that

centers equity, that centers zip codes, neighborhoods, and communities that haven't had access to these rehabilitative services, but that also face a high burden of unmet psychiatric and mental health needs. And so that's a major focus of this expansion.

COUNCILMEMBER RILEY: Thank you. I understand the Intro 988 has the capabilities to actively help those seeking aid in a mental health crisis. How is funding for this workforce managed to ensure this resource is adequately staffed and able to meet the growing needs of the most vulnerable communities?

COMMISSIONER VASAN: Thank you. Just to clarify, Councilmember, you're talking about 988, yes?

COUNCILMEMBER RILEY: Correct.

COMMISSIONER VASAN: Correct. So we're lucky in New York City that we have had NYC Well, and we have a structure in place with a suite of programs connected to NYC Well, that can serve-- is serving as the foundation for in New York City to be the exemplar, the leader in the country for 988 implementation. The federal legislation and the federal program of the 988 is relatively underfunded, but we're excited because the State has added

resources, just last year added $11 million into our 988 service. And our intent is to bring NYC Well and 988 together so that New Yorkers see one number, one line, one place to go an alternative to 911 and a place that they can get known crisis response services. I'll kick it to Deepa Avula for more details.

EXECUTIVE DEPUTY COMMISSIONER AVULA: Thank you, Commissioner. Yes, one of the things that we are really aiming to do in New York City is really be one of the first in the nation to realize the promise of 988. So at the federal level, one of the major reasons for implementing 988 was to ensure that everybody across this country really knew how to access care immediately with a very simple, easy-to-remember, three-digit phone number.

The good news is, as the Commissioner referenced, 988 and the lifeline over time has historically been under-resourced. Recently, the federal government has really put an infusion into insuring-- heavily financing these systems across states. As the Commissioner also mentioned, we are working very closely with the State to ensure that we are gaining access to those funds to help increase a more robust

array of services through our 988 and NYC Well system.

COUNCILMEMBER RILEY: Thank you. And Chair, if I could just ask one more question? Being that what took place this week with Mr. Neely: Can you just explain the functions that DOH has within the transit system? Do you guys do outreach on the subway system? Do you have a presence there, that if individuals are going through a mental health crisis? If you don't, do you plan on pretty much doing that moving forward?

COMMISSIONER VASAN: Thank you for that question, Councilmember. DOH is a part of-- The Health Department is a part of an interagency Subway Outreach Task Force. It's led by Deputy Mayor Anne Williams-Isom and Health and Human Services, but involves Department of Health clinicians, usually nurses, partnering with Department of Homeless Services and DSS outreach workers who are very much leading the engagement of homeless outreach, and with participation from our Police Department colleagues, as well. So we're working in these interagency interdisciplinary teams. And the role of our clinicians is on site. While the Department of

Homeless Services worker is leading the engagement, our clinicians are doing clinical assessments, running through checklists, running through symptom inventories, trying to assess a person's mental state in the field, which you can imagine is extraordinarily difficult. But in the 16 months that we've been doing this work, we've seen thousands of people choose to leave the subway and engage in care as a result of this persistent and disciplined approach.

COUNCILMEMBER RILEY: Thank you, Commissioner. And I'm pleading with you. As I stated in my testimony, we can be doing so much more. There's avenues for us to have conversations, to see if we can kind of address this another way. I'm just hoping that we can have more conversations on how we can do that. Thank you, Chair.

CHAIRPERSON LEE: Thank you. And I actually just wanted to comment on your bill, Councilmember Riley, because coming from a community center, you know, myself, I think this is hugely important. And I just wanted to actually ask a really quick follow up question, because I know we talked a lot about the clubhouse models. But does-- You know in terms of

establishing the community centers, does that also include other types of models aside from the clubhouse model as well?

COMMISSIONER VASAN: I'll kick it to Deepa Avula for more discussion. But it really depends on what population you're serving. Clubhouses are set up to serve people with serious mental illness, serious psychiatric disorders like schizophrenia, schizoaffective disorder, bipolar disorder, major depression -- very deeply isolating and debilitating mental illness. There are other forms of community programming for other populations, whether they be young people in crisis, young people in need, and others. And so I'll kick it to Deepa for more.

EXECUTIVE DEPUTY COMMISSIONER AVULA: Thank you. Yes, as was referenced, I think the model that has really been most evidence-based for individuals with serious mental illness is the clubhouse model for all of the reasons the commissioner just described. There are certainly other peer-recovery and other models that are based on sort of the idea of having a physical place for people in the community to go, to do similar things that a clubhouse model does. Really to-- Ultimately, the goal for anyone with any

behavioral health challenge, and what we want as health officials is for everybody to have a meaningful life in the community. So these community centers, other centers have things like peer recovery coaching, employment coaching, other types of sort of pro-social, drug-free activities, for example. There are many models out there that exist like that as well.

CHAIRPERSON LEE: Great, thank you. And now we're going to go over to Councilmember Hanif.

COUNCILMEMBER HANIF: Thank you, Chair Lee. And I'm grateful for the words of my colleague, Councilmember Riley. Thank you, Commissioner and your team for being here today and testifying and answering our questions. Honestly, I'm having trouble treating today's hearing as business as usual. Jordan Neely was murdered on the subway by a vigilante on Monday, and he should be alive right now.

I'd be remiss not to note that the Mayor has refused to condemn this murder. I think that is indicative of the Administration's approach to mental health crises. They've couched their harmful policies in the language of care. But ultimately,

policies like involuntary transport and homeless encampment sweeps are about treating human beings as blights that must be removed from the public eye.

Tragic deaths like Jordan Neely's are the inevitable result of our city refusing to acknowledge the basic dignity that all of us have as human beings. I want to focus my questioning on the BEHERD program, which could be a very important part of our Mental Health Roadmap. However, I'm deeply concerned by how the program has operated since its launch. I want to ask a few questions in the aim of understanding if the program is meeting its intended goal of providing non-police health-centered responses to New Yorkers experiencing mental health crises.

So to start off, when BEHERD was announced, the program aimed to have a non-police response to 70% of mental health calls. My understanding is that so far, this number is significantly lower. In 2022, what percentage of mental health calls in the pilot catchment areas resulted in BEHERD response without police?

COMMISSIONER VASAN: Thank you for the question. I'm going to kick it to Laquisha Grant from the

Mayor's Office of Community Health. But I will start with a commitment: The money that we've put to expanding BEHERD also means improving BEHERD. It's not just about expanding the model as is. It's about continuous learning, improvement through data, through engagement, through hearing from community experience, through hearing from provider experience, the challenges of being that health-first response that we all want for mental health crises in the city, and that this Administration is committed to. So I'll-- For your specific question, I'll kick it to Ms. Grant.

COUNCILMEMBER HANIF: Thank you, Commissioner Vasan.

MS. GRANT: Thank you, Commissioner. The commissioner is exactly right. We-- We're committed to expanding BEHERD, and doing so in a way that meets the needs of the communities that we're in. BEHERD is currently a pilot. Expansion-- Citywide expansion was announced as part of the mayor's Mental Health Plan. And as part of that plan, we will be, in the next week, releasing new data about BEHERD.

And so today, we are here to talk about the bills that are being legislated, but we're happy to talk

more about BEHERD in the coming weeks with-- with city council.

COUNCILMEMBER HANIF: So do you have this number on you? Or are you sharing--

MS. GRANT: I don't have any BEHERD related data on me. But we can get you data in the coming weeks.

COUNCILMEMBER HANIF: And then you're sharing that there's some additional data coming out next week--

MS. GRANT: Correct.

COUNCILMEMBER HANIF: --that will be public--

MS. GRANT: Correct.

COUNCILMEMBER HANIF: --data about the pilot. But just to get more clarity: Today, in this moment, right now, you are not prepared to discuss to BEHERD?

MS. GRANT: Not data on BEHERD.

COUNCILMEMBER HANIF: Not data on BEHERD. Because I am curious about the data on BEHERD, and that's something that I'd like to further engage on, particularly with what we saw happen with Jordan Neely and the necessity of having response-- mental health response teams in our subways that are without police interference or interaction.

And so you know, I-- to-- Commissioner, your point, want to make sure that our city does get BEHERD, right. And support it, to scale it citywide, and truly meet the need of the mental health needs of our communities, instead of trying to address it by expanding policing and jailing. And based on, you know, what I'm hearing right now, I am looking forward to the data and more engagement, because I know that we all are committed to the safety and security of New Yorkers, and particularly those who are unhoused and need immediate urgent services and services first. And so thank you for being here and I am looking forward to cooperation in the coming weeks. Thank you.

CHAIRPERSON LEE: Okay, great, thank you.

Yeah, he went away. Okay.

Okay, so I'm just going to ask a couple questions on behalf of Deputy Speaker Ayala, who's remote.

So how many 958 removals have occurred on the subway this year?

COMMISSIONER VASAN: Thanks for the question, Councilmember Ayala. And we're happy to get more information to you. We are, as I mentioned in my remarks, building the data framework to pull all of

that information together, and we will be releasing information at the appropriate time to the public.

CHAIRPERSON LEE: Okay, great. If you could, yeah, let us know. Because one of her followup questions was how that compares to last year's numbers. And so if you could give a year-over-year comparison, that would be great.

And what, what is the average length of stay at a hospital after someone has been removed and transported?

COMMISSIONER VASAN: Thank you for the question. And this is actually a point of great collaboration and work with, in particular our public hospital system and H+H. To ensure that we can-- It's not just an issue of rules and regulations. It's an issue of culture and practice, and training our emergency department physicians and psychiatric emergency room physicians to-- to keep people as needed, to admit people as needed. Obviously, there's a ripple effect with the bed supply. We're working hard to turn back on beds. It's also connected to long-term-stay beds. The state is working hard to open up State beds, which can house-- which can have people stay for longer. We know how

complex it is to get someone on a stable and effective psychiatric regimen when they've just been in crisis.

And so there are a lot of pieces of the chain we're working on. And so the stay in the emergency department is just one of those tools that were-- through training, education, as well as any exploration of any rules changes if that's needed.

CHAIRPERSON LEE: Great, thank you. Okay. Sorry, hold on one second.

Okay. Actually, I wanted to ask a really quick question on the Resolution that I have, 584, only because it-- it deals with the, you know, the workforce issue, which I know, is lacking right now. And it's the one that's calling on the New York State-- I know it's not a city policy. But I'm just wanting to know your thoughts on the impact of how this would, in your opinion, either help with the workforce issue, especially because across the board we've seen in the city, whether your a city agency or a nonprofit organization, you know, with mental health providers, you know, how this could potentially impact improving or increasing the workforce.

So for those that don't know, and that are here with us today, the New York State Legislature, this bills is to call and pass and the Governor to sign legislation to enter the Interstate Medical Licensure Compact, the Nurse Licensure Compact, and the Psychology Interjurisdictional Compact to enhance the portability of medical and mental health providers to become licensed in multiple participating states. So it allows them to carry over their licenses across state-- state borders. And so just wanted to know if you could give your thoughts on that.

COMMISSIONER VASAN: Thank you for the question. I haven't, and we haven't looked at the specific language. But I can say at a high level, the interstate compact and regional compacts like it were extraordinarily-- have been extraordinarily effective, in particular during COVID, to allow workforce shortages in particular areas to be addressed. As you know, at the early days of COVID, people were flying in from all over the country to help New York City courageously, and work in our hospitals and, and in our emergency rooms. And that was in part due to having the interstate compact in place.

Anything we can do to grow the behavioral health workforce and to reduce barriers to practice is something that we support. While we have to build a training pipeline of new graduates and new people entering the behavioral health workforce, we must also get existing providers to liberate them from the constraints that they certainly face.

So while I haven't looked at the specifics of this particular legislation, anything we can do to reduce those administrative hurdles is something that we are supportive of.

CHAIRPERSON LEE: Great, thank you.

Yeah.

Okay, great. I know that we wanted to have a couple of the Councilmembers, ask questions who are online but, um, because we've lost quorum, we will hopefully be able to forward those questions to you after the hearing and hopefully we can get a response that way. So thank you so much for being with us today.

COUNSEL: Thank you. We'll now move to public testimony. We're first going to do a mixed panel.

Actually, if the administration-- We just received questions from Councilmember Rivera if you

wouldn't mind just waiting for-- I'm so sorry-- just so we could ask them for her on the record. Thank you.

We are going to have a quick few minute break and then we'll resume. Thank you

[4.5 MINUTES SILENCE]

CHAIRPERSON LEE: Alright, thanks for your patience everyone. 76:30

[2 MINUTES SILENCE]

COUNSEL: Thank you. We'll now move to public testimony. Thank you all, and thank you for your patience.

So we're going to move to public testimony. I'd like to remind everyone that I'll call up individuals and panels. And all testimony will be limited to two minutes. However, I want to emphasize that we read all written testimony, and we will certainly read all of this testimony in depth because we are, as Chair Lee said, very focused on improving this living document of the roadmap.

