



**NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE**

Ashwin Vasani, MD, PhD  
*Commissioner*

**Testimony**

of

**Ashwin Vasani, MD, PhD  
Commissioner**

**New York City Department of Health and Mental Hygiene**

Before the

**New York City Council**

**Committees on Health and Mental Health, Disabilities and Addiction**

on

**Fiscal Year 2024 Preliminary Budget**

March 21, 2023  
New York, NY

Good afternoon, Chairs Schulman and Lee, and members of the committees. I am Dr. Ashwin Vasan, Commissioner of the New York City Department of Health and Mental Hygiene.

I am joined today by our Acting Chief Financial Officer, Wei Xia, and members of my senior leadership team. Thank you for the opportunity to testify today on the Department's Preliminary Budget for fiscal year 2024 (FY24).

Last week marked my one-year anniversary as the 44<sup>th</sup> Health Commissioner for the City of New York. It has been a busy year. We have continued managing the COVID-19 pandemic while responding to multiple unexpected health emergencies.

As you know, New York City led the nation in battling the Mpox outbreak. Our vaccination program was fast, accessible, and worked to balance equity and speed, with over 100,000 New Yorkers receiving the vaccine. We set the standard for the country, and an example of how to innovate as a public health crisis evolves to help as many people as possible. You all were in the trenches with us, as were so many leaders in the community. Thank you for your partnership and support.

Last summer, we met another challenge when poliovirus, a virus previously eradicated in the United States, began circulating in New York State. By raising awareness and making vaccines more accessible, we increased polio vaccination rates in the city by nearly 10% between July and January compared to the same period in 2021. We achieved even higher increases in areas with the lowest vaccination rates. This was down to shoe-leather public health, done close to community and quietly, engaging leaders, providers, parents, and community media, and putting the "public" back in public health.

We have moved as decisively to address non-communicable diseases as we did communicable ones. Earlier this month, I was proud to stand with the Mayor as we released our new strategy to



address the mental health crisis, “Care, Community, and Action: A Mental Health Plan for New York City.”

This ambitious plan recognizes the serious mental health challenges we face as we come out of the worst public health crisis in a century, and the ripple effects that will be felt for years to come. It makes mental health a core pillar of our public health agenda now, and into the future.

I am proud of the Department’s leadership and coordinating role in developing such a comprehensive strategy to improve youth mental health, decrease overdoses, and better address serious mental illness, the three main drivers of mental health challenges for the most vulnerable and marginalized people in our city.

I want to thank Chairs Shulman and Lee for joining us at the launch event and for supporting this critical work throughout. We look forward to working with the Council on this important and foundational effort in the coming years.

I know, and I’m sure you agree, that every New Yorker is healthier when they live in a city that’s healthy. But right now, our health is on the decline. In fact, we are experiencing the most dramatic declines in life expectancy in more than a century. And it’s not all due to COVID-19.

Factors include the mental health crisis, increases in chronic diseases, birth inequity, health emergencies, and violence. The simple truth is that people are suffering too much and dying too soon. That hurts every facet of this city — our families, our businesses, our schools, and our workforce.

Addressing these interconnected health issues is the core tenet of public health, and of our work at the Department. We need a city-wide, all-hands-on-deck response to reverse these trends. The Health Department is leading that response by developing evidence-based strategies and directing resources to equitably address health challenges. The Mayor has talked openly about de-siloing

government. There is not a more interconnected and interdependent issue, that demands de-siloing, than health. And the time is now.

Our goal is to ensure that New Yorkers in every borough, every neighborhood, and every household live long, healthy lives. We can't wait to dive into this work with you in the coming months.

Our experience with COVID-19 has, frankly, raised the expectations for our public health responses and for public communication. At the same time, dedicated federal funding to pandemic response is coming to an end.

Moving forward, we must ensure that public health initiatives are adequately funded into the future. We must invest in population health data across our city, so that we can organize our responses, plan strategies, and respond to threats more effectively. And we must give local health departments, our first lines of defense, everything they need to protect and care for people in health emergencies.

And this will also benefit our work to make this city healthier in non-emergent times. In sum: We need funding to expand the parts of our COVID-19 response that worked, improve the parts that didn't, and address the biggest drivers of health decline that we see in the data right now.

Before I discuss our budget for the upcoming year, I want to take a moment to thank my team. That includes those with me here today, my senior leadership team and the staff who helped prepare for this hearing. It also includes those back at our offices and those on the ground running everything from medical and vaccination clinics to health inspections, community health work, and disease investigations.

It has been another challenging year, but my colleagues make me proud to come to work every day. Misinformation-fueled mistrust in science and expertise is at an all-time high and morale in our

field is at an all-time low. Yet we continue to do this work because we are passionate about making sure that every New Yorker can live a healthy life.

I just wanted to give our staff the recognition they deserve. Thank you all.

## **City**

Now, I will take a few moments to speak to our Preliminary Budget. The Department has approximately 7,000 employees and an operating budget of \$1.9 billion for fiscal year 2024, of which \$932 million is City Tax Levy (CTL). The remainder is Federal, State, and private funding.

With this preliminary budget, we invested in two important public health initiatives in the City's Housing Blueprint: Be a Buddy and Medicaid Together to Improve Asthma.

The Be a Buddy program protects New Yorkers from the impacts of extreme weather by pairing vulnerable residents with volunteers who connect them to city services and conduct wellness checks. Programs like this one are growing in importance as extreme heat, driven by climate change, increases risk.

We also invested in Medicaid Together to Improve Asthma, which works by reducing children's exposure to pests and allergens in their homes. In 2018, about 2,000 New York City children, insured by Medicaid or Child Health Plus were hospitalized for asthma, so this program has the potential to improve thousands of lives.

Together, these investments total approximately \$1.3 million of new funding for the Department in fiscal year 2024.

The Department also recognized \$17.2 million in savings in the Preliminary Budget, primarily through the City's vacancy reduction initiative.

## State

Now I'll turn to the State budget. The Governor's fiscal year 2024 executive budget proposes significant investments in mental health. It also includes important policy changes for reproductive health, tobacco control, and Medicaid. However, the budget fails to address several areas that undermine New Yorkers' health and our public health infrastructure.

Most critically, neither the Governor's budget *nor* the Assembly and Senate's One House budget bills restore the State's contribution to public health funding in New York City, also known as Article 6.

Four years ago, the State cut public health funding to New York City from a 36% match on the dollar to 20%. This cut was to New York City only and at the time decreased State public health funds by \$60 million dollars, with that number increasing year on year. Today, if parity were restored for Article 6 for New York City, we project to receive an additional \$90 million of State revenue.

That is \$90 million dollars that fund core public health services and activities. These include sexual and reproductive health programs, disease surveillance, control of infectious diseases like tuberculosis, and prevention of future outbreaks through vaccinations. It includes naloxone distribution to prevent overdoses, and community maternal health work like doulas. It is troubling, and dissonant, to me, that at the same time that we are reckoning with the end of the Federal Public Health Emergency, and at a time where legislators are asking for money to launch new health initiatives, that we would not restore these cuts back to their mandated level, and give back tens of millions of dollars in support to New York City's communities. There have been many lessons learned across government from COVID-19, but at the very top of the list is the urgent need for more, not less, investment in public health infrastructure.

You cannot tell me you care about health and not fund this city and our Health Department at the same rate as every other county in this state. The State has an obligation to support the health of *all* New Yorkers — including those who live in the five boroughs.

Today, I am asking all of you to request to your State colleagues to reinstate New York City's Article 6 reimbursement in the State's adopted budget.

Beyond Article 6 funding, we have several concerns about the proposed State budget. These include its cut to the Childhood Lead Poisoning Primary Prevention Program for New York City. We are also concerned about the omission of insurance coverage for all New Yorkers in the State's upcoming 1332 waiver request to the federal government. And finally the 340B carve out from Medicaid Managed Care, which is estimated to cost H+H, FQHCs, Ryan White clinics and community health centers more than \$300 million in lost revenue.

My team is happy to provide you with more details on any of these items.

## **Federal**

Finally, I'll make a few comments on the federal budget. We thank President Biden, Vice President Harris, Health and Human Services Secretary Becerra, for their support of New York in our COVID-19 response and ongoing commitment to public health. However, we are concerned with long-term funding from the federal government to support public health infrastructure.

We continue to advocate for resources for the Public Health Emergency Preparedness (PHEP) and Hospital Preparedness programs (HPP). These help health departments and health care system partners respond to disease threats and prepare for other disasters like hurricanes and bioterrorism.

During COVID-19, this funding enabled us to deploy nurses to overwhelmed hospitals. It also helped us quickly ramp up surveillance and laboratory capacity to better understand and respond to the

virus. However, both of these funding streams have been significantly reduced over the last two decades.

Later this year, Congress will look to reauthorize PHEP and HPP, as well as other essential preparedness programs, in the Pandemic and All Hazards Preparedness Act. This is an opportunity to invest in public health infrastructure so that we can more effectively respond to future emergencies.

On May 11, the federal public health emergency set in place during the pandemic will end. the COVID-19 virus is here to stay, but we now have the tools we need to mitigate the worst health outcomes. I'm glad to say that as of today we are at the lowest rates of recorded COVID-19 transmission, hospitalization, and death that we have seen since mid-2021. This is a product of a collective effort, with all New Yorkers stepping up to protect themselves and each other.

Over the past three years, the city has received billions of dollars from the Federal Emergency Management Agency. This money enabled us to share important information on TV, streaming platforms, radio, newspapers, social media, other digital platforms, billboards, and subways ads in the 13 languages most commonly spoken in New York City. It helped us to set up public health vaccine clinics in all five boroughs, administering almost 20 million vaccine doses. It funded our contact tracing program and free testing network.

Each of these efforts was the largest of their kind in the country and saved countless lives. In the coming weeks, we will be communicating to New Yorkers how they will still be able to access free or low-cost tests, treatment, and vaccines as the Federal emergency ends.

As I wrap up, I want to once again thank the staff at the Health Department for their steadfast commitment to the health of this city. I am confident that we have the team and the tenacity to make this city healthier.

I thank Mayor Adams for the resources dedicated to the Department in his Preliminary Budget, and for his continued commitment to public health.

Thank you to the Speaker, Chairs, and members of the committees for your partnership and dedication to the health and wellbeing of all New Yorkers.

I am happy to take your questions.

Testimony

Of

Dr. Jason Graham, NYC Chief Medical Examiner

NYC Office of Chief Medical Examiner

Before the

New York City Council Committee on Health and Committee on Mental Health, Disabilities and  
Addiction

For the

FY 2024 Preliminary Budget Hearing

March 21, 2023



Good morning, Chair Schulman, Chair Lee, and members of the Committee on Health and the Committee on Mental Health, Disabilities and Addiction. Thank you for the opportunity to testify here today. We at the Office of Chief Medical Examiner value your leadership and thank the City Council for its support of our mission to serve the people of New York City.

I am Dr. Jason Graham, the Chief Medical Examiner for New York City, and my duty is to protect the public health and to serve justice through forensic science. Our agency's core purpose is to provide answers to families and communities during times of profound need. Attending with me are Robert Van Pelt, Deputy Chief of Staff, and Mirtha Sabio, our General Counsel.

I am honored to be the Chief Medical Examiner for New York City, carrying on the tradition set by Dr. Charles Hirsch and Dr. Barbara Sampson before me. I lead what is today the nation's premier forensic medicolegal institution: Impartial, immune from undue influence, and as accurate as humanly possible; qualities that NYC has long valued.

I'd now like to turn to the budget. The NYC OCME has approximately 762 employees and an operating budget of \$88.4 Million, City tax levy. We are responsible for the medicolegal investigation of all sudden, unexpected or violent deaths across the five boroughs, the operation of five forensic science laboratories and serving as the city's mortuary. Last fiscal year the OCME investigated over 40,000 reported cases and took forensic jurisdiction for more than 8,000. There were over 86,000 tests performed from evidence submitted to our Forensic Biology DNA Lab, and our Forensic Toxicology Lab performed over 50,000 tests in the past year.

This has been both an exciting and challenging year for OCME and the City. One year ago, we demobilized our pandemic response operations. The COVID pandemic was a crisis of unprecedented proportions to which we were exceptionally prepared to respond, thanks to more than a decade of extensive pandemic planning and preparedness by our agency. I'd like to thank the staff of the OCME, whose tireless work quietly achieved what would otherwise have been impossible. They managed the greatest public health emergency in our lifetimes with the professionalism, compassion, and sensitivity that grieving families profoundly needed.

While the Covid response is now largely behind us, we at the OCME continue to see a sustained approximately 30% increase in our case load which has not abated even as the pandemic waned. We've added additional capacity to our fixed mortuary facilities to accommodate this increase as we adjust to this new post-pandemic normal.

I'd like to talk about our Forensic Pathology work. Mayor Eric Adams and New York Governor Kathy Hochul unveiled plans for the Science Park and Research Campus (SPARC) at Kips Bay last October. We are thrilled by the long-awaited announcement to replace our flagship Manhattan Forensic Pathology Center at 520 First Avenue. It has been a strategic goal of the agency to finalize a plan to move the office from the aging facility which we have occupied since it opened more than half a century ago. Our new state of the art Forensic Pathology Center will be part of an enormous life sciences development in Kips Bay on the current Hunter College /Brookdale site of CUNY that will serve New Yorkers and nurture future generations of scientists. This new professional home will be a space befitting the NYC OCME, which is itself renowned both nationally and around the world.

Our staffing level for Medical Examiners has been unparalleled, considering there is a crises level shortage with only approximately 500 board-certified forensic pathologists in the entire United States. New York City's OCME is home to 30 of these elite professionals. We've maintained this staffing level not only because the NYC OCME offers some of the most interesting work for medical examiners, but because the NYC OCME runs the largest forensic pathology training program in the world, which serves as a pipeline for future medical examiners. This year we will graduate our largest class to date. The majority of our current staff have been hired through this program, and it has enabled us to weather the national shortage of forensic pathologists in an increasingly competitive environment; but we recognize that we are not immune, especially with regard to retaining our more experienced senior staff Medical Examiners. We are hopeful that collective bargaining underway will cement our position as a competitive forensic medical institution, helping to retain our experienced medical examiners, who are the coveted teachers in our training program, and keep our recent trainees who are so highly sought after by offices across the country.

Notwithstanding our increased caseload, we have nonetheless made strides in our operational growth and mission. Having spent the last decade stabilizing and building the agency into the institution it is today, we're now finding innovative ways to meet unmet needs by moving beyond the traditional role of the Medical Examiner, to provide expanded care to families and increasingly advanced services to the public health and justice systems.

This is demonstrated in several ways. First, within Forensic Pathology we are enhancing forensic imaging through the integration of Post-Mortem Computed Tomography, (or CT scanners). The level of detail provided by CT will assist the Medical Examiners in suspicious infant and child death investigations, will help honoring family's religious objection to autopsy, and will increase the number of tissue and organ donations possible.

Next, there is our work with the OCME Drug Intelligence & Intervention Group relating to the national opioid crisis taking its toll across our five boroughs. We as medical examiners are in a unique position with access to families at risk who have lost loved ones suddenly and unexpectedly due to unintentional drug overdose, and we share a special relationship of trust, this crisis in particular has pushed us to go beyond our traditional role. We have created a first-of-its kind model for expanded comprehensive death investigations that is coupled with navigation to care and services for family and social networks surrounding NYC fatalities. This started as a pilot initiative, and now with federal grant and state Opioid Settlement Funds we are currently expanding these services by hiring and training additional staff to increase outreach. Through this initiative, when someone suffers a fatal overdose, the OCME's investigation and response will include skilled social workers to engage with victim's families and friends who are also at risk and provide support and a "warm handoff" to potentially lifesaving interventions, mental health care and social services to meet critical and emergent needs.