So we will be enforcing the two minute limit. But you can submit your written testimony up to 72 hours after the close of this hearing by emailing it to testimony@council.nyc.gov. We will do-- the first

panel actually is going to be a mixed panel so we'll have-- in person we'll have Lisa Furst from Vibrant Emotional Health, if you could come up. And then on Zoom, we will then-- after Lisa testifies we'll go to Office of Assemblyman Sam Pirozzolo. So Lisa, when you're ready, you may begin, but take your time.

MS. FURST: Okay. Thank you for the opportunity to provide testimony today and for holding the hearing, Councilmember Lee and all other councilmembers here today. I'm Lisa First. I'm the Chief Program Officer with Vibrant Emotional Health. We operate a variety of direct service programs supporting mental health needs in the city, many of which are focused on children, youth and families and some on adults as well. We also operate the New York City Well Program here in the city, and we're the national administrators of the 988 Suicide Prevention Lifeline.

So just a few pieces of testimony, you know, very much in support of the spirit of the resolutions and the bills being introduced here today, particularly the emphasis on prevention and supportive services, the workforce shortage, the intersection of mental

health and criminal justice, and the need for public awareness and outreach.

You know, we've seen a long standing issue of the lack of culturally and linguistically-competent services, long waiting lists, clinicians not trained in evidence based methods to deal with trauma and other issues, high turnover, and all kinds of challenges that these resolutions and other pieces of legislation are designed to address.

We're particularly pleased that the council will continue advocating for adequate funding in the budget to expand school-based mental health services. We know how important it is to provide services to kids and their families where they actually are. We think the city should support all mental health contracts, having a COLA that scales every single year so that we can retain the workforce. And there are a number of other things I would love to speak about. But in my 30 seconds remaining, I do want to highlight particularly the issue that was talked about earlier regarding a database, the creation of a new database that is interactive. I want to echo comments we heard earlier from the administration, which is that NYC Well does have a searchable

database, with many, many resources. We would love to have the funding-- or continued funding really, to expand and enhance that service, to make it more interactive on the computer, to you know, grow it as needed.

So I would say we don't support the creation of something new, but rather support the creation of-- or the continued expansion of what already exists. And I will submit written testimony for the rest of my points. Thank you for your time.

CHAIRPERSON LEE: Great, thank you so much. And thanks for all the work-- I know it's very challenging, being the administrator of that. So I really appreciate all that you do. Thank you so much.

MS. FURST: Thank you.

COUNSEL: We'll now move to our Zoom witness. We will hear from Assemblyman Sam Pirozzolo. Please wait for the prompt to unmute yourself, and then you may begin. Thanks.

SERGEANT AT ARMS: Your time will begin now.

ASSEMBLYMEMBER PIROZZOLO: Hello. Thank you very much. I would like to thank the Madam Chairwoman and

the Councilmembers for allowing me to speak, and thank you, Commissioner.

I would like to congratulate you on the work that you're doing with the opioid settlement fund that's coming in. And I'm very happy to hear about all the great work that's going forward as far as trying to use this money and have opioid issues addressed. Staten Island and is very ready to step up and work with the city and the rest of New York in addressing the opioid issues, whether they be from treatment service providers, whether they be from prevention, or anything like that.

I would like to bring to your attention that I'm sure as you know, New York City has been given a municipal share of $286 million. And I know that directly you may not be involved in how this is broken down. But of this $286 million $150 million is being distributed through New York City right now.

Unfortunately, or fortunately -- maybe it's an oversight -- the City seems to have decided to distribute this money through agencies that really do not have an out-- robust treatment service program on Staten Island. For example, we have a lack of a city hospital.

We really do our treatment here through private hospitals and through private community organizations. So we would like very much to, as I said, stand up and work with the rest of the city to treat our residents, as far as opioid services are provided. I applaud very much what you have done as far as requiring these-- these distributions to be transparent and I thank you for that.

I just want to point out that I'm appreciative of the Mayor. The Mayor's office has acknowledged that there are serious gaps in Staten Island not being treated equally to the other four boroughs. The mayor is very concerned. And he does not think that Staten Island should be carved out. And if there were any solutions made at the agency level that appear to do this, he wants to find the solution.

So as I said before, apparently at an agency level, we kind of were carved out. And what we are looking for is our direct equal municipal share of the money that's coming into New York City to come to Staten Island. It does seem that every other borough has a carve out through a various city agency that, as I said, does not have a robust presence here on Staten Island.

So I just wanted to really enter that into the testimony. I thank you for everything the City Council has done so far, and I am very happy to hear that the mayor's office has said this. So I would like to say thank you very much.

And that is about it. I appreciate it. I'm looking forward to working with the city as far as making sure that Staten Island does get its equitable share of money from the opioid settlement fund.

Thank you.

CHAIRPERSON LEE: Thank you so much, Assemblymember.

COUNSEL: We will now move to our in-person panels. Our first panel will be Ava Rosenroth from New York Foundling, Cara Berkowitz from Coalition for Behavioral Health, Caitlin Garbo from NAMI, New York City, and Joelle Ballam-Schwan from the Supportive Housing Network of New York.

You may begin when ready.

Be sure to put a mic the mic on. Apologies. Yep, there you go. Perfect.

MS. ROSENROTH: Hi, my name is Ava Rosenroth. I'm testifying on behalf of the New York Foundling. The founding is one of New York City's largest and

longest serving nonprofit providers of Human Services. Thank you Chair Lee for holding this hearing and giving us the opportunity to provide this testimony. We're grateful for the care and attention that the council has given to this issue and the creation of its Mental Health Roadmap, and importantly, inviting partners to the table to inform its creation.

We applaud the Council's steadfast dedication to creating meaningful change at the systemic level. The Council's advocacy to state and federal actors touches on some of the most important issues shaping the service landscape, and if heeded, have the potential to drive large scale impact. For example, the rate increases advocated in Resolution 0592 have the potential to narrow the gap between the true cost of high-quality service provision and the amount that's currently reimbursed by Medicaid. This is one of the biggest obstacles to achieving the results promised by providing evidence-based treatment using proven models.

Additionally, the interstate licensing bill advocated in Reso 0584 will facilitate hiring, and make it easier for families in the Tri-State area to

maintain continuity of care during times when families need to move around our region. We are pleased that Councilmembers Lee, Powers, Rivera, Bottcher, and Riley have introduced Intro 1019. With the goal of strengthening the accessibility of information for New Yorkers seeking care. This law would require that DOHMH develop and maintain a searchable electronic database and map of outpatient mental health provider availability. The new database has the potential to bring together data from providers, the State Office of Mental Health, Insurance Plans and existing databases to create a true one stop shop for families seeking much needed help. Once again, we are grateful that the Council is taking meaningful steps to address the national emergency and Child and Adolescent Mental Health. The actions outlined in the Mental Health Roadmap are important and necessary assessment and crisis response measures.

We hope that the council takes a closer look at the full spectrum of mental health care that includes providers like The Foundling, who provide a vast array of services that go beyond assessment and crisis response. With full funding for mental health

care and crisis prevention, The Foundling and others like us can address the urgent needs of children and families impacted by the mental health crisis and strengthen our community in the long term. We look forward to working with you to address the mental health crisis. Thank you for your time.

CHAIRPERSON LEE: Great, thank you. Okay, sorry. Oh.

COUNSEL: Cara, you may begin.

Hi, good morning, or good afternoon perhaps. We submitted lengthy testimony, but I'll make this quick as the clock is already ticking. My name is Cara Berkowitz. I'm the Acting Director of the Policy Center for the Coalition for Behavioral Health and our newly merged partner ASAP, which is the Association of Substance Abuse Providers. Thank you. I know we've spoken extensively.

I want to thank Chair Linda Lee, and Eric Bottcher, among others for their leadership on these many issues. It is an incredible multi-pronged comprehensive list of proposals, and we're especially proud that we have worked with councilmember Bottcher on his new law to have mental health professionals in family shelters. So thank you very much for that.

We're here today because we all know, and as you mentioned, repeatedly, all of you, about Jordan Neely and the crisis that we're having across the city. The statistics as you know are heartbreaking. A New Yorker fatally overdoses every three hours. One of every five New Yorkers suffers from a mental health issue every year, and one in six children do as well. So we are really incredibly grateful for all that the Council is doing.

We are here because-- also because we are thrilled with your proposals at the state and federal levels. We know that this isn't just a city issue. And many of the issues that you call for-- for funding for 988, for help with Medicaid waivers, and helping those incarcerated are incredibly important and can't be done alone. We are also very grateful for recognition of these things because of the stigma that has pervaded mental health. I know I have 33 seconds. We stand up there ready to help and assist you and thank you very much for your time.

CHAIRPERSON LEE: Thank you so much, Karen.

COUNSEL: You can begin when ready, Joelle.

MS. BALLAM-SCHWAN: Hello, my name is Joelle Ballam-Schwan. I'm with the Supportive Housing

Network of New York. We are a statewide advocacy organization representing the nonprofit developers and operators of supportive housing. We would like to thank the entire Council for putting forward a holistic Mental Health Roadmap that calls for targeted investments in the historically underfunded mental health infrastructure, and addresses the workforce crisis.

We would like to commend the Council specifically for the following budget advocacy: The additional $45 million for NYC 1515 To meet the funding needs for the plans for meeting supportive housing units, $12.8 million for funding for the justice involved supportive housing, and the expansion of Intensive Mobile Treatment Teams. All are desperately needed to further New York City's supportive housing, expand opportunities for those exiting incarceration, and serve New Yorkers with acute mental health needs. We also want to thank the Council for including the need to reallocate NYC 1515 In order to meet its production goals. Due to many difficulties with the scattered site models, only 17% of scattered site contracts have been awarded. We urge the city to

reallocate the remaining unawarded 6295 scattered site units.

The Roadmap includes material solutions for addressing shrinking workforce whose members deserve to be fully and fairly compensated for their critical work, including Resolution 0583 from Councilmember Joseph. Thank you. But what's missing is the enormous cry from the entire human services sector for the COLA of at least 6.5%. We appreciate the many ways this roadmap, you know, acknowledges these- - the workforce crisis but we really need to push further and achieve just pay in funding the COLA. And then as members of the credit crisis intervention today coalition, advocating for non-police peer led mental health crisis response, we want to thank the Council for the commitment to hold an oversight hearing on the BEHERD program to address the significant challenges and concerns with the way the program is currently being implemented, with well over 80% of responses still being handled by police.

And additionally, we want to thank Councilmember Majority Powers for the focus on the city and state coordination to increase the board of housing

development and contracting with Resolution 0588. We look forward to working with them. Thank you.

CHAIRPERSON LEE: Thanks. Thank you.

Good afternoon, Chair Lee and members of the Committee on Mental Health Disabilities and Addiction. My name is Caitlin Garbo and I am here on behalf of the National Alliance on Mental Illness of New York City, NAMI NYC, which is the only nonprofit providing direct and extensive family support to New Yorkers who care for someone living with serious mental illness.

NAMI NYC is grateful to see landmark commitments made in the recently announced Mental Health Roadmap. There is so much in there, but one component we are particularly thrilled to see mentioned in this document is the need to invest in family support services. And generally, we appreciate the interest and resolutions that have been made.

Families are the thread across a fractured system and the first line of care for New Yorkers with serious mental illness. When given proper tools and adequate support, families can intervene and improve mental health outcomes for peers, academic research and family interventions broadly, and of NAMI's

evidence-based programs specifically support these claims, and they all point to the same results: When a family member is involved, emergency room visits and psychiatric hospitalizations decrease and there's greater engagement with community based mental health care.

So to reiterate, NAMI NYC is the only nonprofit offering these direct and extensive support to family members in New York City involved in the life of someone living with SMI. For this reason, our organization is asking the city to make a $250,000 investment and our one-of-a-kind, evidence-based family support programs, all available free of charge to anyone who needs them. None of us is born knowing how to support, understand, and connect with someone living with a serious mental illness. But fortunately, we at NAMI NYC equip families with knowledge skills and ongoing support to better identify symptoms, improve access to care, enhance communication with a loved one, and heal family relationships. And with a modest funding request, we can bring family support to even more New Yorkers, especially in underserved communities, absolutely

free regardless of income insurance or immigration status.

Thank you so much. We look forward to can you continue working with you on the mental health care continuum, and happy Mental Health Awareness Month.

CHAIRPERSON LEE: Yes, thank you so much. And I just want to say thank you to Ava, Cara, Joelle, Caitlin: You guys are all part of organizations that are doing incredible work in the city around serving folks that have mental illnesses. And I just want to thank you for your partnership on this. Because a lot of the best policies really do come from the communities themselves. So just want to say thank you for that. And COLAs. Yes. I will-- That's something we need to seriously fight for is the COLA. So thank you.