But for the COVID pandemic, the epidemic in the US of unintentional drug overdose deaths would be the public health emergency of our lifetimes. Our Forensic Toxicology Lab remains a leader in developing testing for the ever-changing range of substances spurred by the nationwide opioid epidemic, testing for over 50 illicit and prescribed opioids and their metabolites as well as potentially hundreds of other drugs or chemical toxins, an unparalleled

capability. Despite the increase in drug-related deaths in NYC, the Forensic Toxicology laboratory has managed this additional workload while continuing to dramatically reduce testing turnaround times. Turnaround times for the first quarter of Fiscal 2023 are better than the target limits for the median time to complete cases across all case types. In February 2023, Forensic Toxicology began installing \$1.3 million in new advanced instrumentation that will allow the laboratory to increase capacity and not only reduce turnaround times further but to also extend the scope of testing and improve our detection of illicit opioids and designer drugs.

Now let's turn to our Forensic Biology Lab, which is the largest and most advanced public DNA lab in the United States, with scientists who work to identify remains, missing persons, and perform DNA analysis on nearly every category of crime occurring in the City, including weapons and gun cases, homicides, sexual assaults, and property crimes. In June 2022 the Mayor announced that we would form the first in the nation, DNA Gun Crimes Unit with scientists and equipment dedicated exclusively towards DNA testing of gun crimes evidence. Within months of the announcement, we onboarded all 24 new scientists and this specialized unit in the lab was up and running. The turnaround time for DNA gun crimes was already under 60 days, faster than 90% of the jurisdictions in the nation; our goal is to reach 30 days – the fastest of any major jurisdiction in the country. I'm pleased to report we are already rapidly closing in on that goal.

I also want to highlight the very unique and meaningful work of our Molecular Genetics Lab, which assists the medical examiners by performing postmortem molecular genetic testing or "molecular autopsies" to search for gene changes to explain sudden natural deaths that would otherwise have been unexplainable. The only lab of its kind housed within a medical examiner's office in the country, our lab is staffed by forensic scientists, led by a board-certified medical geneticist physician, and employs a highly qualified genetic counselor, specially trained to communicate the lab's findings to surviving family members at risk for inherited disease and to counsel them so that they can be referred for testing if needed and receive appropriate clinical care and follow up to prevent additional premature deaths.

I offer as an example of our work in this area providing services to families, a case from this past year of a 37-year-old man with no known medical history who had died suddenly. His autopsy revealed a severely dilated heart and molecular genetic testing confirmed a rare condition which caused this genetic change. Follow-up testing revealed that his first-degree blood relatives (parents, siblings, and children) would have a 50% chance of having the same genetic change, which significantly increased their risk of developing a dilated heart, putting them potentially at risk of sudden death. After speaking with our genetic counselor, several of his surviving family members, including his 10-year-old daughter, have undergone cardiac evaluations and genetic testing to determine their chances of developing a similar heart condition, allowing those with the same genetic change to receive lifesaving treatment; and at the same time providing those relatives without the genetic change, peace of mind.

Thank you again for having us here to testify before the Committee today. I am happy to answer your questions.



**Testimony Before  
The New York City Council Finance Committee  
New York City Council Fiscal Year 2024 Executive Budget  
New York City's Managed Care Consumer Assistance Program (MCCAP)**

**Testimony of Doxene Roberts  
Vice President and Director of Clinical and Case Management Services  
Women's Housing and Economic Development Corporation  
March 21, 2023**

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Hello, my name is Doxene Roberts, Vice President and Director of Clinical and Case Management Services of the Women's Housing and Economic Development Corporation (WHEDco). WHEDco respectfully submits this testimony on the Fiscal Year 2024 Executive Budget. I am writing on behalf of WHEDco to urge you to support funding for the Managed Care Consumer Assistance Program (MCCAP). We urge the City Council to increase funding for MCCAP from \$1 million in FY23 to \$2.3 million in FY24.

WHEDco is a community development organization founded on the radically simple idea that all people deserve to live in healthy, vibrant communities. We build award-winning, sustainable, affordable homes – but our work is not over when our buildings are complete. WHEDco believes that to be successful, affordable housing must be anchored in strong communities of which residents can be proud. Since its founding in 1992, WHEDco's mission has been to create and bridge access in the South Bronx to resources that create thriving neighborhoods – from high-quality early education and after-school programs, to fresh, healthy food, cultural programming, and economic opportunity. Our services impact the lives of over 40,000 people annually.

MCCAP provides culturally and linguistically competent assistance to New Yorkers about how to enroll in and use healthcare and coverage. The program relies on the Community Service Society (CSS) and a network of 12 community-based organizations (CBOs), of which our organization is a part, that work directly with the most vulnerable populations who struggle to interact with the healthcare system, including enrolling in and understanding health insurance and accessing low-cost healthcare.

During the COVID-19 pandemic, MCCAP's centralized Helpline and CBO advocates served as a vital front-line resource for low-income people of color who needed help accessing healthcare coverage and services. We provided insurance navigation to those without insurance or who lost job-based coverage. We helped residents access free or low-cost COVID-19 tests and disseminated accurate information, in multiple languages, about the virus, vaccine eligibility and vaccination sites. As New York and the federal government implemented healthcare solutions to help consumers deal with the pandemic, MCCAP was there to help consumers understand how to use these new programs and benefits.

Since the program's inception in 2020, MCCAP has handled over 9,000 cases with a favorable outcome of 90%. The program has also saved NYC residents nearly \$600,000 in healthcare-related costs. WHEDco

has helped 685 households since 2020. Some examples of our health advocacy include assistance in accessing/recertifying for low or no-cost health insurance, resolving issues related to insurance errors, and providing information and resources related to determinants of health. I would like to share one of the many success stories of our MCCAP services:

Mr. V. came to WHEDco for assistance with a \$74,000 hospital bill that was generated as a result of his heart surgery. Mr. V. emigrated from Cuba in 1980 and is 67 years old. He has no children and lives with his significant other. Earning only \$363 a week, he barely has enough to make ends meet and was anxious about this exorbitant bill. WHEDco's MCCAP case manager investigated the case and learned that Mr. V. was insured under Medicaid at the time of the surgery. However, the hospital bill was generated after his heart surgery when he was not covered due to failure to recertify. WHEDco's case manager assisted Mr. V. reapplying for Medicaid under the NYS of Health Insurance Marketplace and complete and filed a MAP-751W form along with income documentation. After five months, Mr. V. learned that the bill was canceled and he was no longer responsible for payment. WHEDco has many more stories to tell that demonstrate the beneficial impacts of WHEDco's MCCAP services on the stability and wellbeing of vulnerable community members.

In Fiscal Year 2024, MCCAP will continue to play a critical role in ensuring that our most vulnerable residents have access to coverage and care when the pandemic Medicaid extension ends this spring, putting millions of New Yorkers at risk of losing their Medicaid coverage. **Current funding for MCCAP is insufficient to respond adequately to this major change coming to our healthcare system. We are asking the Council to increase MCCAP's funding from \$1 million in FY23 to \$2.3 million in FY24.** The additional \$1.3 million would increase our capacity and expand the CBO network from 12 to 26 agencies to be better prepared to help Medicaid beneficiaries, who are disproportionately people of color, continue to have adequate access to affordable care by helping them recertify their coverage, explore other coverage options, and troubleshoot potential issues with gaps in coverage.

Thank you for the opportunity to submit this testimony today. Should you have any questions, please do not hesitate to contact me at: 718-839-1133 or [droberts@whedco.org](mailto:droberts@whedco.org).

Sincerely,

Doxene Roberts  
Vice President and Director of Clinical and Case Management Services  
WHEDco



## Testimony to the joint New York City Council Committee on Health & Mental Health, Disabilities and Addiction

### Mental Health Services Support for Adults in Temporary Housing

March 21, 2023

#### Introduction and Thanks:

My name is Brian Moriarty, and I am the Assistant Vice President of Behavioral Health & Senior Housing for the Volunteers of America-Greater New York (VOA-GNY). I am an LCSW that has been working in the field for over 30 years. – I would like to thank Chair Lynn C. Schulman of the Health Committee, Chair Linda Lee, of the Committee on Mental Health, Disabilities and Addiction, and all the honorable members of both committees for the opportunity to submit the following testimony.

#### About Us:

VOA-Greater New York is an anti-poverty organization that aims to end homelessness in the New York area by 2050 through housing, health, and wealth building services. We are one of the region's largest human service providers, impacting more than 11,000 adults and children annually, and a nonprofit developer of supportive and affordable housing.

#### Mental Health Services Support:

There are TWO major points I'd like to share with you this afternoon.

First, Speaker Adams' vision of *'People Over Everything'* is perfectly aligned with VOA-Greater New York's value of **Service**. 'We fulfill our mission when we assist others to meet their emotional, physical and spiritual needs.'

Unfortunately, we have too many people working in the human services sector that are one hospital bill or family emergency away from being in need of the very same services they are providing. Increasingly over the last few years both the State and City have called on these front-line workers to meet one crisis after another. Yet when they ask for livable wages to keep up with the cost of living, their pleas are ignored. Current New York City and State contracts have resulted in being some of the lowest paid workers in New York's economy – **72% of New York's human services workers are women, and of that, 55% are women of color.**

As a result of the current City and State contracting system:

- The human services workforce is the **fifth lowest paid workforce** in New York's economy.



- Human services workers make between **20-35% less in median annual wages and benefits** than workers in comparable positions in the public and private sector.
- Human services workers generally make about **71% of what government employees make**, and **82% of what private sector workers receive** for the same role.

Our clients depend on our staff to help them navigate the worst time in their lives and transition out of shelter and into permanent housing. Before they can help our clients, staff need to be able to help themselves and provide for their families.

We cannot fulfill our mission when essential workers need a second job to be able to pay their bills. That is why we ask that the city budget FY '24 include a minimum 5.8% COLA increase for all city contracts with social service providers.

We were pleased by the Speaker's announcement of the 'Social Worker Fellows' program that would help pay for tuition for people interested in providing mental health services. Our case managers could use this opportunity to acquire the degree while advancing their careers. This type of professional development helps people acquire the necessary skills to escape poverty.

Second, some of the most vulnerable in VOA-Greater New York programs are chronically homeless adults who struggle with a serious mental illness and/ or substance use issues, and young adults who suffer from a mental illness and lack a support system, have one or more behavioral health disorders, or have recently aged out of foster care and are at risk of being homeless.

That is why we ask for the creation and preservation of 1,000 additional units that specifically serve young adults and chronically homeless adults and families.

In addition, we add our voice to 'The Network' (aka SHNNY) in calling for the improvement of the NYC 15/15 program in the following ways:

- Increase congregate rents under NYC 15/15 to Fair Market Rent (FMR) and mirror the Section 8 Project Based Voucher "exception payment standard" in high-cost areas.
- Increase scattered site rents under the NYC 15/15 program to FMR under HUD regulations and increase annually with this federal metric.
- Increase NYC 15/15 scattered site service funding to match congregate service funding.

It is imperative for the City of New York to address the mental health needs of New Yorkers, especially those that are homeless.

We thank the Council for its commitment to the issue of mental health illness and for holding this hearing.

Thank you.

*Respectfully submitted by:*

Volunteers of America - Greater New York  
135 West 50th Street, 9th Floor  
New York, NY 10020



# Advocates for Children of New York

Protecting every child's right to learn since 1971

Testimony submitted to the  
New York City Council Committee on Mental Health, Disabilities and Addiction and  
the Committee on Health

RE: FY 24 Preliminary Budget

March 24, 2023

Thank you for the opportunity to submit testimony on the preliminary budget. My name is Dawn Yuster, and I am the Director of the School Justice Project at Advocates for Children of New York. For 50 years, Advocates for Children has worked to ensure a high-quality education for New York students who face barriers to academic success, focusing on students from low-income backgrounds.

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AFC is also a member of Dignity in Schools Campaign New York (“DSC-NY”), a coalition of youth, parents, educators, and advocates dedicated to shifting the culture of New York City schools away from punishment and exclusion and towards positive approaches to discipline and safety, and the Campaign for Effective Behavioral Supports in Schools, a coalition that supports increasing student access to mental health services, improving staff training, and creating systemic policies to end the New York City Department of Education’s (“DOE’s”) reliance on punitive, exclusionary practices like the use of Emergency Medical Services (“EMS”), police intervention, and student suspensions to respond to students in behavioral crisis or students with significant mental health needs.

Every child should have access to high-quality education and school-based social-emotional, behavioral, and mental health services – now, more than ever – given the continuing children and youth mental health crisis, with rates of anxiety, depression, and suicidality at unprecedented levels. As such, we were pleased when the City launched the Mental Health Continuum, an innovative, cross-agency model to help students struggling with mental health challenges access timely mental health care. However, funding for the program will expire in June unless extended in the FY 24 Budget. The FY 24 Preliminary Budget also did not include funding for the expansion of restorative justice practices, despite its effectiveness in improving school climate and teaching students indispensable life skills, such as problem solving and relationship building. We are once again relying on the Council, which was instrumental in securing funding for the Mental Health Continuum last year and

has been a champion of restorative justice practices for many years, to ensure the budget prioritizes these critical investments for our young people.

At Advocates for Children, we know from our work with thousands of families over the years how crucial school-based behavioral and mental health services are for students, particularly those with significant needs. The right services can mean the difference between healing and learning in school—versus unabated and potentially escalating emotional distress, disrupted learning, removal from class, suspension from school, or even police intervention, including handcuffing and transport by EMS to a hospital psychiatric emergency room when medically unnecessary.

Many New York City schools continue to lack the resources and appropriately trained staff to support their students' emotional, behavioral, and mental health needs; instead, they rely heavily on punitive, exclusionary discipline and policing. During the 2021-2022 school year, the DOE reported removing and suspending students 31,738 times from 1 to 180 days of school each time. Yet, the evidence patently shows that the systemic use of suspensions—an adult reactive response—is an utter failure: exclusionary discipline leads to an increased likelihood of future behavioral incidents, school dropout, and involvement in the juvenile legal system.

In the 2021-2022 school year, the NYPD reported 2,386 “child in crisis interventions” in which a student displayed signs of emotional distress, was removed from school by a police or school safety officer, and was sent to a hospital for a psychological evaluation. Of these students, 40% were Black despite Black students accounting for only 24.4% of the total NYC public school population. Moreover, during these transports, 59.9% of the students handcuffed were Black, including a 6-year-old Black girl. Additionally, the number of mitigations, where police or school safety agents intervened in an incident but then the student was released to the school, jumped from 5,102 incidents in the 2018-2019 school year to 8,223 in the 2021-2022 school year. The NYPD report for fall 2022 data shows the total number of NYPD interventions is the highest it has ever been at 5,366.

We cannot punish or police our way out of our youth mental health crisis. These responses do nothing to address the root causes of student behavior; rather, they reduce the time spent in class learning, and correlate with poor academic outcomes, decreased likelihood of graduating, and increased likelihood of entering the juvenile or criminal legal system. We know that punishing and excluding students from school can only exacerbate behavioral and mental health needs, alienating young people from the place that should be a haven for learning and support. As a City, we must start treating all students as we want our own children to be treated.

Safety does not exist when Black students and students with disabilities are forced to interact with a system of policing that views them as a threat and not as students. Indeed, there is overwhelming evidence that these harsh responses harm children's futures and do nothing to ensure public

safety.<sup>1</sup> By contrast, there is substantial evidence that mental health support, trauma-informed care, restorative justice practices, and positive behavioral intervention strategies in schools are effective ways to improve school climate and culture.<sup>2</sup>

Research shows that students are 21 times more likely to seek support for mental health issues at school than at a community-based clinic. According to the School-Based Health Alliance, of students who successfully engage in mental health treatment, more than 70% initiated services through school. Data also indicates that school-based mental health services reduce racial disparities in access to mental health care.