And I also want to recognize our colleague, Councilmember Williams. Thank you so much for joining us.

COUNSEL: Thank you. Our next panel will be Casey Starr from Samaritans, Fiodhna O'Grady from Samaritans, Ann Spends from Fountain House, and Dr. Daniel Scats from Fountain House.

Casey, you may begin when you're ready,

MS. STARR: Thank you, Chair Lee, Councilmember Bottcher, Councilmember Williams and everyone else who has been working so hard on this roadmap. It's, you know, definitely been a team effort, and we see that we want to acknowledge it. My name is Casey Starr. I'm the co-executive director of Samaritans Suicide Prevention Center. In New York City's only anonymous and completely confidential crisis service. Suicide is not a cause of death. It's a manner of death, and it's the result of a complex interplay of various factors, including mental health conditions, social and environmental stressors, and individual circumstances. We must then acknowledge that structural forces like racism, economic instability, and other forms of social inequity, increase the risk for suicide and hamper prevention efforts. The strategies employed need to be expanding, incorporating as many modalities of support as well as strengthening social, economic, criminal justice and educational resources.

The proposed Mental Health Roadmap makes significant inroads to help our city realize these needs. However, our city's inadequacy in addressing mental health concerns is particularly deficient when

it comes to mental health crises. The Mayor's office may aspire to be the paradigm for the potential of 988. But the fact of the matter is that law enforcement is still the primary responder to mental health emergencies.

Law enforcement does not act as treatment providers for any other illness, and yet they're the de facto first responders for people experiencing complex mental health crises. And it comes at great cost. When a person with a mental health crisis is responded to by law enforcement, real harm occurs. I want to be mindful of time. So we do want to come out in support of so much of this legislation, including the diversion measures, including ties to supportive housing, education, and the Respite Center, as well as required reporting for involuntary removals. Although we would suggest that this is expanded to include all institutionalizations that are involuntary by any government agency.

We also want to support the integration of geolocation with some major caveats, just very quickly: One, that there are viable alternatives that are anonymous that people know; two, that 988 is transparent to the callers about which circumstances

will lead to involuntary intervention; three, they provide data on involuntary intervention, including the length of calls that lead to these circumstances; four, they document the safeguards to prevent the cost-per-call reimbursement model, from inadvertently incentivizing a handoff to emergency services or law enforcement; and five, that they document clearly what these new big injections of capital that are tied to this build-out of community resources are used to do. Thank you so much. We applaud your efforts today and appreciate your collaboration.

CHAIRPERSON LEE: Thank you, Casey.

MS. O'GRADY: Hello there. I'm Fiodhna O'Grady and I'm here speaking on behalf of the Samaritans of New York Suicide Prevention Center, in addition to Casey, which for 40 years has operated New York City's only anonymous and completely confidential suicide prevention hotline, in addition to our public education and suicide loss bereavement programs.

Of course, we commend the committee, and we commend Chair Lee, Speaker Adams, all the councilmembers who are sponsoring these bills today, and the entire council for working on this legislation.

Too often, mental health initiatives are often proposed with lofty but unspecific goals, or without commensurate funding, leaving our mental health infrastructure historically underfunded, and incapable of meeting the mental health needs of New Yorkers. This plan is both specific and advocates for requisite treatment for it to succeed.

From the 1.5 million calls we've answered from New Yorkers in crisis we've learned that mental health care, crisis support and suicide prevention are not one size fits all. People access health (according to the SAMHSA 2020) when they have choices they are comfortable with and the services they trust that help them feel safe. We must provide these choices to people before they're in crisis, as well as when a person is in the midst of a crisis, and after the acute treatment phase as passed. By explicitly tackling workforce creation, creating accessible, centralized database for available mental health services, expanding access to Respite Centers and community centers for individuals with SPMI, and funding existing cultural and competent recovery-orientated CBOs. This plan seeks to build out the continuum of care our city so desperately needs.

Samaritans' experience operating 400 crisis centers in 40 countries worldwide has shown us there is no singular solution. Rather, as this plan suggests, we need as many varied and diverse options and viable alternatives available so that everyone can access care. This is supported by research, which found that suicides can be reduced through multilayered, overlapping approaches, as well as the United States Air Force program, one of the best in the country.

Thank you, we hope that you will continue to fund us. And Casey's extra points we will type up and send to you. And thank you.

CHAIRPERSON LEE: Thank you. Yes, if you could send that over, that would be great.

COUNSEL: You may begin when ready.

MR. SPENZ[ph]: Hi, my name is Ian Spenz, I'm a Social Practitioner and Housing Caseworker at Fountain House Clubhouse. While there are many invaluable services that Fountain House provides that provides so many opportunities for members to develop a wide range of skills, I'd like to personally focus on the Supported Housing Program, which I primarily work in. This is a program that allows members to

come in and get supported housing, live independently within their own apartments, and develop their own independent lives through that with support of the clubhouse. And this, I think is an extremely valuable program, because so many people come into the clubhouse with no support systems. Many people even come in unhoused. And we provide opportunities for these members to move into their own apartments, get established with their living situations, and begin opportunities like that.

And currently, we assist a lot of people with that. I don't have the exact numbers with me at the moment. But there is still a lot of work to be done in this realm. Because while we're very well able to support single individuals who come in without family, some people are coming in with their children, or people they are-- children they are guardians of and there still isn't enough funding to get them apartments that are sizable enough to support their entire family.

So I think for many reasons, these sorts of supported housing programs definitely need to be focused on increased their funding and expanded to allow more individuals living with serious mental

illnesses across the city to establish their own independent lives in this manner. Thank you.

DR. SKAGGS: Hi. My name is Daniel Skaggs. I am speaking for myself, I'm speaking as a member of Fountain House and I'm speaking as a recent medical graduate of Albert Einstein College of Medicine 2021.

I'd like to focus more on what is happening now right in front of us. This-- I'm here because of my friend John, who's a member at Fountain House. I wanted to support him in this. I've never been in this environment. This is scary to me. This is a trust building exercise. Because you all have chosen to take responsibility. I'm doing what I want. Because at Fountain House, it's voluntary. You do what you want. And I think what I want is good enough. And so I wanted to help Sue, who is a member of Fountain House. I've met Sue before. I wanted to help with security, let her know, like, this is kind of where she's at usually. She has a lot of-- you know, life is hard for her, because that might be a conflict for some people. But Fountain House is a community that can hold that amount of intensity. And that's not a conflict. That's a relationship.

And if I could say, in sort an overarching sense, I don't know what bills or projects to propose. I would say anything that makes more space, that the money is going to take care of people's finite needs, so they can focus on meaning infinite needs, that a relationship is-- lasts forever.

If you can provide a service where the person feels that they now know that they can go to somebody and ask for their needs, you provided something that will continue on. If you give them something, they'll have to find someone else to give-- to give it next time. So I have, sort of in conclusion, even in doing this right now that, yes, the goal is relationships. But through relationships, we can achieve a goal and the right goal.

CHAIRPERSON LEE: Thank you. Very well said. Thank you so much. Thank you, each of you for your testimony today. And I know that both your organization's also are doing such incredible work. And we look forward to continued conversations and partnerships. So thank you.

COUNSEL: Yeah, thank you so much to this panel, move on to our next in-person panel. It will be Ruth Lowenkron from New York Lawyers For The Public

Interest, Jordyn Rosenthal from Community Access, Lauren D'Isselt from Community Access, and Nora Morin from United Neighborhood Houses.

You may begin when ready.

MS. LOWENKRON: Good afternoon, Ruth Lowenkron with the Disability Justice Program of New York Lawyers For The Public Interest, also a steering committee member of Correct Crisis Intervention Today, New York City. I want to thank the Committee, thank Chair Lee. We are in strong support of the vast majority of the roadmap. I'd like to say I'm in super support of the 988 legislation because I see that as key to so much of what I want to be talking about more today, and for the well being of our community.

I do have some concerns about the resolution regarding reinstatement of the New York, New York, Supportive Housing Program. I definitely think it's headed in the right direction, but I'll share the details of that in my written testimony.

Similarly, I'd like to note that I am in opposition to the resolution to repeal the IMD exclusion. Mostly I'm concerned that there are insufficient safeguards in a recommendation to merely

eliminate the exclusion without talking about the needs for supportive services in place. More in my testimony.

The main thing I want to talk about today, however, is what is missing from the roadmap. We are hugely disappointed the fact that it does not talk about ensuring that we have a true response to mental health crises. And I must say, as you've heard me all say before, that BEHERD is just not that. We could have told you from the moment it was put out there without any community input, that it was going to go in the wrong direction and certainly it has.

I found it very disappointing, by the way, when Councilmember Hanif asked, "How many people are being served?" I wanted to jump up and say, "Well, I know the answer to that." And how do I know the answer? Because if-- [BELL RINGS]

You're kidding. I talk way too long. Okay. I will just close by saying that it is a huge problem because well over 80% of calls in the BEHERD areas are still being answered by police. That is not non-police. But it is something that can be fixed. We have a plan. We want to work with you. Please don't

spend good money after bad money on the BEHERD program in its current iteration. Thank you.

CHAIRPERSON LEE: Thank you.

MS. ROSENTHAL: Thanks for-- Oh, I don't have to keep pressing it. Okay, sorry. Good afternoon. Thank you, Chair Lee and the rest of the Mental Health Committee. My name is Jordyn Rosenthal, and I'm the Advocacy Coordinator at Community Access, one of the most-person-centered, supportive-housing, mental-health-related agencies in New York City.

We are mostly in support of the Mental Health Roadmap. And then I'm going to just talk about a few of the things that are in there. So we at Community Access actually run one of the Crisis Respite Centers, and we're very much in support of that. And my colleague Lauren will talk more about that. We're also in support of the New York, New York agreement.

And furthermore, investments in permanent supportive housing as the only way to address the city's ongoing housing crisis. Relatedly, we join the City Council in calling on the state to create a flexible preservation fund to allow for modernization and preservation of decades old units. As we look to develop new units, it's critical to adequately

resource preservation and review the brick and mortar operating subsidies necessary for building. Also the COLA is so important. We have a 30% vacancy rate. And I hear people all the time, like, we did a vigil at CCIT in Crown Heights, and this random man came up to me and was talking to me about how he felt like he was at wit's end because his service coordinators kept changing, and he couldn't make those relationships with people.

I'm going to put this down and go off for my last 30 seconds. When we talk about non-police, mental health crisis response, and Jordan Neely and all of these things, there's so much that needs to be done. But one of the things that we really need to do is put forward policies that actually match our intentions. There was something that I saw on Twitter yesterday about the MTA pulling people about pan handling and mentally ill people on trains. And by promoting something like that you're continuing to promote racism, classism, like all of the isms, right?

So when I'm here today, thinking about these bills, we really need to human-- we really need to humanize the population. And that requires also

things like the COLA to actually connect with people. Police are not equipped to connect with people, and we need to have familiar faces. Earlier today. When we had our little interlude. We saw what was able to happen when a Fountain House member went up to someone with a familiar face. That's what we need to invest in. Peers, not police. Thank you.

MS. D'ISSELT: Oh, thank you Chair Lee and Policy Taskforce Director Mr. Crea for inviting me here today. I'm here to testify in support of Councilmember Powers Bill Intro 1021 to expand access to Crisis Respite Centers in old boroughs. My name is Lauren D'Isselt. I'm a mother. I'm a New Yorker, and I'm the Director of Community Access's Crisis Respite Center. Our Crisis Respite Center is an alternative to psychiatric hospitalization in a warm-like-- warm home-like environment staffed by trained peer specialists present around the clock, where a person in crisis can take a break, take stock of what is going on in their life, and determine how to move forward on their own terms with the benefit of peer support. It can make all the difference in the world. It literally can change the direction of someone's life. It can end the cycle of

hospitalization and despair. It's a privilege for me to work there and see that firsthand.

We were the first center to open, born out of the Parachute NYC initiative, which was a federal health care access grant stewarded by Jamie Neckles, as it were. When the federal grants expired, over time we were able to bill for service. We can only bill Medicaid-managed care plans. We are unable to bill any other plan, any other Medicaid plan, or Medicare, or private insurance. We accept persons based on need regardless of ability to pay. Currently, our breakeven costs are $614 a night. We are paid if we're reimbursed at $607 a night.

We would love to see more crisis respite beds to expand access and reduce wait times. We would love your support in appealing to the State to expand Medicaid, reimbursement for all kinds of Medicaid. We would love to have funding to add peer navigators so that their staff available to support people as they transition back into the community. And lastly, I would add that I want to ask for a COLA, a 6.5 COLA increase so our peer-- our wonderful New York peer respite staff can continue to live in the city that they help support. And the last thing I want to say

is I would love to see you all at our Respite Center. I'm inviting you all to come for an in-person tour so you can see what we do. Thank you for your time.