It is more dire than ever that our City prioritize investments in programs and practices that support students. To this end, we urge the Administration and the City Council to negotiate a bold, equitable budget that prioritizes the social-emotional, behavioral, and mental health investments that our children and young people need and deserve, including the following:

- **Baseline \$5 million for the Mental Health Continuum, a promising model recently highlighted in the [Mayor's Mental Health Plan](#) and the DOE Chancellor's testimony at the hearing before the City Council Committee on Education on the FY 24 Preliminary Budget.**
  - **DOE: \$787,272; H+H: \$3,740,255; DOHMH: \$472,473 (Total: \$5M).**

The Mental Health Continuum is the first-ever cross-agency partnership between the NYC Department of Education, NYC Health + Hospitals (H + H), and the NYC Department of Health and Mental Hygiene to help students struggling with mental health challenges access timely mental healthcare. It will support students at 50 high-needs schools through school partnerships with 5 H+H mental health clinics; dedicated clinical staff to provide students with expedited access to mental health evaluation and treatment services using a combination of on-site school services, tele-health services and clinic-based services; the NYC Well hotline to advise school staff who have mental health inquiries; Children's Mobile Crisis Teams to respond to students in crisis; school-based mental health managers to liaison with clinical staff and families; culturally-responsive family engagement; and training in Collaborative Problem Solving, which builds school staff capacity to better manage student behavior. Thanks to the Council's support, the FY 23 Budget included \$5M for the Mental

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<sup>1</sup> The Bazelon Center for Mental Health Law, *Replacing School Police with Services that Work* (Aug. 2021), <http://www.bazelon.org/resource-library/publications/>; The Sentencing Project, *Back-to-School Action Guide: Re-Engaging Students and Closing the School-to-Prison Pipeline* (Aug. 2021), <https://www.sentencingproject.org/publications/back-to-school-action-guide-re-engaging-students-and-closing-the-school-to-prison-pipeline/>; ACLU of California, *No Police in Schools: A Vision for Safe and Supportive Schools in California* (Aug. 2021), <https://www.aclusocal.org/en/no-police-in-schools>.

<sup>2</sup> See, e.g., *id.*

Health Continuum, but this funding was not baselined or included in the FY 24 Preliminary Budget and, therefore, will expire in June unless extended in the FY 24 Budget.

- **Baseline \$85 million to expand schoolwide restorative justice practices to 500 high schools.**

This funding should include:

- \$75M directly to 500 high schools to hire a school-based Restorative Justice Coordinator; and
- \$10M directly to schools for Restorative Justice Practices, including:
  - \$2.2M for access to ongoing restorative justice training for all school staff, students and families;
  - \$800,000 for opportunities for educators and students to develop restorative justice curriculum;
  - \$5M to fund restorative justice electives, clubs, and/or advisories for students, including opportunities for students to obtain course credit; and
  - \$2M to sustain paid school-based opportunities and work-based learning internships for young people to lead restorative justice practices.

Over the past decade, the DOE has worked to reduce the use of punitive, exclusionary discipline practices like suspensions—which disproportionately harm students of color and students with disabilities and do not make schools safer—and instead adopt restorative approaches that address students’ underlying needs, teach positive behaviors, and keep students in the classroom where they belong. However, most NYC schools still do not have the staff, training, and resources needed to implement restorative practices with integrity where restorative justice practices are woven into the fabric of the school community—with a school-based restorative justice coordinator; ongoing training and coaching for staff, students, and families; restorative justice courses, clubs, and advisories; restorative justice integrated into the curriculum; and paid school-based opportunities and work-based learning internships for young people to lead restorative justice practices.

Restorative practices hold students accountable for their actions, help address the root causes of behavior to prevent incidents from occurring in the first place, and build and heal relationships. Their adoption is correlated with improved academic outcomes, school climate, and staff-student relationships.

All signs indicate that it is more urgent than ever that we prioritize the behavioral and mental health needs of our children and young people. To do so, we must make substantial, sustained investments in creative, collaborative, and community-based models with school-based behavioral and mental health services for students. Our City’s young people are counting on us.

Thank you very much for the opportunity to submit testimony.



## Testimony of the American Heart Association

Before the New York City Council Committee on Health  
and the Committee on Mental Health, Disabilities, and Addiction

March 21, 2023

Greg Mihailovich, Community Advocacy Director  
American Heart Association, New York City

Thank you, Chair Schulman, Chair Lee, and the members of the New York City Council Committee on Health and Committee on Mental Health, Disabilities, and Addiction. On behalf of the volunteers of the American Heart Association, we are grateful for the opportunity to present testimony related to key educational initiatives that our organization believes will motivate healthy behaviors in young New Yorkers.

As the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke, of which approximately 80% of diagnoses are preventable<sup>i</sup>, the American Heart Association prioritizes many policies that promote better cardiovascular health and health equity. Unfortunately, heart diseases and stroke continue to be our city's leading causes of death and disability. With your continued help, however, we hope to change these statistics.

### I. Hypertension Programs

High blood pressure, or hypertension, is a key risk factor for heart disease and stroke and often there are no obvious symptoms to indicate something is wrong. As of 2019, 2.5 million adults, or 31% of New Yorkers,<sup>ii</sup> report having high blood pressure.<sup>iii</sup> Only 47% of those diagnosed with high blood pressure are under control.<sup>iv</sup> The NYC Department of Health and Mental Hygiene (DOHMH) has undertaken a significant effort to promote awareness, clinical guidelines and treatment adherence called *Take the Pressure Off, NYC!* The program's goal was to reduce the number of New Yorkers with raised blood pressure by 150,000 by 2022 and NYC placed 300 blood pressure kiosks around the city for public use. Program staff and resource were understandably diverted to our city's pandemic response, however.

Those with heart disease, including high blood pressure and congenital heart defects, may face an increased risk for complications if they become infected with the COVID-19 virus. People with diabetes, compromised immune systems, chronic lung diseases and other underlying conditions also may be at risk of more severe illness, according to the CDC.<sup>v</sup> High blood pressure also accelerates memory loss and other cognitive declines for middle-aged or older adults, even when it only goes up slightly and for a short time, new research shows. Conversely, controlling high blood pressure slows the speed of cognitive decline.<sup>vi</sup>

The pandemic and our increased reliance on remote medical care underscores the importance of access to self-monitoring devices. Just like having a thermometer will help someone tell if they have a fever or are just feeling flushed, access to blood pressure cuffs helps someone

determine whether need to seek in-person care if they are feeling unwell. This is especially important if that person struggles with accessing telehealth services.

Self-measured blood pressure (BP) monitoring, the measurement of BP by an individual outside of the office at home, is a validated approach for out-of-office BP measurement. Several national and international hypertension guidelines endorse self-measured BP monitoring, which has high potential for improving the diagnosis and management of hypertension in the United States. However, to adequately address barriers to the implementation of self-measured BP monitoring, financial investment is needed.<sup>vii</sup>

*Take the Pressure Off, NYC!* has started reengaging partners again and there is some conversation about placing additional blood pressure kiosks. This is a very good development, but NYC should increase funding to its hypertension program to not only support increased education and outreach, but also support self-measuring of blood pressure at home by investing in blood pressure cuffs to provide to community partners (FQHCs, Health Systems, other clinics, CBOs) for distribution to those who do not have access to them and cannot physically travel to a public kiosk.

We ask the NYC Council to invest an additional \$1 million in NYC's hypertension program to save the lives of the New Yorkers most at risk.

## II. Smoking Prevention and Cessation Programs

Cigarette smoking continues to be one of the leading causes of preventable disease and death in the U.S., claiming over 480,000 adults over the age of 35 per year.<sup>viii</sup> Smoking not only takes the lives of those who use tobacco, but also those who are exposed to secondhand smoke. Cigarette smoking accounts for 1 in 4 cardiovascular disease related deaths every year, and prolonged exposure to secondhand smoke increases the risk of stroke by 20-30%.

Smokers are also likely more vulnerable to severe and potentially life-threatening cases of COVID-19 according to the World Health Organization.<sup>ix</sup> More research is needed on the impact of smoking on a patient who contracts COVID-19, but it is reasonable to suspect that it may increase one's risk of getting a severe case of the disease.

In New York City, 13.4% of residents (886,000 adults) smoke<sup>x</sup> and more than 200,000 children are exposed to secondhand smoke at home.<sup>xi</sup> According to the NYC DOHMH, smoking kills about 12,000 New Yorkers in our city every year.<sup>xii</sup>

More than two thirds of New York City smokers try to quit every year. The rates of quit attempts were highest for African Americans and Hispanics.<sup>xiii</sup> With the U.S. Department of Housing and Urban Development (HUD) having implemented its Smoke-Free Public Housing Rule,<sup>xiv</sup> we especially need to make sure NYCHA residents who are struggling with a nicotine addiction are getting the support they need.

Receiving assistance with quitting from a health care provider doubles the chances that a smoker will quit. Investing in smoking prevention and cessation programs results in reduced health expenditures and better long-term health outcomes. Let's make sure all New Yorkers are getting the help they need to stop smoking.

We ask the NYC Council to invest an additional \$1 million in NYC's smoking prevention and cessation programs to help New Yorkers live longer and healthier lives.

Thank you for everything you have done and will do to protect the lives of the people of New York City. The American Heart Association is a reliable and trusted source of information based in credible science, and we will continue to be your partner in ensuring the health and well-being of all New Yorkers.

<sup>i</sup> "Preventable Deaths from Heart Disease & Stroke." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 3 Sept. 2013, [www.cdc.gov/vitalsigns/HeartDisease-Stroke/index.html](http://www.cdc.gov/vitalsigns/HeartDisease-Stroke/index.html).

<sup>ii</sup> City of New York. (2017, February 2). 2020 population. Retrieved October 2020, from <https://data.cityofnewyork.us/City-Government/2020-population/t8c6-3i7b>

<sup>iii</sup> New York City Department of Health and Mental Hygiene. (2017, November). Epi Data Brief, No. 95. Retrieved October 2020, from <https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief95.pdf>

<sup>iv</sup> Angell, S. Y., Garg, R. K., Gwynn, R. C., Bash, L., Thorpe, L. E., & Frieden, T. R. (2008, September). Prevalence, Awareness, Treatment, and Predictors of Control of Hypertension in New York City. *Circulation: Cardiovascular Quality and Outcomes*, 1 (1), 46-53.

<sup>v</sup> Centers for Disease Control and Prevention. (n.d.). Retrieved February 16, 2021, from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>

<sup>vi</sup> De Menezes, S. T., Giatti, L., Brant, L. C., Griep, R. H., Schmidt, M. I., Duncan, B. B., . . . Barreto, S. M. (2021). Hypertension, Prehypertension, and Hypertension Control. *Hypertension*, 77(2), 672-681. doi:10.1161/hypertensionaha.120.16080

<sup>vii</sup> Shimbo D, Artinian NT, Basile JN, Krakoff LR, Margolis KL, Rakotz MK, Wozniak G; on behalf of the American Heart Association and the American Medical Association. Self-measured blood pressure monitoring at home: a joint policy statement from the American Heart Association and American Medical Association. *Circulation*. 2020;141: e•••-e••• doi: 10.1161/CIR.0000000000000803.

<sup>viii</sup> US Department of Health and Human Services, Centers for Disease Control and Prevention. The Health Consequences of Smoking-50 Years of Progress: A Report of the Surgeon General. 2014. Available at: <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/>

<sup>ix</sup> Coronavirus disease (covid-19): Tobacco. (n.d.). Retrieved May 13, 2021, from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-tobacco>

<sup>x</sup> Public Health Solutions. (2020). NYC Smoke Free. Smoking Statistics. Retrieved October 2020, from <https://nycsmokefree.org/resources/smoking-statistics/>

<sup>xi</sup> Truth Initiative. (2019, March 5). Facts About Women And Tobacco. Retrieved October 2020, from <https://truthinitiative.org/research-resources/targeted-communities/facts-about-women-and-tobacco>

<sup>xii</sup> New York City Department of Health and Mental Hygiene. (2020) Vital Statistics. Retrieved October 2020, from <https://www1.nyc.gov/site/doh/providers/resources/public-health-action-kits-smoking-cessation.page>

<sup>xiii</sup> New York State Department of Health. (2018, July). Who's Quitting in New York? Retrieved October 2020, from [https://www.health.ny.gov/prevention/tobacco\\_control/reports/docs/2018\\_whos\\_quitting\\_in\\_ny.pdf](https://www.health.ny.gov/prevention/tobacco_control/reports/docs/2018_whos_quitting_in_ny.pdf)

<sup>xiv</sup> Smoke-Free public Housing: HUD.gov / U.S. Department of housing and urban Development (HUD). (n.d.). Retrieved May 17, 2021, from <https://www.hud.gov/smokefreepublichousing>





## **Asian American Federation**

### **Testimony to the Joint Hearing of the Committee on Mental Health, Disabilities and Addiction and the Committee on Health on the FY 2024 City Budget**

*March 21, 2023*

#### Written Testimony

Thank you Committee Chairs Lee and Schulman and all of the Council Members of the Committees for giving us the opportunity to provide testimony. I am Ravi Reddi, Associate Director of Advocacy and Policy at AAF, where we proudly represent the collective voice of more than 70 member nonprofits serving 1.5 million Asian New Yorkers.

As Asian New Yorkers grapple with the effects of a historic increase in anti-Asian violence, the fallout from continued economic insecurity, and the accompanying stress and anxiety, demand for mental health services is far outstripping the capacity of our community-based mental health providers. Due to these factors, our member organizations reported a 20% increase in community members asking for mental health services to address the continuing anxiety and fear within our communities.

In partnership with our member organizations in 2021, our mental health programming resulted in 13,000 Asian New Yorkers gaining access to mental health services from providers who speak their language and understand their unique cultural needs. In 2022, AAF released the first-ever online mental health provider database that prioritizes providers who speak Asian languages and understand Asian cultures.

To that end, AAF will work in close partnership with six Asian community-based organizations to increase access to in-language, culturally responsive clinical and non-clinical services for the Arab, Chinese, Japanese, Korean, South Asian, and Southeast Asian communities. In FY 2024, we will also continue to expand our online mental health directory by adding 50-100 providers to the 195 we already have, and widely disseminate the directory so that Asian New Yorkers have increased access to culturally and linguistically competent mental health care providers.

This work, and the work of our community mental health providers, needs support more than ever before.

Many of the issues that Asian communities face are interconnected, further emphasizing the importance of nonprofit community-based organizations that are able to provide multiple types of aid.

Council members must keep in mind the persistent inequities in city contracting practices and the systemic barriers facing our CBOs. For example, the median total allocation in FY 2023 across City Council Initiatives was less than \$260,000 across 34 member organizations, an amount that was barely enough to maintain operations. On top of this, across our member organizations, there are complaints that contracting is moving too slow, and that even small amounts of approved funding are taking too long to receive, if they've been received at all. Serious process constraints are handicapping our organizations, and these must be addressed at the agency level.

But within our City's contracting processes there must be prioritization for the CBOs that have the expertise needed to make the most of every dollar in our communities by giving greater weight to organizations with a demonstrated track record of serving low-income, underserved immigrant communities with linguistic and cultural competence. Our CBOs are leading by example in the provision of direct services, from providing wrap-around services that include mental wellness checks, to allying with food suppliers that provide culturally-competent food.

Specific to this year's Budget, we're asking City Council to increase funding for the Immigrant Health Initiative and the Mental Health for Vulnerable Populations Initiative to support mental health across Asian and other marginalized communities. In FY 2023, six AAF member organizations received funding from either the Immigrant Health Initiative or the Mental Health for Vulnerable Populations Initiative, but the public requests for mental health programs are growing exponentially. Funding must increase to not only support existing clinical and non-clinical mental health services, but to also expand dedicated mental health staffing with a focus on bilingual staff retention and increased case management services that require significant staff capacity.

Thank you so much for giving us this opportunity, and we look forward to working with you to get critical services to our most vulnerable populations.



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**City Council Committees on Health and Mental Health, Disabilities & Addiction**  
**Preliminary Budget Hearing Testimony**  
*10:00am, Tuesday, March 21, 2023*

Good morning Chairs Schulman and Lee, as well as members of the Committees on Health, Mental Health, Disabilities & Addiction. My name is Jeannine Mendez, and I am the Director of Development, Public & Government Relations for Astor Services, where our mental/behavioral health and educational programs serve children, adolescents, young adults and families with programs operating in the Bronx. On behalf of Astor and the over 5,000 children and families we serve annually in the Bronx, I want to thank you for the opportunity to testify before you today regarding our FY'24 budget ask of \$250,000 that will go towards the expansion of Astor's bi-lingual workforce development and reinvestment to allow us the ability to adequately provide culturally competent support and services to the primarily Black and Hispanic children & families we serve in your districts.

I would like to speak with you today about the impact that the alarming workforce shortage facing mental health service providers is having on vulnerable individuals, especially youth in our city. Youth mental health concerns have been worsening for over a decade but the onset of COVID as well as the increase in social isolation has caused a crisis in our schools and communities. Our communities are grappling with the uncertainties of housing and food insecurity, job loss and the lingering effects of the Covid pandemic. As providers scramble to meet new behavioral health challenges resulting from isolation, economic and housing insecurity, family loss, and heightened child welfare risks, Astor's essential workforce have been making every effort to ensure that our clients continue to receive the support and resources needed to be effective in the communities we serve. Capacity and workforce retention has historically been an issue in the human services field. Mental health providers, especially, are expected to do more with less and that cannot be more evident than in the current backlogs and wait times that most families in our communities are facing when trying to schedule culturally and linguistically competent mental health services. Astor currently employs over 700 staff agency-wide that range from direct care workers to clinicians, educators, and mental health counselors. Our diverse and multi-cultural staff grapple with the ever-evolving translation and interpretation needs that currently exist within the workforce: having culturally and linguistically trained staff that can work with families in their native language. Across the City, our immigrant communities are forever growing and developing; and with the increased need in mental health services, Astor wants to ensure that we are meeting our families' needs.

Astor Services is requesting an investment of \$250,000 to allow us to expand linguistic and cultural professional development training supports to our current bi-lingual staff and provide expansion of our bi-lingual clinical and non-clinical workforce. We currently serve a large

Spanish speaking community, so the need for Spanish speaking Family Advocates, Administrative Assistants, as well as Clinicians is paramount in assisting our families in navigating the various paths to treatment and care. As our programs and catchment areas expand, the language needs expand with it. The ability to provide support for the social determinants of health facing many of our non-English speaking families is needed now more than ever. The funds requested will go towards a targeted workforce investment and retention strategy that will allow Astor to add additional bi-lingual clinical and non-clinical staff as well as financial assistance to current bi-lingual staff that do not feel comfortable translating and interpreting in their native language. Staff will be encouraged to reinforce their competencies by enrolling in language training curriculums that will strengthen their skills and lead to an eventual internal "language bank" where staff will be "on call" translators and interpreters once they complete a certification process. Funding will also be applied to the upgrade and implementation of outside professional translation services that can serve as tools as we look to provide the most comprehensive linguistically appropriate care possible.

We are all aware of the unprecedented challenges ahead but considering the exasperating mental health challenges facing our communities, we must remain optimistic that you will partner with us on this journey by recognizing how imperative it is for us to secure the crucial and multicultural mental health workforce who will provide the vital services desperately needed to help our city's vulnerable children and families.

Thank you.



Testimony Before The  
New York City Council  
Health and Mental Health Committees  
Preliminary Budget Hearing  
March 21, 2023  
City Hall

*C. Virginia Fields*  
President and CEO  
National Black Leadership Commission on Health (Black Health)  
215 West 125<sup>th</sup> Street – Suite 2  
New York, NY 10030





## **THE END DIABETES NEGLECT INITIATIVE**

### **New York's Diabetes Disaster Must Stop!**

#### **A Groundbreaking City Initiative**

Diabetes and its complications have soared in New York City without any coherent political or public health response. In the first surge of Covid-19, New York City experienced a 356% increase in diabetes related deaths, the largest increase in the nation. This situation reflected the price for the astounding neglect of diabetes which has characterized the city and DOHMH for more than a decade. With the conditions of the COVID-19 pandemic---lockdowns, stress eating, lack of exercise---worsened diabetes like no other chronic disease.

In partnership with Health People Community Preventive Health Institute, and support of leading clinicians, consumers, advocates and other stakeholders, we are requesting the City Council to provide \$3.5 million for a demonstration project designed to confront the unprecedented escalation of this disease. The ***Diabetes Disaster Must Stop! Initiative*** will launch a groundbreaking Citywide Capacity to fight New York's crushing diabetes epidemic -- especially as diabetes cases and complications soared during the COVID pandemic, and those with uncontrolled blood sugar are at higher risk of COVID disease and death.

Although diabetes was New York's most widespread epidemic before COVID-19, and will be afterward, through a groundbreaking Initiative of primary prevention, early intervention and self-care, the city can actually start to assure life-enhancing diabetes education and self-care services are available in neighborhoods throughout the five boroughs; will give people with/at risk of diabetes a real support and education in controlling and preventing diabetes which, tragically, they can rarely benefit from now. **Access to these effective evidence-based services is almost nonexistent in the Black and Brown and immigrant neighborhoods that have suffered most from diabetes.**

Black Health, through its robust community mobilization program, will educate and engage its citywide community networks, including faith-based institutions, public housing, fraternal and civic organizations, senior centers, and a range of CBOs and various other partners, as major sites for education and awareness and participation in self-care courses; peer delivered education to high need areas throughout the city in their own neighborhoods; promote public social media campaigns that gives people clear information about prevention, early intervention and ways to reverse---or improve---their diabetes and avoid complications. and to engage the support for peer delivered education to high need areas throughout the city in their own neighborhoods. Tragically, most people with diabetes do not receive this critical information now!

Health People, organization which has an unparalleled record of training and mobilizing communities to start controlling diabetes and well-known for its effective 4-week DSMP peer training which enables people from low income communities ---including those without a high school degree to become peer leaders authorized by the DSMP national organization - will undertake the training and peer educator support and supervision. The organization has successfully engaged almost 2,000 Black, Brown and low-income New Yorkers with diabetes in the Diabetes Self-Management Program (DSMP). **Community-delivered self-care education is phenomenally successful in helping people with diabetes succeed in making the "lifestyle changes" (better nutrition, at least moderate exercise and keeping regular medical appointments) that lower their blood sugar and protect them from crippling complications like amputation, blindness and dialysis.**

The "***Diabetes Disaster Must Stop! Initiative***" launch is designed as a strong start to building the community infrastructure---intensively trained local peer educators, links to community organizations and local sites from churches to public housing, senior centers, and other locations where people gather, for providing the DSMP. This engages hundreds of neglected people with diabetes in education significantly improving their health while establishing a solid foundation to move forward in future years and reach community after community with diabetes education that works.

We respectfully request \$3.5 million to launch the groundbreaking ***Diabetes Disaster Must Stop! Initiative***.



C. Virginia Fields

President and CEO

National Black Leadership Commission on Health (Black Health)

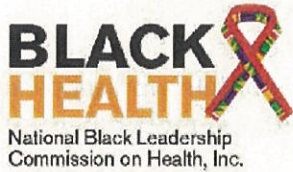
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#### About Black Health

The National Black Leadership Commission on Health, formerly known as the National Black Leadership Commission on AIDS, is a non-profit organization dedicated to the promotion of health and disease prevention through advocacy, education, and policy. With a vision to reduce disparities and achieve Health Equity for Black communities, the organization's eight health focus areas include Diabetes, HIV/AIDS, Hepatitis C, Cardiovascular disease, Breast Cancer, Prostate Cancer, Sickle Cell, and Mental Health.

Whether working on the ground to provide direct assistance to local communities or on a nationwide scale to produce systemic change, Black Health works with a broad spectrum of community leaders including public officials, clergy, medical providers, advocates, consumers, and the media to achieve its mission through the following programs and initiatives: Community Mobilization and Education; Counseling, Testing and Linkage to Care; Leadership Training Institute; Student Internships/Fellowships; and Public Policy and Advocacy.





## **Black Health's Request for City Council's Discretionary Funds**

### ***Mental Health - \$150,000***

The pandemic made abundantly clear, mental health challenges communities are dealing with which are exacerbated by social and political determinants of health. The Department of Health and Mental Hygiene in 2019 noted that 1 in 5 adults in NYC reported symptoms of depression and 1 in 10 reported symptoms of anxiety. These numbers increased in 2021 coupling the many battling with uncertainties caused by the pandemic. Black Health applauds the City's efforts to address the problem yet recognizes that the City's Well program is not enough to resolve the mental health crisis. Organizations that do the work on the grassroots level to design and implement sustainable evidence-based programs go underfunded. Hence, why organizations like Black Health implemented mental health program strategies and initiatives that fill gaps in addressing this health disparity.

**Mental Health Video Series:** After a series of focus groups with youth, young adults, older adults, and seniors in different settings ranging from community centers to faith-based settings, NBLCH in partnership with Columbia University School of Psychiatry designed and implemented a series of animated mental health informational videos. Since its implementation, it's been used as an educational tool in workshops in different settings.

**Black Kings Mental Health Conversations:** Black Health's evidence-based unconventional programs continue to impact lives as our Black Kings events that provide a safe space for Black men to speak about mental health challenges and to receive information, resources including consultation. Settings for Black Kings' events have been restaurants, bars, barbershops, and spaces where Black men convene and are known to be comfortable. Our data shows that about 85% of the men who have participated benefited from the conversation and emphasis on the need for such programs verse the traditional health care or therapy settings.

**Mental Health First Aid Training:** Through our MHFAT, Black Health for the past year has offered Youth Mental Health First Aid training to about 56 providers in NYC. The training not only offers a certificate of completion, but skill sets needed to work with youth and the community in efficiently addressing mental health.

### ***Health Hubs - \$350,000***

Generally, set up in a faith-based setting, after conducting community needs assessment, Health Hubs employ a holistic approach to address mental health concerns and other health



disparities. This initiative builds the capacity of faith-based organizations offering the community a free array of health services including: Counselling, acupuncture, HIV testing; Referrals for primary care, dental care, housing and related resources. Multiple workshops are conducted on relevant issues including diabetes, women's health, HIV with the most recent one providing CPR certifications to about 60 people.

*Open twice a week, the Health Hubs serve between 150 to 250 people weekly.*

### ***Faith-based HIV - \$200,000***

While New York City has made considerable progress in reducing new HIV diagnoses, with a 34% decrease in new diagnoses between 2014 and 2019, it continues to have one of the highest rates of HIV/AIDS in the country. In 2019 there was an estimated 108,000 people living with HIV in NYC. According to DOHMH, as of 2019, there were 1,919 new diagnoses of HIV. Post-COVID-19, DOHMH reported 1,594 people newly diagnosed living with HIV in 2021, which is a 14% increase from 2020.

The increase in new diagnoses from 2020 to 2021 reflects a rebound following the steep drop during the COVID-19 pandemic when HIV testing services were less accessible to New Yorkers. The number of new HIV diagnoses reported in 2021 likely includes diagnoses among people who had delayed seeking HIV testing during 2020 and were tested in 2021.

Disparities still exist, with certain communities disproportionately affected by HIV, including Black and Latinx individuals, men who have sex with men, and transgender individuals. As COVID-19 swept through our world and our city, Black Health saw funds for HIV testing, and resources heavily affected. We continue to see many organizations that offered testing completely stop HIV testing services due to funding cuts or the complete loss of funds for HIV testing. In addition to Black Health, a comprehensive list of organizations is yet to be made public, however, we anticipate there are more.

This has put a burden on the few CBOs that continue to provide HIV testing. As more people become comfortable stepping out and getting tested, we are seeing an increase in the prevalence and incidence of HIV. Something must be done and more so urgently.

Black Health's Outreach Enhancement Faith-Based Initiative (OEF) program, for the past 16 years has partnered with faith-based organizations to provide HIV testing, resources, capacity building, workforce development, and education in the community. The program strategically works with FBOs located in DOHMH-identified hotspot zones for HIV prevalence. Black Health provides our partners with the needed capacity building and technical assistance as well as financial resources to be able to impact their communities through a series of outreach efforts that meet the needs of the people they serve.

The OEF program reaches about 7000 people a year across all of NYC's five Boroughs with about 90% of those utilizing services identifying as Black. Through the program, about 4,000 people receive verbal information about HIV, PrEP/PEP, 500 HIV testing and 200 Hep C testing. Over 100,000 condoms are distributed annually.

As faith based institutions and spirituality remain the cornerstone of Black communities, addressing a disparity like HIV and yielding sustainable results, program funding is crucial.



**New York City Council Committee on Health and Committee on Mental Health,  
Disabilities, and Addiction  
Preliminary Budget Hearing**

Good afternoon. My name is Nadia Chait, and I'm the Senior Director of Policy & Advocacy at CASES. Thank you to Chair Schulman, Chair Lee and members of the City Council for the opportunity to provide testimony on how the City's budget can meet the needs of New Yorkers.

CASES is a nationally recognized leader in the development of innovative programs to address the intersection of unmet mental health needs and criminal legal system involvement. We served over 9,000 New Yorkers last year, of whom nearly 90% identified as Black and/or Latino, consistent with disparities in policing and sentencing. Our programs prevent the harm and trauma of incarceration through pretrial services and alternatives to incarceration (ATI); support achievement of education, employment, health and housing goals; promote mental wellbeing through a range of clinical and case management programs; and improve public safety through community-based solutions.

We specialize in serving individuals with serious mental illness and involvement in the criminal legal system. We know that when people receive the care and support they need, they will live healthy lives in their community, participating as parents, employees, friends and leaders. All too often, however, the City fails these individuals, leaving them to cycle between jails, emergency departments and the streets. Our programs work, but funding from the City is often insufficient to meet the needs of our communities. The Mayor's recent mental health plan had many good ideas, but there was no mention of an investment. We cannot provide services without funding.

**Eliminate the Waitlist for Intensive Mobile Treatment (\$1.5 Million per Team)**

CASES currently operates seven Intensive Mobile Treatment (IMT) teams, which each have peer specialists, behavioral health specialists, psychiatry and nursing. These teams provide wraparound support to individuals who have serious mental illness, are homeless or were recently homeless, and have criminal-legal system involvement. These are people who have been repeatedly failed by the systems that are supposed to help them and left on their own with little support. IMT allows us to meet these individuals where they are.

IMT is a voluntary service. People are not mandated into the program and have no obligation to engage. But mandates are not necessary, because we find people want to engage in care. IMT is one of the only mental health programs that funds outreach to clients. Through this, we are able to educate clients about the services available to them and build trusting relationships.

Access to IMT is limited, however, by the number of teams. Currently, there is a significant waitlist for IMT services. This year's budget should fund sufficient additional IMT teams to fully eliminate the waitlist. Each team costs \$1.5 million per year and serves 27 people. This is a very cost-effective intervention, far less per person than the \$550,000 the City spends to incarcerate

someone on Rikers for a year. Unlike incarceration, IMT promotes recovery, increases access to housing, and provides treatment.

### **Establish Community Care Vans to Close Treatment Gaps (\$11 Million)**

CASES provides pretrial services to all eligible defendants age 16 and older facing trial in New York County (Manhattan), regardless of where they live. Our supervised release program works with people to ensure they return to court and to connect them to helpful services. The data indicates that CASES Pretrial Services are very successful. The majority of CASES Pretrial clients (86% in FY21<sup>1</sup>) make their court appearances successfully, without having a warrant issued for failure to appear. Individuals in Pretrial Services are also unlikely to be re-arrested: 85% of our Pretrial clients are not re-arrested for a felony (and 93% are not re-arrested for a violent felony) in their first year in the program.