MS. MORAN: Hello, thank you so much for the opportunity to testify. My name is Nora Moran and I'm the Director of Policy and Advocacy at United Neighborhood Houses. We are New York City's federation of settlement houses. Our members do a lot of services, including a lot of mental health support through Article 31 and 32 clinics, as well as other city funded services. First I want to just say thank you for putting a roadmap out, for putting one out that looks at not only what New York City can do, but also what the state and federal government have to do. We know that mental health policy is very complex, and so just appreciate the thought that went into looking at this holistically.

We are supportive of the different legislation-- pieces of legislation that are up for consideration today. A couple of comments to offer: When thinking about Intro 1021 and 22, for creating Crisis Respite Centers, as well as Clubhouse Programs, making sure that those providers have the support they need financially to hire staff at a living wage, but also

to think about holistic services, right? So in addition to providing mental health treatment, making a plan for somebody around housing support, child care, nutrition, taking that holistic model that a lot of settlement houses provide day-to-day, and when thinking about the legislation that considers a database and public awareness campaigns, making sure that we're taking language access into account and translating into multiple languages.

Also, I just want to mention a couple things around the budget. I echo all of the comments that have been made in support of a COLA that is desperately needed for human service workers across the board this year. And I also want to just say, our support for renewing the Council's mental health initiatives. They might be small, but they're really important to providers, providing, you know, mental health services, particularly in between the gaps of where other services don't go far enough, as well as creating new youth mental health focused initiative, as well as creating more school based mental health programs as well. Thank you so much.

CHAIRPERSON LEE: Thank you. And don't go anywhere because we have some questions for you guys. So I know Councilmember Bottcher had a question.

COUNCILMEMBER BOTTCHER: Hi, Ruth. How are you?

MS. LOWENKRON: Good. Councilmember, good to see you, as always.

COUNCILMEMBER BOTTCHER: I wanted to ask you about your opposition to repealing the IMD rule, because we hear from providers who want to open inpatient psychiatric and substance use facilities, but can't because Federal law prohibits Medicaid from reimbursing them. That's the IMD rule. And, you know, I understand the concern about returning to the old days, the bad old days. But what-- what are your solutions for allowing this reimbursement? Repealing the IMD rule while putting safeguards in place to ensure we don't return to the bad old days?

MS. LOWENKRON: Sure. Now, I'm not an expert in this area. I will say that to start, and I can put you in touch with some of the best experts in this space. But what I'm concerned about is that by just merely saying in the Resolution-- I mean, the resolution is long and enumerating the problems which of course we agree with. But in the end, it just

says please eliminate the exclusion. And our concern is that if all of a sudden you're importing not only the Medicaid money, which my understanding is it's-- it's-- I mean, yes, no one wants to turn down money, of course. But my understanding, it's not all that much money, first of all, but what is happening in exchange by signing on to getting the Medicaid money, there are a lot of restrictions in place that we need to be concerned about.

And there's also a need, I think, to be thinking about, what are we turning our system into? It's a real sea change, to turn it into a system that is now going to be essentially doing shorter-term services, potentially, in the facilities. And are people trained to do that? Are we ensuring in our recommendations that that training is in place? Is now the time to do it when we are down on, you know, very few, or at least, not a high percentage of employees in the workforce, a low-- low percentage in the workforce.

And I also think that what we would be concerned about, what we should be concerned about, is that we are not allowing what are smaller institutions, or smaller settings to turn into institutions. And

that's our constant worry. And that's sort of I think, what you're alluding to, like not going back to the bad old days. The bad old days were already about the big institutions that were not appropriately serving. So we do not want to be adding one more, and one more, and one more institution-- what wasn't yet an institution, what is a smaller population of service providers and make them into that institutional setting that we think comes along with Medicaid.

But I'm happy-- I actually have a meeting with you coming up. So I'm happy to talk more and also get you in touch with-- with the real mavens in this space.

COUNCILMEMBER BOTTCHER: Thanks. I think that we need to talk about this differently, in my opinion. I think, rather than-- You know, I think for a long time, the federal government has used your very valid concerns as an excuse to not reimburse states, and to save billions and billions of dollars, rather than putting on our thinking caps about how we can--

MS. LOWENKRON: How we can do it.

COUNCILMEMBER BOTTCHER: So rather than saying, like, you know, as we continue-- Rather than

continuing to say, you know, "We oppose ending the IMD rule", I think we should start saying, "We propose changing it," like, in a positive way, I think. So, I'd love to work with you on that.

MS. LOWENKRON: Yeah. I mean, I'm definitely-- I think you're the cup-half-full guy, and I'm the--

COUNCILMEMBER BOTTCHER: I've been told that before.

MS. LOWENKRON: And yeah, and I've been told I'm the cup-half-empty woman. So I think, you know, really what I was saying is that we need those, I've been calling them guardrails, in place. So I think-- I think we-- we probably would see eye to eye on that.

But don't you want to hear more about BEHERD?

MS. ROSENTHAL: Yeah, I do.

COUNCILMEMBER BOTTCHER: Yeah. I mean, I'd love to talk about BEHERD. And you and I have a meeting...?

MS. LOWENKRON: Yeah. Yeah. I know.

COUNCILMEMBER BOTTCHER: And I really look forward to digging into that.

MS. LOWENKRON: I'm teasing.

COUNCILMEMBER BOTTCHER: We-- We should definitely-- You know, we're going to dig into that, one-on-one, how we can take that same approach that I sort of outlined right now, to the outreach. How can we--

MS. LOWENKRON: Yes.

COUNCILMEMBER BOTTCHER: --change and improve?

MS. LOWENKRON: For sure. And I really won't go on from here. But where I was headed, had I had a little more time was to say: And we think it's doable, to make the BEHERD program morph into one that works. So we are not saying throw it out. We're saying there ways to do it. But there are fundamental problems. And I think there has to be that recognition. But I will half-full-cup myself as we talk.

COUNCILMEMBER BOTTCHER: Thank you.

CHAIRPERSON LEE: And just on a separate note, because I know that a lot of folks, including myself, have been wanting to hear more information and data on the BEHERD program. So that is a hearing we've been trying to schedule for a while, and hope-- we're hoping to get it on the books soon. So like in the next few months, hopefully.

MS. LOWENKRON: Thank you, Chair Lee.

MS. ROSENTHAL: I would second that. And if you need me to annoy anyone to do advocacy to make sure that happens, I'm at your beck and call.

CHAIRPERSON LEE: Good to know. Oh, and actually sorry. There's a couple of questions for you guys-- Community Access folks from Councilmember Rivera. So just really quickly, if you could describe capacity issues-- any capacity issues you all are seeing. And also how would it be beneficial if the city expanded this program, which I think you touched upon those, but if you go a little bit more into detail.

MS. D'ISSELT: Sure, we have eight beds. We often-- we always have a waitlist. There's always people that want to come in. So even the idea about, you know, the wonderful concept of walk in by demand is impossible if we are full. The other respites around the city: As mentioned, there's 10 beds in most of those, and there are some that have sort of a three-bed-- There are some smaller respites with three beds, but it is like Miss Neckles said: Like 50 beds, maybe, across the city, which is in a city of 8 million, half a raindrop.

CHAIRPERSON LEE: Yeah. When I heard that number, I was very... a total... Yeah?

MS. ROSENTHAL: I would just add: What Lauren was talking about, also, in terms of Medicaid reimbursement. So like people with private insurance can't access this.

CHAIRPERSON LEE: Yep.

MS. ROSENTHAL: And I think a big thing that we need to talk about that the Mental Health Roadmap is trying to do, and as a step in the right direction, is create a portfolio of services where people can like be connected from A to Z. And I really think that means not only expanding Crisis Respite Centers, but who is eligible in accessing them. Thank you.

MS. D'ISSELT: I do want to add that we do accept people regardless of ability to pay, so that may be people's private insurance, it may be undocumented persons. We're only able to recoup payment for persons with some mana-- most managed Medicaid, but when they're sort of specializations, no. And straight Medicaid, we can't either. Knowing-- I don't-- I can't see why. But...

CHAIRPERSON LEE: That's interesting. Yeah, I could go on for days about the insurance issues. But

that's a separate whole separate conversation right there. But yes, thank you. I just-- Again, you all are very critical in feedback and giving us recommendations. So I really appreciate all the work you guys do, and of course, former Settlement House, So thank you, Nora, for all your help and guidance and, you know, especially Community Access, Ruth always when you come, it's very valuable information and nuggets that you provide. So thank you so much.

COUNSEL: Thank you so much to this panel. We'll move on to our next in-person panel. It will be Kalia Hayslett from 504 Democratic Club. Jayne Bigelsen from Covenant House, Sarita Daftari from Freedom Agenda, and Casey Dalporto from New York County Defender Services.

You may begin when ready. Yeah.

Please make sure the mic is-- Yeah. Perfect.

MS. HAYZLETT[ph]: Now? Hi, my name is Kalia Hayzlett[ph], and I'm the Chairperson for Mental Health Initiatives for the 504 Democratic Club. And I think I am safe in saying that the roadmap has-- is encouraging, and Chair Lee, you saying that it's a living document, meaning that there is always a possibility for us to give-- impact and give input,

excuse me, input and have changes is really, really encouraging. But one of the things that I think that we are really concerned about at the club is, one, involuntary removals and continually giving NYPD the responsibility of determining what is the best course of action for people who have serious mental health issues.

I think, as we continue to do that over and over, we will continue to see escalation in violence and death, and that is a serious concern for us. You know, I think NYPD is now equipped, we all know, to assess those situations. When we have families and caregivers calling 911 for help, they're not calling 911 for their-- their family member to be killed. NYPD as much as I love them are-- I don't think they're trained in de=escalation. They're not trained to help people with serious mental health issues. They are trained to stop the threat. And that is a serious problem.

The other issue that I was really pondering on is the accountability for children with disabilities and serious mental health issues in the system. More and more, we keep seeing these stories of children in schools with IEPs being handcuffed and dragged out,

thrown into hospitals. And it's just unacceptable and it should be illegal. A child that has an IEP and is acting out because of their serious mental-- mental health issue, or their disability should not be criminalized. That's serious problem.

MS. DAFTARI: Should I go ahead? Thank you. Good afternoon, Chair Lee, and Councilmember Bottcher, and Councilmember Williams. Thank you for the opportunity to testify on the Council's Mental Health Roadmap. I'm the co-director of Freedom Agenda. We're a member-led project dedicated to organizing people and communities directly impacted by incarceration, and advocating for decarceration and system transformation. We also coordinate the campaign to close Rikers.

Our members have-- have lived and are living through the painful impacts of divestment from our public health infrastructure and reliance on law enforcement to fill the gap. They know firsthand that jail is the most expensive and least effective response our city has to the mental health crisis that we're experiencing. So we're grateful for the leadership that the council has taken on this roadmap and in your budget response to address the urgent

issue of adequately resourcing our mental health infrastructure.

We have seen the dire consequences of the status quo in many ways. I'll talk about our jails, particularly. Since Mayor Adams in this council took office the number of people in our jails who are diagnosed with serious mental illness has increased by 38%. That is an enormous failure.

The Board of Correction reports indicated that at least 10 of the people who died in DOC custody last year had mental health diagnoses, we can expect this shameful pattern to continue if we don't make substantial change. But our city has successes to build upon, and hopefully the-- the political will within our Council to fund those models to scale and support their implementation.

Our written testimony outlines a bunch of support for a bunch of the proposals and a bunch of the funding. So I think that I-- and the breadth of it the different approaches are also really important from community-based care to off ramps in the jail system and building the workforce necessary to actually implement this.

One thing I want to particularly emphasize support for is a Council's commitment to increased funding for the Justice Involved Supportive Housing Program, designed to meet the needs of New Yorkers who most frequently cycle between jails, shelters, and hospitals.

As the roadmap notes, the Close Rikers Agreement included a commitment to creating 380 more JISH Units. More than three years later, those units do not exist, because the city has been unwilling to allocate sufficient funding to attract qualified providers.

Supportive housing providers have been asking since Fall of 2021 for the service rates to match what-- what those rates are for the 15-15 young adult population. We have a model a template for how to do this. It is unconscionable for the administration to be questioning the feasibility of reducing the jail population and closing Rikers when they have not implemented a basic part of the plan that would cost only $12.8 million.

And to put that in context, DOC spent $21 million on overtime in the month of March. So we have there an example of what the city does when the city is

committed to making it easy to have the resources you need. And that is certainly the kind of shift that we need to think about with mental health. So I'll stop there, and went overtime a bit, and thank you very much.

Good afternoon. My name is Casey Dalporto. I'm a Senior Policy Attorney at New York County Defender Services. We're a public defender office in Manhattan, and I'm also here on behalf of the Treatment-Not-Jail Coalition. Just building on what Ms. Daftari just testified to: Any roadmap or any plan to address the mental health crisis in New York City has to acknowledge the deep entrenchment of people with mental health issues in our criminal legal system. For decades, our society and our city specifically shunted these individuals into the criminal legal system and warehoused them in our jails, which Ms. Daftari just testified about. So that is why we were so pleased to see resolution 156, which is an act to call on the state legislature to pass the Treatment-Not-Jail Act, which would create statewide mental health courts and more access to diversion opportunities across the state.