However, CASES has limited space at the court to introduce ourselves to clients and to start their intake process. We are often forced to have sensitive conversations on benches in public hallways, which simply is not effective for many clients. We also know that for clients who are street homeless, it can be remarkably challenging to maintain contact with us, as these clients often do not have phones or money for MetroCards. There is currently a significant gap in our behavioral health system where people with immediate mental health treatment leave court with little more than a piece of paper directing them to services on a future date.

To fill this gap, the City should fund a Community Care Van, which would be located directly outside of the Criminal Court building. The van would provide rapid-engagement services and would be available seven days/week, with extended evening hours. It would create a rapid, seamless transition from court to community. Services would include:

- immediate clinical, psychiatric and substance use intervention;
- comprehensive assessment and responsive intervention to address client needs; and
- escorts to emergency services, including crisis respite, detox, emergency housing and shelter intake.

The van would be equipped with a bathroom, shower, medical supplies and private interview spaces. Provider staff based at the van would be able to distribute care packages, including nutritional and hygienic items and clothing. *We estimate each van would have a capital cost of \$377,000 and annual operating costs of \$2,750,000.*

### **Establish a \$12.8M Justice Involved Supportive Housing (JISH) line-item appropriation within DOHMH's budget to increase funding for Justice Involved Supportive Housing (JISH) that will also allow for transparency of JISH funding for CloseRikers efforts.**

- DOHMH should directly fund JISH
- JISH is essential to successfully reducing the Rikers population and closing Rikers.
- JISH currently only has 120 out of 500 possible apartments in operation. This is directly due to unacceptable rental and service rates.
- We recommend that DOHMH set service rates at \$25,596 for each JISH unit (matching the service allocation for NYC 15/15 youth adult population, the city's primary supportive housing program) and rental rates be set at current Fair Market Rate and with a 2% yearly escalator, to keep up with current market rates.

- The total recommended investment for 500 JISH units (120 current and 380 future units) is \$12.8 Million.

### **Address Workforce Crisis Through 6.5% COLA**

Chronic underfunding of mental health care, combined with the significant impact of the pandemic on our sector and our staff, has led to a workforce crisis. One out of every six positions at CASES is currently vacant. That's 100 open positions, 100 jobs that we struggle to fill. This creates higher caseloads for the staff we do have, and impedes our ability to expand services and decrease waitlist. We also experience a high turnover rate, which is common among our sector – our turnover rate for this fiscal year is 35%. This increases our costs, as we are forced to spend money on recruitment and training that should be going into programs and services.

The workforce crisis is a direct result of City and State government's failure to appropriately fund mental health services. Contracts set low salaries. The City then fails to pay these contracts on time, forcing us to take out loans and pay interest, reducing the funding available for staff salaries. This is an equity issue. 77% of our staff are people of color, and 70% are women. The City's constant underfunding of this valuable and essential work directly contributes to economic inequity.

As a first step in solving this underfunding, the Council should include a **6.5% COLA this year and ensure it is included in the budget as a "cost-of-living adjustment" and not some other names initiative.** We appreciate the Council's support in increasing funds to nonprofit providers last year. Unfortunately, the investment last year was much delayed and fell short of what our sector needs. We estimate a human services COLA would cost \$200 million, an important investment in critical services and equity.

### **Maintain Robust Funding for Mental Health Initiatives**

The Council has been a strong supporter of innovative mental health services through the Mental Health Initiatives. This funding fills critical gaps and allows CASES to provide robust services in our community. This includes:

- **\$150,000 through Court-Involved Youth Mental Health Initiative for Adolescent Portable Therapy (APT).** This program provides early intervention and family therapy to court-involved youth through a team of mobile, clinical staff that meet the youth and family in the community. Since the start of the COVID-19 pandemic, CASES has seen increasing demand for APT clinical screening and family therapy services funded by the Court-Involved Youth Mental Health Initiative. This increasing demand has been, unfortunately, driven primarily by increasing arrests of teens for domestic violence charges while in their homes related to family conflict. Recognizing the pandemic as an initial driver of this youth court involvement and an opportunity for early intervention, the APT team has worked with Family Court stakeholders to expand access to APT at the Family Court Adjustment Phase, leveraging the program's existing relationships with Probation stakeholders who oversee the Adjustment process in Family Court. This process is a critical point for early intervention, with youth who successfully complete the phase able to avoid receiving any formal charges and thus avoid establishing a criminal record.

### **Modify B-Heard to Create a True Mental Health Crisis Response**

New Yorkers experiencing a mental health crisis deserve a mental health response, not the police response that is the current default. The City's pilot B-HEARD program has shown some promise, but significant flaws must be addressed to increase success as the program expands:

- Involve peers in the planning, implementation and oversight of B-HEARD. Peers have essential insight and expertise and cannot continue to be excluded from B-HEARD
- Operate 24/7. Mental health crises don't happen on a schedule. Mental health crisis response needs to be available at every hour, just as EMS services are available at every hour for heart attacks
- Faster response time, comparable to that for other emergencies (approximately 8-10 minutes). The current response time is too slow and increases the likelihood of police involvement.
- Provide training to B-HEARD staff that is culturally-responsive, trauma informed, experiential and peer-led.
- Create outcome and effectiveness metrics, which should be regularly reported to the public and to the Council. The City's recent moves to reduce transparency into B-HEARD are unfortunate and make it difficult to assess the current status of the program.
- Increase relationships with mental health providers to provide warm handoffs to ongoing services, reducing future crises and connecting individuals to care in their community.

### **Decrease the Department of Corrections (DOC) Budget**

While the budget for DOHMH faces a 27% proposed cut this year, the Mayor's proposed budget maintains astronomical funding for DOC. New York City should not cut health and mental health services while maintaining inflated spending for an inhumane jail that cannot keep incarcerated people or correction officers safe. To successfully Close Rikers, the City must be robustly investing in community solutions to reduce arrests and incarceration. New Yorkers have significant unmet mental health needs, and are struggling to work through the trauma of the pandemic and a racial reckoning. The Council should cut funds to DOC to fund the initiatives and services highlighted above, along with many other social supports that are critical to the success of our communities.

Thank you for the opportunity to testify today.

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The Center for Justice Innovation is a non-profit organization that seeks to transform the policies and practices of the justice system to make it fair, effective, and humane. The Center operates the following sites throughout New York City.

■ Family    
 ■ Criminal    
 ■ Community Development    
 ■ Civil/Housing

Click on the name of any program to learn more.

#### STATEN ISLAND

1. Staten Island Justice Center

#### MANHATTAN

2. Harlem Community Justice Center
3. Headquarters
4. Manhattan Justice Opportunities
5. Midtown Community Court

#### MULTI-BOROUGH

6. Legal Hand (Bronx, Brooklyn, Queens)

#### BRONX

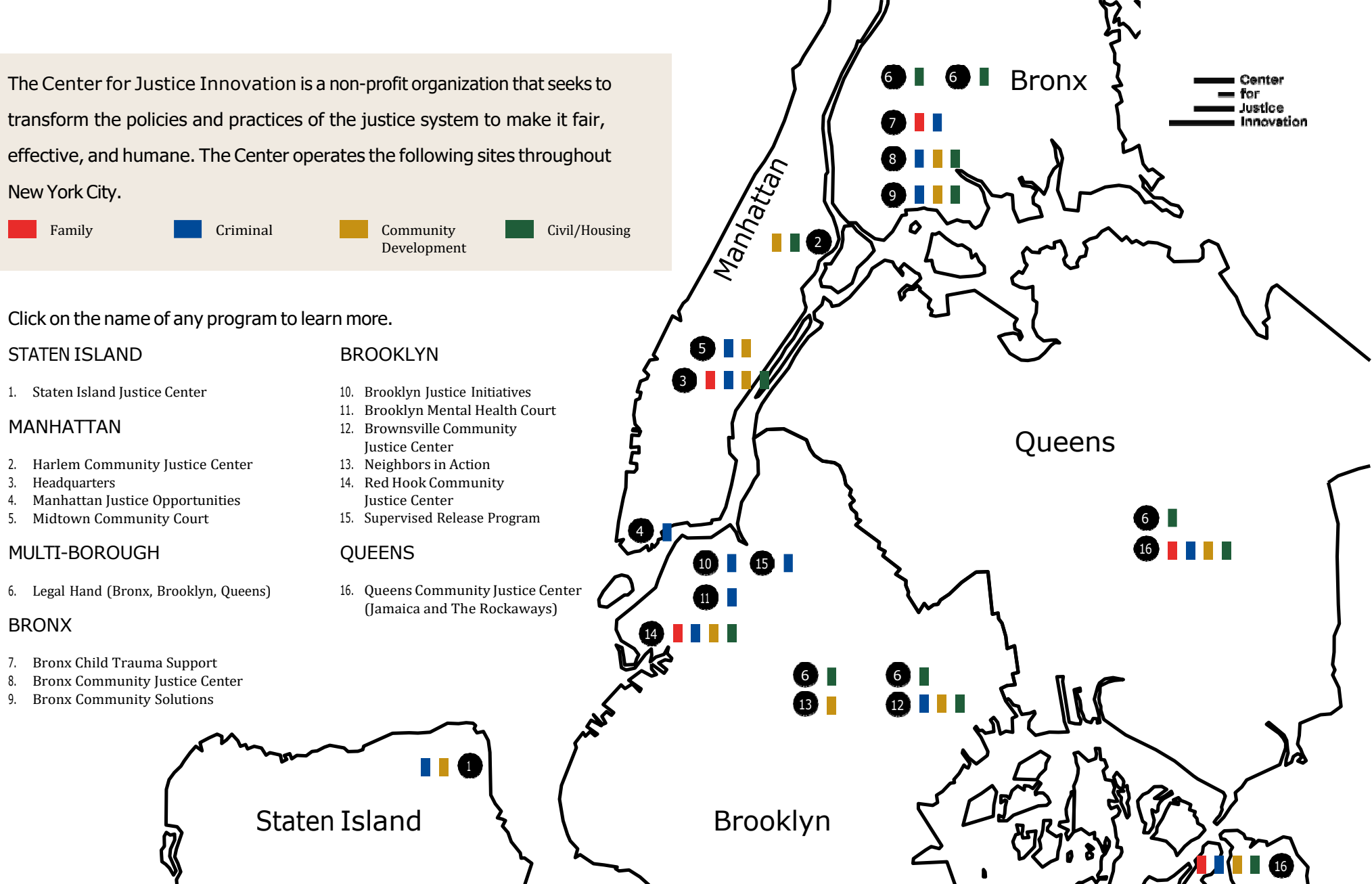
7. Bronx Child Trauma Support
8. Bronx Community Justice Center
9. Bronx Community Solutions

#### BROOKLYN

10. Brooklyn Justice Initiatives
11. Brooklyn Mental Health Court
12. Brownsville Community Justice Center
13. Neighbors in Action
14. Red Hook Community Justice Center
15. Supervised Release Program

#### QUEENS

16. Queens Community Justice Center (Jamaica and The Rockaways)



Center for Justice Innovation

#### Citywide

■ Access to Justice    
 ■ Neighborhood Safety Initiatives    
 ■ RISE Project  
■ Alternatives to Incarceration    
■ Parent Support Program    
■ Strong Starts Court Initiative  
■ Driver Accountability Program    
■ Project Reset    
■ Youth Action Institute  
■ Gender and Family Justice    
■ Restorative Justice Practices    
■ Youth Impact

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Courtney Bryan. Executive Director

**Center for Justice Innovation  
New York City Council  
Joint Preliminary Budget Hearing  
Committee on Mental Health, Disabilities, and Addiction & Committee on Health  
March 21, 2023**

Since its inception, the Center for Justice Innovation (formerly the Center for Court Innovation), referred to as ‘the Center’ throughout these remarks, has supported the vision embraced by Council of a fair, effective, and humane justice system and public safety built through sustainable, community-driven solutions that cultivate vibrant neighborhoods. The Center’s longstanding partnership with Council over the past 25 years has helped bring this vision to life through evidence-based and racially-just programming that spans the justice continuum.

Our firsthand experience operating direct service programs and conducting original research uniquely positions us to offer insights that Council can look to as it considers the development of initiatives that respond to needs of all New Yorkers. In addition to our annual renewal awards, the Center asks for Council support in achieving the following goals in FY24:

- \$461,000 in support for integrating behavioral health within the justice system to support individuals suffering from substance use disorders.
- Return to prior funding levels for Supervised Release Program, considering recent cuts to funding for existing contracts.
- A \$250,000 increase to the Innovative Core Funding partnership between the Council and the Center, to represent the first increase of this award in over a decade.
- \$1.5 million to enhance misdemeanor alternatives to incarceration options across all parts of the justice system as referrals increase.

In each instance, our aim is to provide a meaningful and proportionate response, treat all people under our care with dignity and respect, prioritize public safety, and produce much-needed cost savings for the City. And, as an anti-racist organization, we work to ensure the needs of marginalized New Yorkers are addressed.

**Combatting the Overdose Crisis**

The Center operates direct services, conducts original research, and provides expert assistance at the intersection of criminal justice and the overdose crisis. **We seek \$461,000 in new Council support for behavioral health integrations into the justice system, to combat the overdose crisis.** The Center is committed to providing a meaningful and proportionate response to opioid use disorder, geared toward prevention and rehabilitation, treating all impacted individuals with dignity and respect, and prioritizing public safety. As funding from opioid manufacturer



settlement cases are distributed across New York City, the Center seeks new Council support for the **Bronx Heroin Overdose Prevention and Education (HOPE) program.**

The Center piloted Bronx HOPE to address substance use issues at the precinct level by giving individuals brought in on a controlled substance Desk Appearance Ticket (DAT) charge the option of accessing community services as an alternative to arraignment and prosecution. By giving clients the option of accessing community services instead of appearing in court, Bronx HOPE gives Bronx residents the opportunity for rehabilitation and connection to community rather than jail or options that don't address the underlying issues. Bronx HOPE's Peer Specialists are dispatched to the precinct to engage with individuals immediately at the time of their arrest. Peer Specialists provide solutions that match local needs and resources, foster trust and buy-in among program participants, and ensure that those who are directly impacted have a voice in decision-making.

Bronx HOPE demonstrates that eligible cases are more likely to engage in programming with peer presence at the precinct. In 2022, Bronx HOPE had a contact rate of 84 percent for dispatched cases.<sup>1</sup> Of those cases that were dispatched and enrolled in programming, 81 percent completed their services, thereby preventing the need for those participants to appear in court and face criminal charges.<sup>2</sup> If an individual chooses to participate, they meet with a Center case manager who works with the individual to develop a holistic plan of care, identify services that address their needs, and provide support to complete programming.

### **Restoring Supervised Release to FY22 Levels to Respond to Increasing Referral Volume**

Community-based pretrial supervision is a critical component in the implementation of bail reform and safely shrinking the jail population to close the Rikers Island Jail Complex by the intended date. After a comprehensive assessment, the Center's Supervised Release Program removes people from the harmful environment of incarceration through community-based supervision and refers participants to relevant voluntary social services. **We are seeking a return to FY22 funding levels, as the FY23 contract was reduced by 10% while caseloads for the most intensive category of cases are already double the contracted caseload.** The Center operates the **Supervised Release Program** in Brooklyn and Staten Island, and citywide nearly 17,000 participants were served by all providers in 2022. The programs continue to grow, reflecting judges' confidence that clients in Supervised Release show up for court dates at a very high rate. Additionally, with this growth, the number of participants with higher needs has increased; in our two boroughs, 1,600 individuals had potential mental health needs in 2022 compared to 430 in 2019.<sup>3</sup> This reflects just under a third of all participants assessed in 2022 flagging for mental health needs.

After program eligibility expansion and initial budget increases, the Mayor's Office of Criminal Justice *reduced* the budget for Brooklyn and Staten Island from 2022 to 2023 by approximately 10%. This reduction in budget occurred amidst an over 60% increase in volume of participants. With the reduction in budget and increase in the number of participants with substantial needs, the program cannot function as intended. Lower caseloads are crucial for staff to provide quality time with each participant to ensure case management is responsive to their individual needs.

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<sup>1</sup>Center for Justice Innovation. (2023). [Bronx HOPE data file]. Retrieved from the Justice Center Application case management system.

<sup>2</sup>Ibid at citation 13

<sup>3</sup>Center for Justice Innovation. (2023). [Supervised Release Program data file]. Retrieved from the Justice Center Application case management system.

With twice the caseload, it is difficult for case managers to have more frequent and intensive supervision with individuals, including at community locations closer to the participants' work/home. Rising caseloads prevent staff from working with participants who voluntarily seek or might benefit from enhanced support, including supportive housing and peer support, services that can have positive life-changing impacts. In addition, case managers experience stress and burnout, leading to a low staff retention rate and resources spent on continually recruiting, hiring, and training new staff that could be spent on programming. The Center seeks Council support and guidance on this urgent issue.

### **Innovative Core Funding**

This year, we ask Council to continue and expand support for the Center's **Innovative Core Funding to \$750,000 from \$500,000, an amount not raised in over a decade**. Each year, the Center uses this funding to flexibly respond to the immediate needs of New Yorkers by piloting novel and effective community-based pilots to test for scalable solutions. Enhanced support would allow the Center to float programming despite delayed contract payouts from city agencies, which delays hiring and implementation across our programs. The Innovative Core Funding allows us to ensure programming doesn't get interrupted. In FY23, this contract transitioned from the Mayor's Office of Criminal Justice (MOCJ) to the Department of Youth & Community Development (DYCD), and we call on Council to ensure there is a long-term plan in place to sustain this funding. Council's Innovative Core Funding supports public safety and criminal justice responses in all five boroughs.

The Center makes deep investments in engaging individuals as far upstream as possible by meeting young people where they are, promoting housing stability, preventing gun violence, and working at the intersection of the justice and behavioral health systems. Center programs currently serve thousands of young people citywide each year, offering meaningful off-ramps and justice system alternatives through counseling, academic support, and workforce development. The Center's Youth Impact program, for example, provides peer-led diversion that invests in youth leadership and restorative alternatives to detention. In Harlem and Red Hook, the Center works with tenants in community to increase housing stability and reduce evictions by helping tenants navigate housing court. Similarly, our Legal Hand program serves Crown Heights, Jamaica, and Tremont residents facing housing, immigration, and employment issues by training local residents to empower their neighbors with legal information. In both Brooklyn and the Bronx, the Center works to prevent gun violence by actively engaging those at risk of being involved in violence, building community movements against violence, and providing supports and opportunities to community members in need. The citywide Reimagining Intimacy through Social Engagement (RISE) Project addresses the intersection of intimate partner violence and gun violence.

The Center has a particular expertise in providing trauma-informed social services, which continue to be crucial given the increasing number of justice system-involved individuals facing mental health and/or substance use challenges. Through our Staten Island Justice Center, for example, the Center provides clinical support and restorative programming for court-involved youth who have mental health needs. Our Midtown Community Court's Misdemeanor Mental Health Court works with some of Manhattan's most vulnerable individuals—those with extensive histories of mental illness and/or substance use disorders—to resolve cases while reducing the use of incarceration and continued cycling through systems. The Center's Bronx Child Trauma Support provides therapeutic and court accompaniment services to children who have been victim or witnesses to violent crime.

## **Adequately Addressing the Behavioral Health Needs of New Yorkers**

Behavioral health and the justice system cannot be siloed; they are inextricably intertwined. Properly addressing the mental health and substance use needs of all New Yorkers—necessary now more than ever before with the stressors of COVID-19 weighing heavily on already under-resourced communities—will allow us to lessen harmful interactions with the justice system and law enforcement. We can also ensure that contact with the system is humane, with an emphasis on providing culturally competent treatment and programming.

### *Court-Based Behavioral Health Integrations*

The Center is seeing an increase in referrals for both felony and misdemeanor cases in New York City. To keep up with growing misdemeanor caseloads, and in order to take on cases with deeper-levels of engagement required, **the Center is seeking \$1.5 million in new Council funding for misdemeanor cases.** The Center has measurable experience implementing data-driven programs that meaningfully reduce incarceration without decreasing public safety, which aligns with Council’s goal of closing the Rikers Island Jail Complex. Alternatives to incarceration (ATI) can prevent unnecessary incarceration and disruption to individual lives, while providing linkages to additional services to decrease criminogenic factors that would otherwise grow in confinement. In 2022, the Center served 6,742 new participants in ATI programming (Felony, Misdemeanor, and Brooklyn Mental Health Court) across New York City.<sup>4</sup> These models are studied to be safe, effective, and cost efficient; and avoid unnecessary incarceration, reducing the long-term adverse impacts it has on individuals, families, and communities.

The Center’s **Brooklyn Mental Health Court** is based in the Brooklyn Supreme Court and launched in 2002 as the first mental health court in New York City. Brooklyn Mental Health Court crafts meaningful responses to participants, including those with felony charges, who have mental illness. Addressing both treatment needs and the public safety concerns of the community, the court links defendants with serious and persistent mental illness who would ordinarily be jail- or prison-bound, to long-term community-based treatment as an ATI. The majority of Brooklyn Mental Health Court participants who do need intensive and long-term support are connected to a psychiatrist and community-based mental health supports in a way that meets their specific needs and situation. Since it opened in 2002, the court has seen nearly 1,300 participants satisfy program requirements and graduate successfully. Active participants exhibit a 74 percent compliance rate and are 46 percent less likely to be re-arrested while in Brooklyn Mental Health Court than those in a comparison group. In addition, court participants see a 29 percent reduction in the likelihood of a re-conviction versus a comparison group.<sup>5</sup>

One of the Center’s newest efforts launched in January 2022, at the request of our partners at the New York State Unified Court System; the Midtown Community Court and Red Hook Community Justice Center launched two new **Misdemeanor Mental Health Courts (MMHC)**, serving Manhattan and Brooklyn, respectively. These currently unfunded problem-solving courts offer community-based interventions and judicial monitoring for misdemeanor cases that are eligible for diversion. The Center seeks new Council funding to meaningfully address rising misdemeanor caseloads in these Mental Health Court parts.

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<sup>4</sup>Center for Justice Innovation. (2023). [ATI data file]. Retrieved from the Justice Center Application case management system.

<sup>5</sup><https://www.innovatingjustice.org/publications/criminal-justice-interventions-offenders-mental-illness-evaluation-mental-health>

Modeled on the successes of the Brooklyn Mental Health Court, the Center's MMHCs take on the most complex misdemeanors where participants have high needs, extensive histories with the system, and are facing multiple open cases that bring them into the MMHC. Thus, the level of engagement is different than a typical misdemeanor ATI case. Throughout the past year of assessing, counseling, and graduating clients in MMHC, we have noticed several overarching themes that impact the individuals who arrive in this court part: major interruptions to daily functioning at time of arrest, Serious Mental Illness (SMI), co-occurring mental illness and substance use, and unstable housing and lack of access to resources. The court part is staffed by a team of multidisciplinary professionals who specialize in behavioral health and are responsible for conducting independent assessments, preparing recommendations for court, providing referrals to community-based providers, and offering ongoing case management. The ultimate goal is to offer meaningful individualized programming for persons living with mental health as a case resolution, whether through a pre-plea or post-plea model.

Additionally, to address high levels of exposure to community violence and trauma among young men of color in Queens, the Center's **Uplift Program** provides trauma and healing services to justice-involved young men and young adults by offering client-driven individual therapeutic sessions and supportive group workshops. Through case management, victim services assistance, and advocacy and mentoring, participants are supported to recognize, process, and heal their own trauma, resulting in better life outcomes. In Staten Island, the Center's **Youth Wellness Initiative** provides robust mental health services that address trauma and promote healing for young people involved in the justice system or at-risk of justice-system involvement. Additionally, the initiative takes a holistic approach to youth support networks by supporting the families, parents, and caretakers of youth enrolled in the initiative.

### *Supporting Whole Families in Family Court Proceedings*

The Center's **Strong Starts Court Initiative** (Strong Starts) provides specialized services and supports for children from birth to 3 years of age who, due to allegations of neglect or abuse, are subjects of child protection proceedings filed by the Administration for Children's Services (ACS) and under the jurisdiction of the New York City Family Court. Strong Starts provides ongoing child and family assessments by experienced clinicians that help determine the services needed to restore safe and nurturing parenting and to promote healthy developmental trajectories for children.

Families are connected to high quality, trauma-informed services that specifically target the problems that brought them into the child welfare system. There is a strong focus on collaboration and problem solving that impacts the culture and the way in which the Courts, ACS, the family, and their clinical service providers work together, share information, and resolve family and systems problems. The Center seeks Council funding to build program capacity citywide so that Strong Starts can serve more infants, toddlers, and their families in need of these fundamental services that are associated with reduced likelihood of future abuse or neglect petitions.<sup>6</sup>

### *Upstream Street Outreach and Interventions*

The Center's Midtown Community Court recognizes the value in offering holistic services that respond to a clients' needs, while not relying solely upon traditional policing to solve emerging

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<sup>6</sup><https://www.innovatingjustice.org/publications/helping-youngest-start-life-strong>

community concerns. Instead, crisis response should be embedded within a comprehensive, integrated health care and public health system with high quality, accessible, and equitable services.<sup>7</sup> The Center's **Community First** model links individuals in the Times Square area to social and wellness services, while coordinating voluntary follow-up engagement built on relationships developed through consistent outreach.

Specifically, Community First employs Community Navigators with lived experience who partner with community-based organizations to engage individuals in social services, substance use treatment, and mental health services. Community Navigators build trust by learning clients' stories, offering essentials like food, blankets, and access to bathroom facilities, and, over time, connecting them to long term support like housing, employment, and/or substance use treatment. From July 2021 to December 2022, the Community Navigators have reached more than 604 individuals residing in or frequenting the Times Square area.<sup>8</sup> Early data demonstrates that individuals are willing to continuously engage with Navigators, and over time, begin to address their more substantive needs. Currently, Community First street outreach takes place exclusively in the Times Square area. Should Midtown Community Court receive additional Council funding, program outreach will extend to Hell's Kitchen. Additionally, Community First will continue to fortify relationships and partnerships in the Garment District, based on the findings of a Council funded FY23 Community First needs assessment, should the area prove viable for expansion.

## Conclusion

By partnering with the Center, Council can go beyond transforming the justice system to cultivating vibrant and prosperous communities that center public safety and security for all who live here. We thank Council for its continued partnership and are available to answer any questions you may have.

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<sup>7</sup><https://www.fountainhouse.org/reports/from-harm-to-health>

<sup>8</sup>Center for Justice Innovation. (2023). [Community First data file]. Retrieved from the Justice Center Application case management system.



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Courtney Bryan. Executive Director

## FY24 City Council Proposals

### Innovative Criminal Justice Programs

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- **Center for Justice Innovation Innovative Core Funding (formerly Center for Court Innovation) #151226 - \$750,000 (Renewal/Expansion)** This is an application to support the continuation of the Center for Justice Innovation's innovative criminal justice responses, community-based public safety initiatives, and access to justice programs across all five boroughs in New York City. City Council's support allows us to serve tens of thousands of New Yorkers with mental health services, family development, youth empowerment, workforce development, and housing, legal, immigration and employment resource services. Our goal continues to be improving safety, reducing incarceration, expanding access to community resources, and enhancing public trust in government to make New York City stronger, fairer, and safer for all.

### Opioid Prevention and Treatment Initiative

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- **Bronx Community Solutions: Bronx Heroin Overdose Prevention and Education (Bronx HOPE) Mobile Services #153788 - \$461,680 (New)** Bronx Heroin Overdose Prevention and Education (Bronx HOPE) is an initiative from Bronx Community Solutions that tackles substance use issues by using a precinct-based peer-driven diversion model for individuals issued a Desk Appearance Ticket for qualifying drug possession charges. The program was specifically developed to address the opioid crisis and help individuals who struggle with substance use disorder. Bronx HOPE practices a harm reduction model and uses interventions that provide participants the option to access community services instead of appearing in court. By giving individuals this option, Bronx HOPE offers the opportunity for rehabilitation and connection to the community rather than jail or options that do not address underlying issues. Bronx HOPE proposes the staffing and implementation of a response van to serve as the program's mobile office space, with the goal of increasing the number of individuals who are meaningfully engaged through the Bronx HOPE program. Bronx HOPE seeks funding to expand its services beyond the precinct level to increase the program's reach and provide support to community members before they come into contact with the justice system.

## Alternatives to Incarceration

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- **Center for Justice Innovation (formerly Center for Court Innovation): Brooklyn & Manhattan Misdemeanor Mental Health Courts #151177 - \$593,949 (New)** The Center for Justice Innovation partners with the New York State Unified Court System to operate the Brooklyn and Manhattan Misdemeanor Mental Health Courts, offering community-based interventions and judicial monitoring for individuals with mental health diagnoses who are charged with misdemeanor offenses. The courts are staffed by a team of multidisciplinary professionals who specialize in behavioral health who are responsible for conducting independent assessments, preparing recommendations for court, providing referrals to community-based providers, and offering ongoing case management. The goal of these courts is to provide support and engagement through meaningful individualized programming for persons living with mental health as a case resolution, whether through a pre-plea or post-plea model.
  - Also applied to Diversion Programs and Innovative Criminal Justice Programs initiatives.

## Mental Health: Court-Involved Youth

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- **Brooklyn Mental Health Court #148844 - \$150,000 (Renewal)** The Court-Involved Youth Mental Health initiative at the Brooklyn Mental Health Court (BMHC) provides specialized support to youth ages 18 to 24, who have unique social and cognitive needs and who represent a growing percentage of the cases we serve. Since 2017, more than 149 youth in this age range have pled into the Court. Thanks to City Council support, BMHC now offers monthly programming specifically for youth, including arts programs, movie trips, and meditation classes—all designed to nurture close engagement with our youth population to help them comply with their court mandates and avoid future contact with the justice system. Youth support groups are also offered on a weekly basis. City Council funding also supports our Youth Engagement Social Worker role, a bilingual member of our clinical team. Renewed funding will enable us to continue and strengthen our youth-focused programs; form a youth advisory board consisting of both former and current participants who would collaborate with BMHC staff to inform ongoing programming; form stronger partnerships and collaborations with programs and organizations; maintain our critical Youth Engagement Social Worker role; and provide meaningful activities and healthy meals and snacks to our participants, fostering close relationships that help youth to lead healthy, law-abiding lives.
- **Queens Community Justice Center: UPLIFT #150541 - \$100,000 (Renewal)** To address the high levels of exposure to community violence and trauma among young men of color in Queens, the Queens Community Justice Center piloted UPLIFT in FY22, a program that provides trauma and healing services to justice-involved young men of color, ages 16-25. By offering client-driven individual therapeutic sessions and supportive group workshops, case management and victim services assistance, and advocacy and mentoring, participants are supported to recognize, process, and heal their

own trauma, resulting in better life outcomes. The Justice Center requests funding to continue and expand this critical work.

- Also applied to Mental Health Services for Vulnerable Populations and Speakers Initiative.

- **Staten Island Justice Center: Youth Wellness Initiative #150890 - \$130,000 (Renewal)** This a renewal proposal for Staten Island Justice Center's Youth Wellness Initiative (YWI), a program providing robust mental health services that addresses trauma from violence and promotes healing for young men of color in Staten Island. The YWI works to decrease community violence and the likelihood of long-term justice involvement through transformative education, youth-led community engagement, peer support and mentorship, and individual short-term counseling and advocacy. The YWI also offers interactive and holistic family resources and support to parents or guardians who may need assistance in caring for their youth while navigating the justice system. Participants will be able to translate their therapeutic encounters into an opportunity to restore themselves back into their communities.