As-- As we all know, incarceration, our system of mass incarceration has all made us less safe. It has-- It has made everyone far more traumatized and destabilized. When people emerge from incarceration, they are given-- they are without any kind of community support, or insurance, or medical treatment.

Treatment Courts, however, will break that cycle and are incredibly effective at creating structured off ramps to connect people to the services they need, bringing them out of this ugly cycle.

Treatment Courts are here in New York City, they're wildly successful, especially Brooklyn Mental Health Court, Bronx Mental Health Court, and the two Mental Health Courts that operate here in Manhattan. And yet there's very limited access to them. Treatment-Not-Jail would open access to them by creating statewide legislation, allowing eligibility for most people with mental health issues, and granting judges discretion to divert these individuals where it's appropriate. Thank you.

CHAIRPERSON LEE: Thank you so much. Councilmember Bottcher has a question, and then Councilmember Williams.

COUNCILMEMBER BOTTCHER: Hi, Sarita. Thank you for sharing this statistic about the percentage of people with mental health challenges in Rikers over the last year and four months. Is that rise-- you said 38% rise. Is that a rise in the total number of people with mental health challenges at Rikers? Has the has the percentage of the-- We know the population has risen as a whole. Has the percentage of the people with mental health challenges in Rikers increased?

MS. DAFTARI: Yeah, thank you for the question. Yes. The percentage of people in Rikers with diagnosed serious mental illness has increased and also the percentage of people with any mental health diagnosis. So the percentage of people with any mental health diagnosis is now over 52%. The percentage of people with a diagnosed serious mental illness is about 18%. The jail population since the mayor took office is-- is up a bit. It was-- It was the low was during COVID. It started rising under the last year of the de Blasio administration. And so probably about 5800 when the mayor took office, and about 5900 now. Fluctuating between 5900 and 6000. So it has been a much steeper increase of

people with serious mental illness than the-- than the overall increase.

COUNCILMEMBER BOTTCHER: What do you attribute that to? Could any of it be attributed to better diagnosis within Rikers? Do you attribute it to the administration's policies towards unhoused people? What do you attribute that rise to?

MS. DAFTARI: Yeah. Thank you for the question. Given the state of Rikers and access to healthcare at Rikers-- I mean, the city is being held in contempt of court for failing to provide medical care. It is really difficult to imagine that it is because of better diagnosis at Rikers. It seems that it is really the result of policies that are focused on a law enforcement approach, policies that-- We've actually heard the-- The DOC commissioner has said before that, sort of like lamented the effects of deinstitutionalization and the lack of, you know, investment in mental health, and then said, "And what that creates is that DOC is the only agency with the agility to deal with his population." They do not have the agility to deal with his population. The Mayor may think they do. And he may be making policies that drive more people with serious mental

illness into the jails. But people are not being treated. They're not-- they're getting worse. So I think we-- I mean, we've seen it across our city, a shift to a rhetoric that really expects that law enforcement will be the first solution to many issues that it is not an appropriate solution to, and we're seeing it-- that statistic. I'm glad that that it stood out to you, because it stands out to us as like really clear evidence of what is happening from that-- that approach.

COUNCILMEMBER BOTTCHER: And that's from the Department of Corrections dataset?

MS. DAFTARI: It actually comes from Correctional Health Services, but the comptroller very wonderfully put it in their dashboard. So we it used to be very difficult-- The Vera Institute has a dataset that's updated every day that shows the percentage of people with any mental health diagnosis. So that's the Brad H Class. That is the more than more than 52%. So that's people that have received-- I have colleagues that are not here today that are Brad H experts, but I think it's people who've received mental health services at least three times during their time on Rikers. So that's a broader group of people. It may

include some people who are having mental health problems because of Rikers, you know. So it's a broader group of people.

So that was easy information to access through regular DOC reporting, that the Vera Institute makes easily accessible on their website. For a long time, it was hard to get the serious-- the number of people with serious mental illness, but because-- now that the Comptroller's dashboard pulls that from Correctional Health Services, it's available. They update it monthly.

COUNCILMEMBER BOTTCHER: Thank you.

MS. DAFTARI: Yeah. Thank you.

CHAIRPERSON LEE: Okay. Councilmember Williams?

COUNCILMEMBER WILLIAMS: Yeah. I know at one of the first hearings we had, in the briefing papers, it talks about, essentially how the correction system is providing the mental health care services because we don't have enough beds, especially for impatient. And while I don't necessarily disagree that there's been a change in public safety policies, I think that the issue is much more complex than that. And one of the things I struggle with is: As we think about ways to have more community centered solutions to

public safety, we have to acknowledge that we still have a police department that is the size of a small army, and they are going to show up, and people are unfortunately going to be funneled into the prison pipeline.

What can we do in parallel to build other systems, alternative systems? Because the problem is we don't currently have the infrastructure for alternative systems. So I'm sure if we had more inpatient beds, less people would actually go to Rikers. But because we literally have no place for people to go, it is sad that they're ending up in Rikers, and that's not where they should be. But we don't have the proper infrastructure to provide an alternative.

So how do you envision, like, what we could be doing right now in tandem to build the infrastructure necessary to ensure that we can actually offer an alternative? Because right now we can fix all the public safety policies to be more just, but the fact of the matter is, there still will be a deficit in places for people to go and receive the proper services they need.

MS. DAFTARI: Thank you. And I hope that my co-panelists will respond too. But just to start off, I-- It's really important. So thank you. I see a lot of hope in the roadmap, honestly, that the Council provided, particularly in the budget areas. It's-- I think that the question about where will people go is often: Where will people go once they've been in crisis and cause some type of harm that caused them to get arrested? And there's so much we can do before that. You know, that's people being in supportive housing, it's having access to Crisis Respite Centers, it's having an IMT team, it's having the mental-- it's like, all that stuff. And then people will still-- there will still be people who are in crisis and are in a situation when they cause harm and they are arrested. And that's where we have, you know, the Treatment-Not-Jail Legislation for mental-- to expand Mental Health Courts and have off ramps. So I think it's-- I think there's-- there's a lot that would be done by implementing and following through on-- on this roadmap.

MS. DALPORTO: Yeah, and I will just add that I think that we are under-utilizing the resources that do exist, and there's a problem connecting those

people to-- to the resources that do exist. Our patchwork quilt of services is so incredibly complicated to navigate that even a lawyer can't figure it out. But fortunately, there are people who specially-- who are experts in this, who are resource coordinators, who know the landscape. And that's why Mental Health Courts and Drug Diversion Courts are so successful because you have this intervention opportunity where somebody can assess the entire situation and take an entire view of the person's needs, and then start connecting them with the services that they need. They already are in existence in our communities, and are just waiting for those beds to be filled.

MS. KAYZLETT[ph]: Can I just add one thing? We have to definitely change the idea that mental health is-- should be tackled punitively. You know, that is always a crime. People are acting out in response to their mental health issues. And if it's always a punitive response, you're going to have NYPD justifying them being arrested. You know that-- that's what's going to continue to happen. So I think that one of the resolutions in the roadmap that was introduced today for relieving the financial

burden on CUNY students to attract people to the mental health profession, and getting more professionals: That might be prevention at equal to crisis response, better than it being punitive, where we are expecting police officers to do the work of mental health professionals. That is a recipe for disaster all the way around.

MS. DAFTARI: And if I could add one additional point on that about the workforce. The workforce piece is so important. And it's-- also to make a comparison to DOC: The Department of Corrections has been sort of a path to the middle class, to stable employment for people of color, particularly a lot of women in our city who don't have an advanced degree. And instead of fearing the shrinking of that workforce that will come along with reducing our jail population, we should be thinking about building the workforce that is going to be able to provide all this care and services that we know that we need and that we know are ultimately create a healthier and safer city. And the-- It is not to speak to I think what-- what Councilmember Williams brought up. It's not-- it's not an-- "infrequent" maybe is the wrong word. But there, there are situations where somebody

is receive-- goes to a hospital-- Particularly I'm thinking about Eric Tavira, who's tragically died at Rikers Island. He went to a hospital to receive care, and then was sitting in a waiting room for hours and interacted with a hospital police officer, and then got arrested, and then-- and then left the hospital never having received the services he went there for, and so then was continued to be in crisis, got arrested again, and-- and died at Rikers afterwards. And so we do-- we need to have the services in place, and we need to really shift this idea that law enforcement has a-- has kind of the trump card in these situations. Like it cannot be an approach that we're going to provide care, and then as soon as you-- as soon as there's, you know, someone acts out, law enforcement takes over. And I think that is also-- that would be helped by having a better staffed, adequately staffed, adequately funded hospital system where we're relying much more on peers and counselors to be the people that are, you know, in the waiting rooms that are interacting with people. So there's so many levels of this and it is heartening to see that-- the way the way the roadmap addresses it.

COUNCILMEMBER WILLIAMS: No. I was just going to say I don't think that mental health challenges and obstacles should be addressed in a punitive manner. So I don't know if I-- if you felt that I thought that. I don't think that. I'm just I'm just also thinking about how do we actually build the infrastructure and/or provide better connectivity to existing services and/or new services? Because it is-- That is part of the problem, is that there are not a lot of alternatives, and the alternatives that exist are not being used in the ways in which they should. And so unfortunately, what do we do? We make it punitive, and we slap a Band Aid on something that is really a disease. So we're slapping a Band Aid on the symptoms of the disease of just not having the proper amount of mental health care services for people in need, and not also reshaping and reframing the way we think about mental health services so that it is comprehensive and it doesn't result in a criminal, punitive response.

COUNCILMEMBER BOTTCHER: To piggyback on what Councilmember Williams said, I think that what she is talking about is-- is the vacuum in services, the lack of services for this category that we really

need to think hard about, which is: When someone-- When pretrial detention can't be avoided for certain categories of crime, pre-trial detention is-- is happening. What is there other than Rikers Island? Hope House in the Bronx, for example, which has been struggling to open for many years, is-- aims to be that alternative to pretrial detention for people with serious mental illness. The-- They've cited their inability to get Medicaid reimbursement from the federal government as a barrier to them opening. So when we think about this specific category, um, it's an important category to think about, and to-- to really focus on: Where-- Where can where can people go?

MS. DAFTARI: Yeah, thank-- thank you. It's-- I think there's two parts to that question. I think it is through all the methods that we talked about today, it is a category that can shrink significantly. You know, we-- we can do a lot to prevent people from getting to the point where they've caused serious harm while in a crisis. And we can also look at harm someone might have caused while in a crisis and say, is this person really-- you know, is there really a justification for

pretrial detention at this point? Could they be diverted through a Treatment Court?

So all of that happening, that the piece that I will address is for people with serious mental illness who do still end up in pretrial detention, I can't speak directly to Hope House's model. But there are two things in consideration within the plan to close Rikers, and one that is, you know, sort of semi-happening on Rikers right now, which is that there's these PACE Units which operate as you know, an alternative unit for people with serious mental illness and-- and when they operate, the way they're supposed to operate, they have been very effective. There's been challenges with DOC operating them the way they're supposed to. So they're supposed to have consistent staffing, so that the staff, or the trained staff that are, you know, co-trained with the medical providers, that's been a challenge, particularly in recent years. There's supposed to be an increase in those PACE Units when the city transitions to the borough-based jails. And there's also outposted therapeutic hospital units that will be-- In truth, people will be in DOC custody, but they would be in a hospital setting instead. Those

are not specifically for people with serious mental illness, but they are for people that have the most acute medical needs. You know, so there has been overlap. But the city is delayed on those. That should be a thing that like could have gotten done first and fast.

So there are solutions that can be and should be advanced. I think the outposted therapeutic units are also referenced in the roadmap or somewhere-- I know the Council has been supportive.

MS. DALPORTO: I also would add that Justice-Involved Supportive Housing could supplant a lot of the-- the beds that are currently being used on Rikers Island for people with mental health issues. We need far more Justice-Involved Supportive Housing, and as Ms. Daftari said, we also need to fund them adequately so that people can actually operate them.

I am not the supportive housing expert, but I-- you know, there are supportive housing people that are members of the Treatment-Not-Jail Coalition, and we work a lot with them in assessing how we can better use the half a million dollars a year that we spent on it to house somebody at Rikers Island, and they have a whole memo about how-- how we can invest-

- better invest in supportive housing and grow that network, and make people-- put people on a path to recovery rather than traumatizing them at Rikers Island.

CHAIRPERSON LEE: Thank you so much. I always appreciate advocacy of all your groups. 504 Dems: I love you guys and all your feedback. And of course, you guys both touched upon-- To my, like, my real frustrations, which is the silos that exist, because there's so many outreach teams, for example, like AOT, ACT, IMT, and there's like-- and they're all three different agencies. And so how do we better coordinate that? And then the court sys-- the Mental Health Courts? It's interesting. So we actually had a hearing with the Veterans Committee about the Veteran's Treatment Courts, and they hadn't had an oversight hearing since 2015. And I feel like if-- if we utilize those systems that are already existing better, I think that would also put people more in the right places, aside from-- from Rikers. So I agree with that sentiment. Just to follow up on that. I think reporting is in a really important part of this. Right now, there's no mandated reporting on Veterans Courts, any of the problem-

solving courts, even the Drug Diversion Courts, which is mandated by statute, and it's really difficult even, you know, to when you FOIL this information, it's really difficult to get any adequate, accurate numbers.

It-- You know, part of the Treatment-Not-Jail Legislation would require robust reporting at the end of every year on all the different-- different demographics, success/failure rates, population size, et cetera. That I think is the key component to really building out the things that work, and refurbishing the, you know, the models that don't work.

CHAIRPERSON LEE: Thank you all so much. Thank you.

COUNSEL: Thank you to this panel. We'll move to our next in person panel. It will be Jayne Bigelsen from Covenant House, Alice Bufkin from Citizens Committee for Children, Kimberly George from Project Guardianship.

You may begin when ready

MS. BIGELSEN: Is it on? Yes. Okay. I'm Jayne Bigelsen. I am from Covenant House New York. Thank you for the opportunity to testify today. Mental

health is one of the greatest needs of young people experiencing homelessness. So we were incredibly grateful to see the Council's roadmap to mental health.

But one of the needs not mentioned is dedicated to youth mental health beds. At Covenant House, we have a pretty adept mental health team and they can handle a variety of disorders, but in recent years, we are seeing more youth with psychosis and active suicidality, and people that are on the runaway and homeless youth continuum can't meet their needs.

Often we send them to the hospital, send them back to us and they get back bounced back and forth from the hospital to programs from one program to another. It takes an exorbitant amount of staff time, and they're not getting the help they need. So we're asking for two mental health, long-term transitional living programs for this population. That's for long term, but there also needs to be short-term crisis beds. So that is why we fully support Intro 1021 for Crisis Respite Centers.

But we have two important recommendations. One is that one of them be youth-specific. Our young people do not feel comfortable in any program with

older adults, they actually forego and sleep on the streets instead of going in a program with older people, and they also have unique developmental needs. The second is that seven days is just simply not sufficient. It takes that long just to get rest and get comfortable enough to open up to staff. So just when you're ready to-- to get services will be when you have to leave. So we would like to see one of those centers for youth up to age 24 and have it go 21 days, which is modeled after the ACS, which has intervention centers that that will be a perfect model for RHY.

Of course all these new services require new staff. We have but we need more highly trained mental health professionals, but we're not compensating them enough, right? And if we don't, there's huge turnover, which is so detrimental to the young people we see, right? As soon as they open up and, you know, start to have a therapeutic relationship, that therapist is somewhere else. So we're asking for any loan forgiveness, you know, any COLAs, annual, automatic.

I'm almost at the end. But one of the things I wanted to mention, too, is the immigration crisis,

right? We're in a mental health crisis, but we're also an immigration crisis. And we've seen 125 young migrants since this crisis started, and we're hearing that more are on the way. In comparison to previous years, we saw less than 10 undocumented youth. So we're struggling. We've got one attorney doing all of that work. But on the mental health side, these young people they've experienced, like starvation and violence in their home country. Many of them have walked through the jungles like witnessing dead bodies. So they need mental health services with Spanish speakers. So all I really ask is that they not be forgotten in the City Council's roadmap to map mental health.

And then my last point, and I think I heard you talking about in the last panel is calling 911 in emergencies. The police always get there before the ambulance, and they come in large numbers. I do appreciate that they're trying to protect our safety, but in most cases it further escalates a situation, and it's troubling both for the young person who needs the help and for our entire community. So if there's any way that the BEHERD program, or other programs like that could be expanded to Covenant

House that would solve that problem. So thank you so much.

MS. BUFKIN: Good afternoon, Chair Lee, thank you and all members of the committee for holding today's hearing. My name is Alice Bufkin. I'm the Associate Executive Director of Policy at Citizens Committee for Children. I actually want to thank the previous speakers. Those are all excellent recommendations. So thank you so much.

I want to thank the City Council for developing the Mental Health Roadmap and I want to uplift several items in the roadmap we view as essential for helping address the children's behavioral health crisis, many of which are included in the legislation and resolutions today.

The first of these proposals in the roadmap is baselining funding for a school-based mental health continuum. We are very glad to see that in the roadmap. I have to reiterate how urgent it is that this funding is baselined in this year's budget. We also want to thank the Council for acknowledging and seeking to address the workforce shortage that is driving children in and out of emergency rooms and into long months or year-long wait lists. We are

strongly supportive of the proposal to subsidize the cost of mental health education degrees and licensing for public mental health. That's Councilmember Joseph's resolution. We also have to acknowledge that we will never have an adequate workforce without adequate pay. And that's why we're so appreciative that the Council has committed to advocating for adequate funding for nonprofits and CBOs, as well as pay parity between workers funded by the City and those in the nonprofit sector. This lack of adequate pay is a foundational reason why we don't have enough providers. And as a result, we have families on waitlist. Councilmember Schulman's resolution to increase Medicaid reimbursement rates as part of that equation, as is Councilmember Powers's Resolution on enforcement of state parity laws. I would add that as others have said, commercial insurance needs to be a part of that conversation, as well as COLAs of course.

We also support the proposal and the roadmap for $28 million for school-based mental health clinics. And I particularly want to uplift the importance of making sure this funding-- a good portion of it is going to support existing clinics, not just new ones.

School-based mental health clinics who can provide clinical supports that many of which school social workers are prohibited from providing, but many of the additional supports that can provide like serving students who are uninsured, who don't have a diagnosis, providing teacher training, de-escalating situations with EMS, those aren't reimbursed. So that's exactly why we need funding like this to help these clinics be sustainable and allow them to provide those types of important wraparound services.

Last thing I'll say is, as we're looking at opportunities to outreach, I would really encourage a wide scope on that making sure that we're really thinking about the services available to children, families, linguistic access. There are-- you know, what services are provided through schools, and how we can make sure that parents and families are aware of what's out there. It's really just want to make sure that sort of children and families needs are incorporated in all these pieces that that we're looking at. And I'll be submitting additional written comments. Thank you.

MS. GEORGE: Hi, thank you Chair Lee for the opportunity to testify today. I'm Kimberly George,

President, CEO and Project Guardianship. We are a nonprofit that provides comprehensive court-appointed guardianship services for hundreds of limited-capacity New Yorkers citywide. We serve clients regardless of their ability to pay and regardless of the complexities of their case.

Over the past three years, we have witnessed firsthand the communities who have borne the brunt of COVID's devastation. We've seen increased rates of social isolation, Alzheimer's, and related dementia diagnosis, homelessness, and substance use disorder, which experts have attributed to the mental health crisis gripping New York.

On top of these unsettling trends New Yorkers are getting poorer. A New York recent New York Times article stated that 50% of New Yorkers cannot afford to live here. That's half of our city who cannot afford rent, food, healthcare, transportation.

Our internal client data at Project Guardianship correlates to these statistics. The overwhelmingly majority of our clients are very poor. And more than half of our clients have a diagnosed mental health disorder. We know that there's even more that are undiagnosed.

As we are all well aware on Mayor Adams plan to support more effective application of the city standard for first responders to hospitalized individuals who appear too mentally ill to care for themselves, with or without consent: Beyond additional training for police officers and others to evaluate whether a person needs to be taken to the hospital, little is included in his plan to improve outcomes, improve access to long term care and housing, or to limit rehospitalization. Thankfully, the Council has stepped in and develop the Mental Health Roadmap. We were particularly pleased to see the expansion of prevention supportive services, as well as the reduction of criminal justice system interactions as key priorities to the plan. However, we would urge you to also include nonprofit guardianship services as a critical component of the roadmap. 40% of guardianship petitions are filed by hospitals and other health care providers. This occurs largely in cases where a patient cannot consent to services or arrange for the financial and other components have a safe discharge and lacks family support. Further mental illness is the reason for guardianship appointments in 20% of the cases.

So considering the data, we can expect as hospitalizations increase due to mental illness, that guardianship petitions and appointments will increase.

And so just like our hospitals, guardianship providers need more resources to meet the imminent demand. Sometimes guardianship is the only path toward safety and stability for New Yorkers. It can help prevent further crises, multiple rehospitalizations and institutionalization, and can help ensure that they receive the care that they need to recover and live healthy lives. We therefore ask you to take our ask into consideration in funding in the fiscal year 24 budget. Please see my written testimony for more details. Thank you.

CHAIRPERSON LEE: Thank you so much. And actually, I'm going to be visiting Covenant House tomorrow. So I will hopefully see--

MS. BIGELSEN: We are so excited.

CHAIRPERSON LEE: Yes. So it's great. I always like to see the facilities, because it's different in person versus just hearing about it. So-- and Alice, I had a quick question for you. Because um-- Do you-- I mean, um, I know you definitely agree

about all the services that we need in the schools. And so how do you-- What's your take on the community schools versus having, you know, if they-- if we're not able to do community school models in-- in certain locations, you know, how that factors in with, compared to, you know, mental health clinics that are in the schools?

MS. BUFKIN: Yeah, well, first of all, community schools are obviously an incredible, you know, resource. And so we very much the port, continuing to expand the number of schools that can have-- you know, can be a community school. And the reality is, you know, all schools are different. So some, in setting up a school-based mental health clinic can be challenging, in part, because of some of these reimbursement issues. So in some ways, it really is kind of the base-- you know, based on the needs of that particular school in that particular community. In some, you know, a community school expansion is where it's at, in order to connect with resources in the community, and especially mental health and behavioral health services that are in the community that can, you know, provide that continuity of care, and others that may be setting up a school-based

mental health clinic, and others that may be looking at, you know, restorative justice practices and looking at whole school approaches.

And I think, again, going back to why the mental health continuum, we think, is so valuable is because that is the idea of taking the best of all the worlds and saying, how do we actually have a full continuum of supports from that whole school approach for sort of preventive services, so staff are trained not to react the right way when a student is having a behavioral health crisis, and then also all the way up to that child who does have an acute behavioral health needs, so they can actually get clinical supports at a-- you know, through a partnership with a clinic.

So there's a lot of different models that can work. So some of that is just based on kind of what the needs are in the resources of the community.

CHAIRPERSON LEE: Thank you. And thank you so much, Kimberly, for bringing up the point of the guardianship because that's-- you know, it's always good to hear pieces that are missing perhaps, and then that we need to take a further look into and deep dives with it. I appreciate that. Thank you.

Thank you all so much.

COUNSEL: Thank you. We are also joined by Assemblymember Monique Chandler-Waterman. We would love to have you come up and testify if you're prepared.

CHAIRPERSON LEE: Okay, welcome and feel free to start whenever you're ready. Thank you.

ASSEMBLYMEMBER CHANDLER-WATERMAN: All right. Thank you so much. My first time here in a hearing at City Council. So thank you so much for having me. I am the Assemblywoman representing in Brooklyn, District 58, which covers East Flatbush, parts of Canarsie, Crown Heights, and Brownsville. So I'd like to thank Chair Lee and members of the City Council Committee on Mental Health, Disabilities and Addiction. I'm happy to be here today to testify about Mental Health Roadmap legislative package being put forward by members of the City Council.

I want to be clear that I support this package. As a city and a state, we have spent a lot of time talking about challenges with advocates, and we've been talking about solutions. I want to applaud the City Council for taking another step towards addressing our city's public health crisis. We are

now approaching a crisis just related to mental health. We are already here.

And I would like to-- I would like to talk about some of the proposed recommendations that I have for roadmap-- roadmap-- sorry, this is all in my face-- mental health. Okay.

So I just want to be clear, I've been long opposed to efforts implement involuntary transport. That becomes an issue in our community. Involuntary removal is a mental-- it's similar to mental health profiling. We must stop criminalizing people with mental health conditions. We must have trained mental health professionals, not law enforcement officers. In fact, they often escalate the crisis because they're not properly trained, and they can never be properly trained. It is Mental Health Professionals, not a police response. We know the potential outcomes.

Not addressing the issue makes us complicit. So I just want to make sure we're very clear of removing a police response for those in crisis, a mental health crisis.

So I've witnessed a family member in a mental health crisis. I have personal experience, I have a

mental health taskforce where we focus a lot with-- from peer advocates, people who's been somehow impacted with someone living with a mental health crisis or them themselves. So I desperately urge funding for family support and education programs. That helps families navigate relationships and the system.