## **Children Under Five**

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- **Center for Justice Innovation: Strong Starts Court Initiative #152718 - \$572,241 (New)** The Center for Justice Innovation seeks funding to build the capacity of the successful Strong Starts Court Initiative to meet the needs of a greater number of infants, toddlers, and their families throughout New York City and help build a sustainable program not entirely dependent on private foundation support. The Strong Starts Court Initiative is a Family-Court-based project; it employs a two generational approach to provide specialized supports for infants, toddlers and their families who have child protection cases, and it works to educate court-based professionals in an approach focused on early child development that will transform the traditional family court response to this extremely vulnerable population.
  - Also applied to Mental Health Services for Vulnerable Populations; Speaker's Initiative; Innovative Criminal Justice Programs

## **Community Safety and Victim Services Initiative**

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- **Midtown Community Court: Community First #153859 - \$100,000 (Renewal)** Midtown Community Court (MCC) seeks support to build off of the findings of the FY23 Needs Assessment made possible by Councilmember Powers' Office to hire one Community Engagement Specialist to fortify relationships and partnerships identified during the initial needs assessments to build an infrastructure for Community First bridging Times Square and the Garment District.
- **Midtown Community Court: Community First #153703 - \$100,000 (New)** Midtown Community Court (MCC) seeks support to bolster the operations of Community First. Midtown Community Court has submitted a proposal in response to the New York County District Attorney's Office Neighborhood Navigators RFP to expand Community



First operations to the Hell's Kitchen neighborhood. Funding will support the general operations of the Community First program which currently operates from 40th Street to 53rd Street, 6th Ave to 8th Ave, including Restaurant Row. Council's funding will improve the capacity of Community First to serve the most vulnerable community members, often experiencing varying degrees of homelessness, substance use, serious mental illness, and/or physical health challenges.



**CHARLES B. WANG  
COMMUNITY HEALTH CENTER**

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**New York City Council Committee on Health  
FY 2024 Budget Hearing  
Written Testimony Presented by Justin Chen  
Charles B. Wang Community Health Center  
March 21, 2023**

Thank you for the opportunity to testify today. My name is Justin Chen. I am testifying on behalf of the Charles B Wang Community Health Center (CBWCHC). CBWCHC is a Federally Qualified Health Center with locations in Manhattan and Queens. In 2020, we served over 55,000 unique patients. Ninety percent of these patients were at or below 200% of the federal poverty guideline and 80% were best served in a language other than English. For the past three years, the COVID-19 pandemic and the surge of anti-Asian violence have impacted the Asian American community's access to healthcare. Our Health Center had remained open throughout the pandemic and had worked hard to maintain many of our health and outreach programs. This was only possible in part because of support from City Council discretionary funding. I am testifying today to ask for the Health Committee's continued support of several initiatives so that we can continue to meet the health needs of many vulnerable New Yorkers.

The Check Hep B Program, under the Viral Hepatitis Initiative, provides essential patient navigation and culturally and linguistically appropriate care management for New York City residents with chronic hepatitis B infection. Asian Americans account for 58% of people living with chronic hepatitis B. In New York City, an estimated 243,000 people are living with this disease. Many are unaware of their infection or did not receive proper care until enrolling in this program. If left unmonitored or untreated, 1 in 4 individuals with chronic infection will develop serious liver problems, including liver cancer. The Check Hep B Program has a strong record of success: from 2014 to 2021, 98% completed a hepatitis B medical evaluation through this program.

We also seek support for other initiatives that increase vulnerable New Yorkers' access to healthcare services. Through the Access Health Initiative, we provide outreach and education to the Asian American community about health insurance coverage through Medicare, Medicaid, and Medicaid for Pregnant Women.

Finally, through the Cancer Services Initiative, we increase awareness of risk factors and symptoms and treatment options for breast and colorectal cancers. The City Council's support would increase cancer screening through patient navigation for several hundred members of the Chinese American community, who traditionally face linguistic, financial and knowledge barriers to healthcare.

With continued funding and resources, our initiatives can continue to address the health disparities and inequities experienced by the communities we serve. Thank you for your time. I greatly appreciate the opportunity to present to all of you today and am happy to answer any questions.

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**ADVANCING OUR  
COMMUNITY**

**Chinese-American Planning Council  
Testimony Before the Committee on Health  
and the Committee on Mental Health, Disabilities and Addiction  
on the Preliminary Budget for Fiscal Year 2024**

**March 21, 2023**

Good afternoon, my name is Kaitlyn Mar and I am a member of the Development Team at the Chinese-American Planning Council (CPC). Together with Cindy Chen, a Special Needs Family Coordinator based in Queens, we will share testimony of actionable steps City Council can take that highlight the urgency and importance of supporting mental health programming by investing \$66.5 million in AAPI organizations to address community needs.

Founded in 1965, today CPC is the nation's largest Asian American social services organization. We annually serve over 80,000 community members who identify as Asian American, low-income, and/or as an immigrant. Through over 50 programs at over 30 sites across Manhattan, Brooklyn, and Queens, we provide comprehensive services that are linguistically accessible and culturally sensitive to community members that range from early childhood to older adult.

As the fastest growing racial group in New York City, there is urgent and critical need to:

**1. Increase access to mental health services.**

- To date, one in five AAPI individuals do not have access to health insurance. These numbers get much higher when you look at different racial and ethnic subgroups, as well as older adults. We need better access to insurance coverage so that our community members can receive better primary and preventive care.
- The Access Health NYC initiative is designed to target individuals and families who are: uninsured; identify as LGBTQ; are formerly incarcerated; are homeless; have limited English proficiency; have disabilities; live with HIV/AIDS; and are experiencing other barriers to health care access/information about health coverage and options. Access Health NYC gives organizations like CPC the resources we need to connect our community members with much needed health insurance and health care resources. It is critical now more than ever that New York City Council restore and expand funding for Access Health NYC at \$4 million to continue to support community-based nonprofit organizations that fill the gap and provide critical culturally competent and language accessible health outreach and education services.
- From Cindy's experience as a Special Needs Family Support Coordinator, she shares:
  - I recently worked with a youth community member who doesn't want to go to go back to school in person because she doesn't feel safe and feels the

virus is still present. While her parents have been proactive in seeking mental health care for her, resources are limited. With the next available appointment with a qualified counselor over three months away, this family is unable to take timely care of this youth's needs. In the time between now and this appointment, this youth's well-being is at stake. She should not have to wait a quarter of a year for help she needs right now.

- To underscore the need that Cindy has shared, an internal youth survey conducted by our Development Team between January 29<sup>th</sup> and February 8<sup>th</sup>, 2023 from a total of 344 individuals with the majority of participants between the ages of 14-19 and identifying as AAPI, revealed the following concerning highlights:
    - More than half (56%) of participants experience stress; (44%) anxiety; (35%) trouble paying attention; (33%) mood swings; (31%) depression; (23%) body issues; (15%) eating disorder; (8%) self-harming behavior.
    - One-third (33.44%) of respondents have been victim to bullying.
    - 42% said they feel like they need to work to help provide for their family.
    - Gender and sexual minority youth are more likely to perceive that their parents hold negative attitudes regarding sex/sexuality.
      - One youth shared, "I was threatened to be killed if they found out I was gay."
2. Build awareness and acceptance of mental health as a health concern, with an emphasis on building capacity for linguistically and culturally competent mental health services.
- The ongoing COVID-19 pandemic has had a profound impact on the necessity to address mental health within the AAPI community because of the violence committed against our bodies. AAPI hate crimes have surged more than 339% nationwide within just in 2021, with NYC surpassing its 2020 hate crimes rate<sup>1</sup>. CPC's community members have increasingly mentioned their fears of going outside, and the need for community safety. CPC urges the City Council to invest in preventative safety measures for our communities instead of increased policing. Investing in our communities is healthcare justice and is essential in expanding the conversation for increase mental health access and awareness within our AAPI communities.
  - These twin pandemics that the AAPI community face continue to compound. Cindy shares: she has worked with a community member who hasn't been outside for a year after losing her husband during the pandemic.
  - We need to invest in creating community education programs to introduce the concept of mental health in a linguistically and culturally competent manner.
    - Outreach programs for hard-to-access populations such as working adults or isolated older adults
  - We need to invest in building relationships with and provide mental health training for trust voices and leaders in the community, including front-line staff and home care attendants. This also means supporting intellectual and developmental disabilities. We need to include an 8.5% COLA as well as the establishment of a Direct Support Wage Enhancement (DSWE) to increase hourly pay for direct support workers.

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<sup>1</sup> <https://www.nbcnews.com/news/asian-america/anti-asian-hate-crimes-increased-339-percent-nationwide-last-year-repo-rcna14282>



## ADVANCING OUR COMMUNITY

- The Asian Intellectual or Developmental Disability (IDD) community needs more support from the government on these issues. We need more funding for direct support professionals (DSP) and for people who serve IDD communities who understand our languages and our cultures. Our youth need stable services, but the wages are so low that programs can't hire and maintain enough staff. We need more housing for IDD families. We hope the government will invest in CPC and invest in the Asian IDD community.
- In the absence of a multi-year COLA agreement, we are asking for a 5.4% COLA based on the consumer price index which mirrors the State COLA included in the Governor's budget. This would be about a \$108 million investment in an essential community workforce.

### 3. Support research into mental health care needs and service models

- Per mainstream funding sources that require "evidence informed" practices, it is essential that we bridge the gap in the current lack of research on both the mental health status and needs within AAPI communities.
- We call for disaggregated data not only for Asians, but also for Asian ethnicities. Particularly given the diversity of experience, culture, and diaspora within the Asian community, having quality data for different groups is vital to design culturally competent programs and advocate for necessary resources.

We call upon the City Council to invest in AAPI needs and necessary infrastructure to support our ever-expanding community. CPC appreciates the opportunity to testify on these issues that so greatly impact the communities we serve and look forward to working with you on them!

**Testimony of Jenny Veloz and Alice Bufkin  
Citizens' Committee for Children of New York  
Submitted to New York City Council Committee on Health and Committee on Mental  
Health, Disabilities, and Addiction  
Preliminary Budget Hearing  
March 21, 2023**

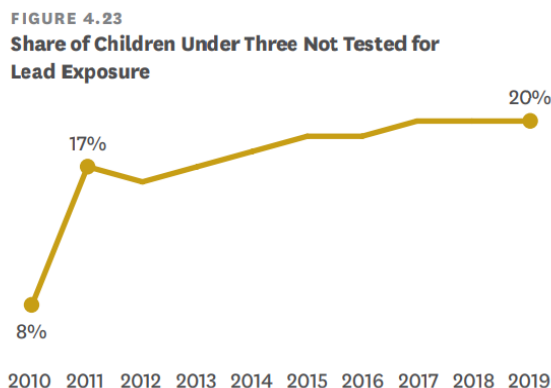
Citizens' Committee for Children of New York is a 79-year-old independent, multi-issue child advocacy organization. CCC does not accept or receive public resources, provide direct services, nor represent a sector or workforce; our priority is improving outcomes for children and families through research and advocacy. We document the facts, engage and mobilize New Yorkers, and advocate for solutions to ensure that every New York child is healthy, housed, educated, and safe.

We would like to thank Chair Lee, Chair Shulman, and all the members of the Committee on Health and Committee on Mental Health, Disabilities, and Addiction for holding today's hearing on the Preliminary Budget for Fiscal Year 2024.

### **Preventing Childhood Lead Poisoning**

CCC is a member of The NYC Lead Poisoning Prevention Roundtable, a coalition of advocates who first came together to create and pass Local Law 1 of 2004 as the New York City Coalition to End Lead Poisoning. Now, the Roundtable focuses on closing loopholes in Local Law 1 and ensuring lead laws are adequately implemented and enforced.

In 2004, New York City enacted Local Law 1 (LL1), the most ambitious lead poisoning prevention law in the country, with the stated goal of ending childhood lead poisoning by 2010. LL1 has had an enormous positive impact: [according to the Department of Health and Mental Hygiene \(DHMH\)](#) the number of children under age 6 with elevated blood lead levels (EBLL) declined from some 37,344 during 2005 to just 3,050 in 2019. Nevertheless, our city's children continue to needlessly suffer permanent neurological damage from exposure to lead-based paint and lead dust in their homes. The share of children under three not tested for lead exposure has more than doubled since 2010.



Moreover, childhood lead poisoning disproportionately impacts children of color and low-income children in New York City. As of 2019, 82% of children under age six with EBLs were Black, Latino/a/x, or Asian. 67% of the children were also in high-poverty neighborhoods.<sup>i</sup> The primary source of lead poisoning is lead paint in New York City's old housing stock. Old lead paint can crack, chip, and peel and create dust, especially on friction surfaces like doors or windows. Children living in these buildings have elevated EBLs at more than twice the rate of children in public housing.<sup>ii</sup> Preventing lead poisoning is a not just a health matter but an environmental and racial justice matter as well.

**Although Local Law 1 was the catalyst in New York City experiencing a decline in childhood lead poisoning, additional steps are needed to strengthen the city's policies and programs.**

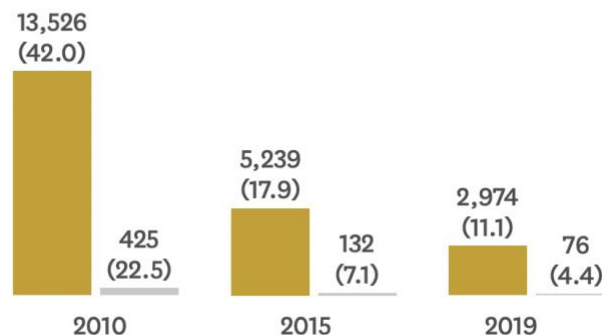
Two significant features of Local 1 require landlords to conduct annual inspections and self-report the results of those inspections and abate lead hazards when an apartment becomes vacant. Fines are issued if landlords are in violation of these actions, but these fines are rarely enforced. Because there is no real enforcement system ensuring these obligations are met, landlords continue to get away with failing to ameliorate conditions and in turn, children's health is put at risk.

**Child Lead Exposure and Inspections by Borough, 2018**

| <i>Borough</i> | <i>Children with lead exposure</i> | <i>HPD lead inspections</i> | <i>Inspections per child with lead exposure</i> |
|----------------|------------------------------------|-----------------------------|---|
| Manhattan      | 1,810                              | 24,313                      | 134   |
| Bronx          | 5,114                              | 68,923                      | 135   |
| Brooklyn       | 10,690                             | 46,533                      | 44  |
| Queens         | 7,682                              | 12,210                      | 16  |
| Staten Island  | 977                                | 1,537                       | 16  |

**Children Under Six with Elevated BLL by Housing Type (number and rate per 1,000 tested)**

■ Private housing ■ NYCHA





**In order to protect children from harmful lead exposure, CCC urges the City Council and Administration to pass and fund proposed legislation designed to address childhood lead poisoning by enhancing prevention and enforcement of current lead laws:**

- **Int 0005-2022 (CM Diana Ayala):** Requires landlords to produce records of self-inspections, whenever a lead-based paint violation is issued. HPD inspections continue to find many peeling lead paint violations, indicating that landlords do not take seriously their obligation to self-inspect.
- **Int 0006-2022 (CM Diana Ayala):** Requires permanent abatement of lead on friction surfaces in rental units with children under six by a certain date. There currently is no meaningful enforcement and lead paint remains on many friction surfaces, like doorways and window sills.
- **Int 0193-2022 (CM Carlina Rivera):** Would make peeling lead paint in common areas of rental properties a class C violation
- **Int 0200-2022 (CM Rafael Salamanca, Jr.):** Would require quarterly reports from DOHMH to City Council on landlord contestations of Commissioner's Order to Abate (COTA), where children are lead poisoned and the reasons for the contestation.
- **Int 0750-2022 (CM Diana Ayala):** Would create a system for proactive (non-complaint driven) HPD lead inspections in high-risk buildings and neighborhoods

Each of these bills strengthens the original idea behind Local Law 1 and holds landlords and management companies accountable for the health and safety of their residents, especially children. However, for these bills to have meaningful impact, we must ensure that the agencies tasked with enforcing and inspecting have appropriate funding and resources in the budget.