We have institutions, I will say, in my district, like Kings County Hospital. They have a family community advisory board, that we-- that should exist statewide. And we further should give-- We should add a caregivers' bill of rights, for those responsible for people living with mental health conditions. Once a family member a loved one comes in contact with an institution like a hospital, whatever, there should be a brochure that says, "Here's family support, here's some resources, here's how we can help you and support you." We know that family members is the best way for recovery, and they have to be really, really at the forefront of to really, really deal with a mental health crisis that we have on our hand. It is critical-- critical that peer specialists, they are role models, they come in as a saving grace for families. When I see that peer

specialists, and you say, "I've been through this and look at where my where I'm at," it gives a family hope, it gives someone going through a crisis hope. They have to be at the forefront of everything when they're talking about mental health. And they have to lead these groups. They provide a perspective of someone living with mental health conditions that no one else can. And they don't need to blend in. They need to stand out, because their unique experience is what helps with recovery.

I will also say I was a trained mental health first aid trainer, and I was able to train hundreds of people across the city to mental health first aid.

So we definitely, I believe, elected officials, we all should be trained. So mental health first aid training informs the work of public servants and who's also helped help identify people approaching a crisis in the workplace. So not just let's just talk about it. Let's walk the walk and be about it. So this is really good.

Thank you for introducing 1021, Majority Leader Powers. I visited a Respite Center recently, and I was amazed. So Respite Centers provide a safe setting for guests experiencing crisis to recover,

peer specialists who have lived experience who can offer person-centered, trauma-informed, culturally-responsive care. One week will likely not ensure stabilization of an individual, for me knowing from personal experience with family members and dealing with people in my community, it takes several weeks. I humbly recommend that we let the stay be extended to 30 days. And we need to make sure we include real wraparound services, so once one leaves the Respite Center-- Let's be clear, this is preventative. This is not when you are in extreme crisis. This is to prevent you from being in crisis. We want to make sure you have the wraparound services that the peer specialists can help them walk through, so when they leave after the 30 days they're able to be able to support themselves and not come back.

The Intro of 1022 establishes the city commitment to expand clubhouse-style community centers for individuals with serious mental health illnesses, like those already successfully operating. I've been to a clubhouse as well.

And I want to maintain grassroots organizing must be funded to form clubhouses. These organizations, they know their community. They live in a community.

What best to have someone that's from your community providing the services that could best relate to you. We know there's a stigma when it comes to mental health. It's hard to come up and have those conversations. So when you have the Respite Center at prevention, and in the clubhouse has helped reinforce that when someone is in crisis and helps stabilize them. So we need to make sure grassroots organization, local nonprofits, are at the table.

I have rallied in favor of pay parity for workers across the mental health workforce. It's not a secret we have a shortage of mental health professionals and peer specialists, particularly in the black and brown community. It is also not a secret that the structural racism in the mental health field results in poor care and missed diagnoses, especially when it comes to schizophrenia.

In short, better pay for mental health professionals, and a training pipeline for black and brown people to enter the field can fill these holes in care.

Further, let's pass the resolution to establish Social Work Fellows Program at CUNY, especially for students who commit to working in the community for

at least five years. We're going to go on to the community-first model which will be implemented citywide. We must expand support for community-based organizations that reflects the community. Real change will come when people see themselves. Black and brown people are experiencing a crisis at an alarming rate. We do not want oversized organizations to implement cookie-cutter approaches. We want to customize. We want to make it relatable. We want to make it culturally sensitive. We need local organization at the table again. I will say: Grassroots local organizations because they know the community best.

We need to expand the mobile crisis team and ensure the response times are the same as EMS. We need to have a quick response time. Further, there must be a streamlined communication to a proper assessment that results in appropriate response to mobile crisis team, assertive community treatment teams, intensive mobile treatment teams, or provide very specific types of care. We do not want to send a podiatrist or GYN, right?, to handle a cardiac emergency. We want to send the right people and is specific to the teams that go out.

Expansion of school-based mental health services and investments in clinics: We need more than one social worker per 250 students. I know there was a good try and effort here. But we need even a less ratio when it comes to students, and they should be supported by peer specialists. Once again, peer specialist had to be the forefront of this effort.

Let's also make sure school-based social workers: They should have the capacity ability to handle an array of issues from immigration and homelessness, to sexual abuse and mental health conditions, including wraparound services again. Once again, black and brown communities are feeling the consequence of those shortages. We need diversity reflective of race, nationality, gender, and language. It is critical-- I want to make sure-- I'm almost at the end.

I am proud to co-sponsor of the Treatment-Not-Jails on the State side, an nitiative pending in the state legislature, which provides care and support, not criminalizing of people with mental health conditions. Our legal community should be educated and trained about the people who-- whose lives they will impact. People in crisis need to feel safe.

They need to feel validated. And they need to have a sense of belonging. And let's create housing that needs-- that fits the unique needs that they do have.

And I will close with BEHERD. There are significant challenges and concerns about the well-intentioned program. We need guidelines that route away from 911 and to 988. This number that we fought and advocated for, it is here. And we know we need to do a lot of work. But we need to use 988 to dispatch BEHERD Mental Health Response Teams that we believe must include peer specialists.

I want to thank you for your time today. I'm very happy to sit before you as an advocate for over 20 years when it comes to mental health, when it comes to trauma, when it comes to public health crisis. And I'm hopeful that the City Council Mental Health Roadmap is passed and these recommendations are taken into consideration. Thank you.

CHAIRPERSON LEE: Thank you so much Assemblywoman, and I'm so happy to hear-- I mean, I feel like you're preaching to the choir, because a lot of this, we see eye to eye on. So I'm very excited that we have a champion like yourself on the state level, because this is really going to require

a partnership between City and State for all these bills to pass. So I just want to thank you so much for your incredible leadership, as well as advocacy on so many of these issues, and for making the time to come to City Hall. So thank you.

ASSEMBLYMEMBER CHANDLER-WATERMAN: This is very important. I look forward to a future partnership.

CHAIRPERSON LEE: Yes. Thank you so much.

ASSEMBLYMEMBER CHANDLER-WATERMAN: Any questions? No.

CHAIRPERSON LEE: No. Yeah, I definitely want to follow up for meetings afterwards.

ASSEMBLYMEMBER CHANDLER-WATERMAN: Yeah. Okay. Thank you so much. Thank you, everyone.

CHAIRPERSON LEE: Thank you.

COUNSEL: Thank you. We're going to move to our last in-person panel. Thank you so much for everyone's patience. It will be Richard Flores and Sean Barrett. Could please come up? Thank you.

Sean, you may begin when ready.

MR. BARRETT: Hello, my name is Sean Barrett. I'm a member of Fountain House. I suffer from severe mental illness. I'd like to talk-- I had a speech

prepared, but I'd like to talk to you a little bit about what happened earlier.

I think if you noticed that Daniel and I are both members of Fountain House and we immediately jumped into action. It's part of our inherent strategy to deescalate people when they are in a crisis or-- this woman did not have psychosis, or she was not a danger to herself or others but she probably would end up in the hospital if not for Fountain House. She's going to-- she's in a cab and she's on her way back to Fountain House right now. She'll see her physician and most likely she'll be home tonight. If not for Fountain House or a clubhouse. I don't know where she'd be.

But let me get to the secret sauce of what I wanted to tell you.

Why are so-- why are clubhouses successful? Club houses are governed by-- this is the nitty gritty, I'm sorry. Clubhouses are governed by 37 quality standards through Clubhouse International, five principles of social practice: relationship development, engagement, continuous assessment, transitional environments, and social design.

What you just saw was a case of continuous assessment. Continuously assessing individuals in a natural environment dictates and inherent intervention within clubhouse model which allows members and staff to provide necessary supports to prevent a costly, prolonged hospitalization, and more importantly, a catastrophic disruption to the lives at no fault of their own. Continuously assessing our members prevents a complete decompensation on most occasions. I want to reiterate this prevents costly hospital stays.

Psychiatric really psychiatric rehabilitation, essentially, for individuals isolated for us is generally not a linear process, as I've experienced. Clubhouse essentially offers us a place to heal. We are not well 100% of the time. We may go back to work for 10 years. And things may come up.

I would essentially like to ask you all to take a tour -- as Miss Lee, I know you did, and met Miss Chang, and we're grateful for that, and I missed that day, but hopefully you'll come back. And thank you so much. And FountainHouse.org or Clubhouse-Intl.org would be the place to find out more information. Thank you guys.

CHAIRPERSON LEE: Thank you so much. Go ahead. Hi.

MR. FLORES: How are you? My name is Richard Flores. And I came here to testify today. I know it's a very quick testimonial.

It appears to me that there is somewhat of a deliberate attempt on the part of the City and State government to further what I believe to be initiating more bad policy for the good of the whole. The reason why I'm saying that is because listening to everyone speak today, I couldn't help but just think about all that's happened to me personally. And I know that I'm not the only person that has been affected by what's happened in terms of policy in the city and the state throughout the whole country.

I guess what I need to say succinctly is that the efforts that are being made to resolve many of the problems that seem to be currently existing are fine and well. But I have to say that they should make haste with policy, haste meaning-- I've been testifying here since 2016. And it is now 2023.

In my opinion, the city is falling short on policy, falling short on advocacy for the homeless and for the mentally ill. And I would like to see

the Mayor and the Governor provide better answers and better solutions and the ones that I've heard today.

The trauma that I've experienced as a homeless person is something that could never be reversed. It's something that will follow me until the day that I die. And with all due respect to the people that are trying to make change here, there isn't very much more that they're going to be able to do to stop the fact that I've experienced homelessness in the way that I have. Blaming it on the government or blaming it on-- on bureaucratic issues won't get me anywhere, because it's already happened. And just like many other individuals, now, we have to face the challenges of living in the present and going into the future. And how are we going to live our lives until the day that we die? I don't mean to sound dogmatic or, or completely cynical. But it just seems that personally, the rights of the individual have been infringed upon, to the degree where the individual no longer feels like a human being, no-- no longer feels like themselves. They've been robbed of their humanity.

And I know that the efforts of the people here are good, and well. But I haven't heard a single

testimonial, or legislation that's being passed, that truly addresses the fact that this has happened to someone. I know I don't have enough time here to, to speak fully. If I did, I could make a very convincing testimonial that might help in the data, meaning the services that I've received, the doctors that I've seen, all the efforts I've done on my own, to actually try to receive help.

And to be honest with you, I felt like it's fallen short. I've discussed this with you before. My present circumstance always seems to be a dire one. And despite the efforts that I've made to-- personally, to make things get better, it seems that there's a stagnation that continues to happen. And it continues to affect me. The gentleman that was killed by the two persons the other day, to me is partly a justification of-- of that. And it seems to be a really sorry state of-- state of affairs.

I myself have been the victim of violence on the subway. Luckily, no one has, you know, tried to take my life away from me. But I've had my belongings taken from me. I've had people engage in physical violence against me simply because they saw me as a homeless man on the street with no, with no-- It

seems like they didn't-- they didn't even care that I was an individual that I was a person that I had-- I had a job, that had a family, that I had a wife, et cetera. I had a life before I became a homeless person. And the very fact that they saw me as a homeless person, seemed to give them the feeling that I was not a human being anymore.

This person who was a victim of this of this crime, from what I read, he said that he hadn't eaten, he didn't care if he-- to live anymore. He was in a manic state of thinking, and his behavior, acting out and say, projecting, caused the people to come and behave the way that they did towards him. Personally, I don't think it's justifiable. I've been in situations where other homeless people have actually tried to attack me, or have attacked me. And the only thing I thought was to get away from them, I didn't think that I wanted to-- to kill them.

So what I'm just trying to address is-- is I think that there-- there needs to be a more concerted effort on the part of these agencies to help people. And I hope that that's something that happens.

CHAIRPERSON LEE: Thank you, Richard. And I know you and I, you and I have spoken before. And I thank

you both for coming here to testify and sharing your personal stories. And, you know, it's just a reminder that this is, you know, as you just said, we have to remember the humanity in all of this and that and to treat and respond to people as people. So I just want to thank you both for taking the time and waiting and for your testimony. So thank you so much.

COUNSEL: Thank you to this panel. We will now move to our remote testimony. Thank you all for being so patient. For remote panels. I will call a group of names so you can get prepared to testify. And as a reminder, once your name is called a member of our staff will unmute you. So please accept the prompt before speaking, and please wait for the sergeant to cue you.

Our first panel and at this time our only zoom panel will be Nadia Chait from CASES, Jackie Gosdigian from Brooklyn Defender Services, Wendy Finkel from JCCA, Ellen Goldstein from Times Square Alliance, and Corrine Conrad from Freedom Agenda.

Nadia, you may begin once the sergeant cues you and you are unmuted. Thank you.

SERGEANT AT ARMS: Your time starts now.

Good morning-- Or good afternoon and thank you for the opportunity to testify today. I'm Nadia Chait, I'm the Senior Director of Policy and Advocacy at CASES. We're very excited by the Council's Mental Health Roadmap, which takes important steps to increase access to services to help New Yorkers get the mental health care that they need.

CASES serves over 9000 New Yorkers annually, many of whom have serious mental illness, are homeless, and have some involvement with the criminal legal system, and I want to take a moment today to acknowledge the killing of Jordan Neely. Jordan should be alive today, and it is a horrifying tragedy that he was met with violence rather than the food, care, and compassion that he needed.

And so in particular, I want to commend the Council's work to increase access to care and services for New Yorkers like Jordan, who are homeless, who are experiencing serious mental illness, and who may have some involvement with the criminal legal system.

In particular, the budget aspects to expand access to intensive mobile treatment, to adequately fund justice involved supportive housing, and to

strengthen mental health diversion are critical to supporting New Yorkers in need.

We also strongly support the Council's commitment to increased funding to ensure that our staff are appropriately compensated and would urge the council to push strongly for a full COLA for the workforce, and to look at ways to increase pay equity for our peer staff, who city contracts consistently set very low salaries for in ways that are deeply inequitable.

I will send in detailed written information on the legislation, where we strongly support Intro 1018, to provide more reporting on involuntary removals. We would encourage the council to also require reporting on-- on where individuals are discharged, and specifically whether they are discharged to an appropriate housing program or discharged simply back to the street or to a shelter, and to also mandate reporting on the adequacy of discharge planning, and specifically whether hospitals are actually contacting providers in the community to coordinate care.

We strongly support the move to Crisis Respite Centers.

SERGEANT AT ARMS: Your time has expired.

MS. CHAIT: And I will send in the rest of my testimony in writing. Thank you.

CHAIRPERSON LEE: Sorry about that, Nadia. Thank you so much. And of course, always for your advocacy and hard work on-- and all of your recommendations on this. Thank you.

COUNSEL: Thank you, Nadia. As you know, I will read all of the written testimony of everyone but I will definitely focus on yours as well. We have been a great resource. Moving next to Jackie [inaudible]-- I'm apologizing for my mispronunciation-- Gosdigian from Brooklyn Defender Services. Please wait for a member of our staff to unmute you and accept the prompt, and you can begin when the sergeant cues you. Thank you.

SERGEANT AT ARMS: Time starts now.

MS. GOSDIGIAN: Thank you. Good afternoon. My name is Jackie Gosdigian. I'm Senior Policy Counsel at Brooklyn Defender Services, and I have been a public defender for 15 years. Thank you so much for the opportunity to testify today at the Council's Mental Health Roadmap hearing.

Earlier this year, we appeared before this committee to express our grave concern about the

mayor's plan to expand the forced hospitalization of people experiencing housing instability and living with mental illness. We are grateful to the Council for presenting an alternative roadmap for mental health care that emphasizes non coercive and non-carceral pathways to treatment.

As to the data collection piece for involuntary removals, we wanted to point out that any data collected about hospitalization attempts pursuant to the mayor's plan should also include information about whether an arrest was made. As public defenders, we do often meet clients after they have sought mental health treatment and been arrested at a hospital, or when police have attempted to force them into treatment and they have been charged with resisting arrest or assaulting an officer. Even for those who may need treatment, involuntary removals are inherently traumatic. In practice, we see that people who serve-- who have a history of involuntary hospitalizations avoid the hospital even when they know they need critical physical and mental health care because of fear that they will be held there against their will. BDS supports harm reduction models and programming, community first model, IMT,

ACT, FACT, and Support Connection Centers. We urge the council to expand and fund these programs, especially those utilizing a non-police response to mental health crises.

The city should also expand funding for implementation of discharge plans, including the addition of social workers and peer workers trained in assisting those with mental illness, transition from a hospital setting to a non-hospital setting.

We commend the Council for committing to expand the justice-involved supporting housing model. As a public defender, I have seen how critical housing is for my clients. When they have a safe and stable home. They can engage in treatment more effectively when their basic needs are met.

SERGEANT AT ARMS: Your time has expired.

MS. GOSDIGIAN: They can choose to access to medication, health care, counseling, and services. And finally, we're grateful to the Council for introducing a resolution to support the Treatment-Not-Jails Act. Thank you so much. And thank you.

CHAIRPERSON LEE: Thank you so much.

COUNSEL: We'll now move to Wendy Finkel from JCCA. Please accept the prompt to be unmuted and you may begin when the sergeant cues you. Thanks.

SERGEANT AT ARMS: Time starts now.

MS. FINKEL: Good afternoon, Chair Lee and members of the Committee. Thank you and your many staff members for constructing the ambitious Mental Health-- Health Plan that is desperately needed by so many in New York City today. My name is Wendy Finkel, and I'm the Director of Government Relations at JCCA. I've worked in roles at the intersection of child welfare and mental health for 15 years, and I'm proud to represent JCCA at today's hearing.

JCCA is a 200-year-old organization that works with about 17,000 of New York state's children and families each year, providing mental and behavioral health services, foster residential care, prevention, and educational assistance. In particular, our behavioral health and wellness division provides critical support to youth throughout New York City and Westchester with serious behavioral and mental health challenges who have experienced trauma. Our goal is to decrease hospitalizations and provide youth with resources to stay in their communities

with their families, so they can minimize the odds of needing intensive services when they grow into adults.

The Council's Mental Health Roadmap makes great strides in filling gaps in New York City's continuum of care to meet the range of needs of New Yorkers. We applaud City Council's recognition that New Yorkers need both crisis services and ongoing care located in their immediate community and without the long wait lists that are prevalent through the city.

As a provider of children's mental health services, we are pleased to see the commitment to expand school-based mental health services. We know firsthand from our own relationship with Coney Island's Liberation High School, how valuable it is to provide clinical mental health services that are easily accessible to students. The school principal has long asked JCCA to open a satellite of our Article 31 clinic in the school, and we're thrilled to begin providing services.

We're so glad the council recognizes the need for varied and robust services in people's communities. We appreciate telehealth, but for children in particular, home-based and local neighborhood options

that allow for in person connections are invaluable. Intensive community based services can help. JCCA last year became the first youth app provider in New York City. We've made great strides with our caseload, but we serve--

SERGEANT AT ARMS: Your time has expired.

MS. FINKEL: -- a fraction of the young people who would benefit from services. I also just want to say thank you for the workforce shortage proposals, to address the workforce shortage. And thank you for the opportunity to testify.

CHAIRPERSON LEE: Thank you so much.

COUNSEL: Thank you. We'll now move to Christine Kaikan from Legal Action Center. Please accept the prompt to be unmuted, and you can begin once the sergeant cues you. Thanks.

SERGEANT AT ARMS: Your time starts now.

MS. KHAIKIN: Hi, thank you so much to the committee for the opportunity to address you today. My name is Christine Khaikin, I'm a Senior Health Policy Attorney with the Legal Action Center. The Legal Action Center is a law and policy organization celebrating our 50th anniversary this year. And we focused on fighting discrimination and building

health equity for people with substance use disorders, HIV or AIDS, and people with criminal record histories.

Today we commend the Council for so much of what is in the Mental Health Roadmap, and we appreciate the holistic approach outlined. We feel it really does show a recognition that the mental health crisis we are in today follows decades of disinvestment in community-focused and people-focused social supports, and we can draw a direct line between the carceral and punitive approach to mental illness that we have traditionally taken and the lack of access to community-based care, particularly in the highest poverty neighborhoods.

The Roadmap does include some critical steps to alleviating this disparity, and we've included more detail about our support, and some concerns, in our written testimony.

So I just want to today acknowledged some key needs, including investments in the expansion of non-law-enforcement-based crisis services, the proposal to greatly expand supportive housing, and we appreciate the Roadmaps commitment to do so, as well as alternatives to incarceration that are community-

based and people-centered, and address each individual's unique needs. And we also appreciate the Council's support for Workforce Investment. Closing the gap in the COLA is so important and adequate reimbursements of mental health providers. And support as well for the full implementation of the parity law that eliminates discrimination in health insurance companies against people with mental illness or substance use disorder. So we have much more in our written testimony. But thank you for the opportunity today to speak.

COUNSEL: Thank you. We'll now move to Ellen Goldstein from Times Square Alliance. Please accept the prompt to unmute, and you can begin when the sergeant cues you.

SERGEANT AT ARMS: Your time starts now.

MS. NECHES: Good morning, Chairperson Lee and members of the city council Committee on Mental Health Disabilities and Addiction. My name is Rachel Neches. And I'm presenting this testimony on behalf of Ellen Goldstein, Senior Vice President of Policy, Planning, and Research at the Time Square Alliance.

The Times Square Alliance is committed to serving our community members struggling with mental health

issues. In 2021, an innovative partnership between the Center for Justice Innovation, Midtown Community Court, Breaking Ground, and Fountain house, we piloted a first-of-its-kind initiative, Community First, to connect the people in need in Times Square to critical services via case managers with relevant lived experiences.

Our case managers build trust and relationship with vulnerable folks out in the street, which helps open the door to accepting more intensive services when ready.

Since the start of the program in July 2021 in Times Square, we have had almost 3000 interactions with nearly 1000 individuals. We have reduced the number of overnight sleepers by 60%. This is an intensive process. On average, it takes 20 interactions to get a community member to accept housing and/or mental health services. Following the success of our recharge station and outdoor kiosk on Broadway, for those experiencing homelessness, mental illness or other issues, where community members can charge a phone, enjoy a free cup of coffee, chat with a peer, connect with social workers and case managers.

The Alliance and our partners now hope to expand our model to include an indoor Community Center. This center would provide a space for people in our community to hang out, take a shower, get a haircut and do some laundry in a safe and trusted place to connect with housing, mental health and other social services. The Times Square Alliance applauds the Council's Mental Health Roadmap. In particular, Intro 1022, sponsored by Councilmember Riley establishes community centers for individuals with severe mental illness. We hope the Council will focus on the community aspect. These individuals see our neighborhood as their home. We urge the Council--

SERGEANT AT ARMS: Your time has expired.

MS. NECHES: --to consider more flexibility in the rules guiding the funding, placement, and programming of the centers so they can meet the unique needs of individuals in these specific communities where they are located. Thank you for your time and consideration.

COUNSEL: Thank you. We'll now move to Corinne Anne Conrad from Freedom Agenda. Please accept the

prompt to be unmuted, and you begin when the Sergeant cues you. Thank you.

SERGEANT AT ARMS: Your time will begin now.

MS. CONRAD: Good afternoon, Councilmember Lee and thank you for the opportunity to testify today. My name is Corrine Conrad. I'm a member of Freedom Agenda, and the grandmother of a young man with mental illness who has been on Rikers Island for more than two years. I am grateful to see that our City Council has created a real plan to address the mental health crisis in our city and I want to encourage you to take every action necessary to turn this plan into a reality now.

People that go into Rikers Island with mental illness, which many times contributed to why they're in there, without proper treatment, or preventative resources are most certainly going to come out worse than prior to entering. The mayor might say we are incarcerating people in the name of safety. But anyone who has experienced Rikers knows that it has the opposite effect. If there were preventative resources in communities to assist those struggling with mental illnesses, it would without a doubt, decrease the numbers of people in Rikers, and in jail

and prisons across the state. There is no logical argument to say otherwise.

Mental health programs are not only beneficial to those directly in need, but to society as a whole. We speak of the importance community involvement has on bettering individuals, as well as the environment, yet are failing greatly on being proactive in the mental health arena, passing the blame after incidents occur, and speaking of cracks within the system. The need for, and importance of community mental health programs to be implemented ASAP is due to the fact that mental illness, and all that comes with, it has become a critical crisis, which requires immediate exposure.

SERGEANT AT ARMS: Your time has expired.

MS. CONRAD: In conclusion, I want to say thank you for allowing me this opportunity to speak. And thank you in advance for making it happen.

CHAIRPERSON LEE: Thank you so much, Corinne. And thank you to all the Zoom panelists. Wish you could have been here in person. We miss you guys. And-- But I just wanted to say thank you, because I know many of you personally. And I just want to say thank you for all the work that you all do to-- to

further this roadmap already. I know you guys are doing the work already. So I just want to say thank you to all of you for being on.

COUNSEL: Thank you Chair. If there is anyone present in the room or on Zoom that hasn't had the opportunity to testify, please raise your hand using the Zoom raise hand function.

Seeing no one else I would like to note once again, that written testimony, which is fully reviewed by committee staff, may be submitted up to the-- may be submitted in the record up to 72 hours after the close of this hearing by emailing it to testimony@council.nyc.gov. Chair Lee, we have concluded public testimony for this hearing.

CHAIRPERSON LEE: Great. Thank you all so much, and I hope you'll join us May 15th when we talk about the executive budget. 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 interest in the outcome of this matter.

Date 05/09/2023