**Current vacancies at city agencies are affecting services that impact people's health. We therefore urge the City Council and the Administration to ensure that the CFY2024 Budget prioritizes filling and does not reduce essential staffing in HPD, DOHMH, DOB, HPD, DEP, DOE, DOT, and NYCHA as ongoing vacancies and staffing reductions could negatively impact the city's ability to identify and address lead hazards for children and ensure access to supports and services that promote good health.**

Including appropriate funding and resources for lead poisoning programs in this year's budget (and future budgets) will ensure the safety and health of New York City's children.

### **Supporting the Behavioral Health Needs of Children in Schools**

Schools play an essential role in meeting the behavioral health needs of children, yet New York City's approach to addressing the social-emotional needs of students in schools has often been fragmented and insufficient. Far too many students experiencing an emotional crisis are still sent to emergency rooms, subjected to police intervention, or punished with disciplinary practices such as suspension. Between 2016 and 2020, the NYPD responded to a total of 12,050 incidents in which a child in emotional distress (also known as "child in crisis" incidents) was removed from class and transported to the hospital for psychological evaluation. Prior to school shutdowns due to COVID-19, the number of children in crisis interventions was 24% higher than



the in 2016-17, and more than a third of students in emotional crisis who was handcuffed was a Black boy, despite Black boys accounting for only 13% of enrollment.<sup>iii</sup>

Schools need the resources and training necessary to support the mental health of all students, rather than relying on punitive and traumatizing responses to student behavior. We urge you to take the following actions in the budget to support the mental and emotional wellbeing of students.

- **Fund and baseline \$5 million for the Mental Health Continuum, an evidence-based model for integrating a range of direct services to students with significant mental health needs in high-needs schools partnered with hospital-based clinics.**

For the past two years, the City has allocated \$5 million for an innovative model called the Mental Health Continuum, an integrated system of targeted and intensive supports for students with significant mental health needs. This model includes school partnerships with a number of external partners, including NYC Well, professionals for crisis response, and training for school-staff. Through a partnership between the DOE, H + H, and DOHMH, this model aims to meet the needs of students with significant mental health challenges in 50 schools with the highest rates of NYPD interventions, suspensions, and chronic absenteeism.

The Mental Health Continuum represents the first time ever cross-agency collaboration (DOE, Health + Hospitals, and DOHMH) to help students with significant mental health challenges access direct mental health services in school and connect students to other services throughout the city. However, the City has continued to allocate funding one year at a time, preventing the program from achieving the security necessary for long-term hiring, planning, and bringing to scale. To fully implement and sustain the Mental Health Continuum, the City must baseline \$5 million for the program.

- **Provide \$28.5 million to add school-based mental health clinics to 100 new sites and expand the capacity of existing clinics.**

School-based mental health clinics provide on-site clinical services to students. These clinics provide essential clinical supports to students, including diagnosis, individual and family counseling, and more. SBMHCs bill Medicaid and insurance directly for services provided to students. However, City funding is essential for enabling clinics to offer a more comprehensive and inclusive array of services, including services for uninsured children, services for children without a diagnosis, and trainings and support for school staff and the school population more broadly. Unfortunately, many school clinics lack the City funding necessary to provide the types of wraparound supports that are so essential for ensuring a school-based mental health clinic is part of a continuum of whole-school supports for students. It is critical for the City to provide additional funding to support existing SBMHCs so they can be more comprehensive, inclusive, and effective.

Moreover, far too few schools have access to School-Based Mental Health Clinics: as of the 2020/2021 school year, only approximately 10% of NYC schools had a clinic on-site.<sup>iv</sup> In addition to supporting the operation of existing clinics, the City should significantly increase the overall number of school-based clinics so more students can benefit from their services.

- **Expand and fully complete implementation of restorative justice practices.**

Restorative practices address the root causes of behavior, hold students accountable while keeping them in school learning, build and heal relationships, and teach positive behaviors. They also correlate with improved academic outcomes, school climate, and staff-student relationships. Effective models of restorative practice include hiring a restorative justice coordinator at each school, training staff and members of the school community, and supporting young people in leading restorative practices through both stipends and training. We urge the City to use federal stimulus funding allocated for Restorative Justice Practices before it expires and continue and expand funding by baselining \$120 million—at both the individual school and central DOE levels—for full and effective implementation of Restorative Justice Practices in 500 schools.

- **Provide \$1 million to continue and expand the Parent Healing Ambassador Program, an effort to support long-term parental involvement in transforming NYC Public Schools into centers of healing.**

During to the 2021-2022 SY, over 800 parents from throughout the city participated in this program, where participants received a 4-part professional learning series designed to deepen skills and knowledge about mental health and wellness. Parent Healing Ambassadors led healing sessions and various wellness initiatives for families at their schools and received a stipend for their contributions. The Ambassador program is a part of a larger effort to advance [healing-centered practices](#) which focus on adopting trauma-sensitive classroom practices, integrated mental health and wellness supports, school-wide restorative and supportive practices, parent and student engagement, anti-racist and culturally-responsive curricula, strengths-based learning, and opportunities for enrichment and creative expression.

## **Enhancing Community-Based Supports for Children and Families**

### **Address Chronic Shortages in Behavioral Health Care for Children and Families.**

The primary challenge facing behavioral health access for children in New York City – and across the State – is an inadequate provider network that is unable to meet the wide array of behavioral health needs of New York’s children and families. This shortage is largely due to a deeply under-resourced system, which is itself driven by historically inadequate reimbursement rates in Medicaid and commercial insurance, as well as in city and state contracts. New York City cannot address access without addressing the workforce.

At the state level, advocates are fighting in support of a 8.5% COLA for the human services behavioral workforce. **New York City should seek to match the 8.5% proposed COLA for the human services workforce, and at a minimum advance a 6.5% COLA at the city level, in order to ensure parity between providers of city and state contracts, and to help ensure a stable and sustainable behavioral health workforce.**

Additionally, the city must recognize the complex ecosystem of children's behavioral health supports, and the importance of providing sustained funding for the full continuum of children's services. Specifically, City employees who provide behavioral health supports receive significantly higher salary and benefits than community-based providers paid through city contracts. As a result, the community-based workforce has faced instability, often seeing qualified staff leave CBOs in order to take positions paid through the City. The resulting vacuum in staff leaves providers facing staffing shortages, and pulls providers out of the lives of families and communities who may have relied on those services. **New York City should ensure contracted behavioral health workers have comparable salary and benefits to City providers.**

### **Support Existing City Council Mental Health Initiatives.**

City dollars also allow for a unique level of flexibility and wraparound support that state funds, Medicaid, and commercial insurance cannot offer. City Council initiatives, for instance, have for years used non-traditional, community-based settings to help identify children and families in need and offer developmentally appropriate services and support. These trusted community services have been able to adapt to the specific needs of communities and support programs that are challenging to fund through state and federal sources. **As the City Council considers the Fiscal Year 2024 budget, we urge you to maintain funding for essential City Council Mental Health Initiatives, including:**

- **The Mental Health Services for Children under Five Initiative (CU5)** allows organizations to work with children to develop psychosocial and educational skills, as well as cope with trauma resulting from witnessing or experiencing domestic violence, sexual abuse, or physical or mental abuse.
- **Opioid Prevention and Treatment** Supports neighborhood-based prevention & treatment efforts around opioid abuse, including overdose reversal drugs.
- **Mental Health Services for Vulnerable Populations** supports community-based behavioral health programs, including medication for individuals in transitional housing and mental health services for families with child welfare involvement.
- **Developmental, Psychological and Behavioral Health** helps individuals with behavioral health needs and developmental disabilities, supporting harm reduction, clubhouses and more.
- **The Court-Involved Youth Initiative** helps identify youth involved in the justice system who require mental health services and provides family counseling and respite services to families of court-involved youth.

- **LGBTQ Youth Mental Health** supports comprehensive mental health services for vulnerable LGBTQ youth, focusing particularly on youth of color, youth in immigrant families, homeless youth, and youth who are court-involved.
- **Autism Awareness** supports wraparound services for children with autism spectrum disorders (ASD) in after-school and summer programs and during school closings.

### **Provide \$3 Million to Fund a New Youth Mental Health Initiative**

Though existing City Council mental health initiatives have provided important behavioral health supports to communities, there is need for an initiative with a more targeted focus on addressing the mental health needs of youth in the city. This new initiative would provide flexible mental health services for youth programs run by CBOs – such as Beacons, Cornerstones, COMPASS/SONYC, and others—with a focus on out-of-school time. Programs would be able to hire mental health professionals, lead structured group activities, or test other innovative, hyper-local solutions to youth mental health needs.

Thank you for your time and consideration on these critical issues for children’s health and emotional wellbeing.

For questions, please contact Alice Bufkin at [ABufkin@cccnewyork.org](mailto:ABufkin@cccnewyork.org)

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<sup>i</sup> “A Roadmap to Eliminating Lead Poisoning in New York City.” New York City Coalition to End Lead Poisoning, Lead Roundtable. 2022

<sup>ii</sup> “Childhood Lead Exposure (2020).” CCC Keeping Track Online. Retrieved from: <https://s3.amazonaws.com/media.cccnewyork.org/2022/06/4.-Health-and-Mental-Health.pdf>

<sup>iii</sup> Advocates for Children. “Police response to students in emotional crisis.” June 2021. [https://www.advocatesforchildren.org/sites/default/files/library/police\\_response\\_students\\_in\\_crisis.pdf?pt=1](https://www.advocatesforchildren.org/sites/default/files/library/police_response_students_in_crisis.pdf?pt=1)

<sup>iv</sup> CCC Analysis of DOE Dataset. “2020-21 SMH Service Coverage.” May 9, 2022. <https://data.cityofnewyork.us/Education/2020-21-SMH-Service-Coverage/qxht-vysj>



Coalition For Asian American  
Children+Families

**New York City Council  
Committee on Health and Committee on Mental Health, Mental Health, Disabilities and  
Addiction  
March 21, 2023**

**Testimony of Amy Lin, Health Partnerships Policy Coordinator  
Coalition for Asian American Children and Families (CACF)**

Hello, my name is Amy Lin, and I am the Health Partnerships Policy Coordinator at CACF, the Coalition for Asian American Children and Families. Thank you very much to Chair Schulman and Chair Lee for holding this hearing and providing the opportunity to testify.

CACF is one of 4 lead agencies for Access Health NYC, a City Council Citywide Initiative that funds community-based organizations (CBOs) to provide education, outreach, and assistance to all New Yorkers about how to access health care and coverage. The initiative is composed of 4 lead agencies (CACF, Commission on the Public's Health System, Community Service Society of New York, and New York Immigration Coalition) and 34 awardee CBOs who provide culturally responsive, linguistically accessible, and accurate information specifically targeting hard-to-reach populations and those experiencing barriers to healthcare and coverage. The initiative began in 2015 with 12 CBOs and FQHCs (federally qualified health centers) and has nearly tripled to 34 current awardees across all 5 boroughs, thanks to our advocacy and collaboration over the years with New York City Council Members and leadership.

Right now is a crucial time to focus on our health initiatives in NYC – the COVID-19 pandemic has left a devastating impact on our marginalized communities, and it's important to think about ways to support New Yorkers experiencing mental health issues and long COVID. In response to changing circumstances in New York, our CBOs have always stepped in to conduct outreach that targets folks experiencing barriers to health care and coverage, including individuals and families who are uninsured, have limited English proficiency, are LGBTQ+, are homeless, are formerly incarcerated, live with disabilities, and are asylum seekers and refugees. Meanwhile, the lead agencies of Access Health NYC have trained, monitored, evaluated, and provided technical assistance and guidance to the CBOs, as well as support a consumer helpline.

In Fiscal Year 2023, City Council designated \$3.7 million to Access Health NYC. Even in the face of increasingly limited resources and rapidly growing needs, our organizations have continued to work to support our most vulnerable community members. **Thus, we are calling on the New York City Council to enhance funding to the Access Health NYC initiative to \$4 million for Fiscal Year 2024 in order to sustain our critical services to communities. This funding is key to ensure that all awardees receive the same baseline funding, and we would also be able to invite a few more CBOs to join the initiative.**

Thank you very much for your time.



**Committee on Health & Committee on Mental Health, Disabilities and Addiction**  
*New York City Council Budget and Oversight Hearings on The Preliminary Budget  
for Fiscal Year 2024*

March 21st, 2023

Chair Schulman, Chair Lee and distinguished members of the City Council, thank you for the opportunity to provide testimony today. My name is Cara Berkowitz, Acting Director of The Policy Center for a merged Coalition for Behavioral Health and the New York Association of Alcoholism and Substance Abuse Providers, representing over 250 community-based mental health and substance use providers.

New York City is facing a behavioral health crisis and it is essential that the city budget for FY24 provide a robust investment in mental health and substance use services. Over the past three years, there has been a surge in the demand for behavioral health services. Since 2020, one out of every three New Yorkers reported poor mental health, and rates of anxiety and depression have drastically increased.<sup>i</sup> Almost 7,000 children in New York State have lost a parent or caregiver due to the pandemic and the Surgeon General declared a youth mental health crisis.<sup>ii</sup> In 2021, NYC saw a 39.4% increase in the overdose death rate compared to 2020, a catastrophic number that shows the speed with which this crisis is worsening.<sup>iii</sup>

Unfortunately, decades of inadequate funding and insufficient investment in the behavioral health sector has decimated the field while the needs skyrocket. This has created an access to care crisis, as staff leave the field for higher salaries and easier work, while more and more New Yorkers are reaching out for services. Programs are operating with staff vacancy rates as high as forty-eight percent. Our provider members are being forced to pause intakes of new patients as they focus on already lengthy waitlists, which is unprecedented.

The City must take both immediate and long-term efforts to support the existing mental health and substance use workforce and to build a pipeline of mental health professionals that matches the diversity of New York City. For years, the City has not provided sufficient funding to contracted providers, resulting in low salaries and poor benefits for this critical workforce. We are members of the #JustPay campaign, organized by the Human Services Council, and we urge the City to support their quest for adequate workforce funding. Our key priorities for the mental health and substance use workforce are as follows:

**Workforce Solutions**

- **Establish, fund and enforce an automatic, annual cost-of-living adjustment (COLA) on all human services contracts and invest \$500 Million increases for mental health and substance use disorders.** It is critical that the City match our ask for the State's to

provide an 8.5% COLA and \$500 million in rate increases for the sector. Without this, providers will be placed in an untenable situation of being able to give raises to some staff who work on state contracts, while keeping salaries flat for staff on city contracts. This will lead to increased turnover and decreased ability to recruit staff on city contracts. We also urge the City to increase funding for salaries and benefits on city contracts to be competitive with city employees. It is essential for the human services providers to have sustainable funding to meet the needs of our communities while also having sufficient wages.

- **Build the pipeline of mental health professionals through tuition assistance, loan forgiveness, and internship funding.** The City plays a key role in educating mental health professionals, but the costs for entering this field remain far too high. This is a particular barrier to increasing the diversity of the mental health workforce. It is incredibly difficult for providers to recruit staff who speak languages other than English, because there simply are not enough of these individuals in the behavioral health field. Similarly, black and brown communities are underrepresented among mental health professionals. To build a more robust and diverse workforce, we recommend the city provide funding for clinical internships, provide loan forgiveness, and expand the human services career advancement scholarship.

### **Expand Access to School Mental Health Services - \$28,500,000**

COVID has caused a mental health crisis amongst children. The Surgeon General, American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry (AACAP) and Children's Hospital Association have all declared a national emergency in children's mental health. Our providers are seeing this crisis every day, as children enter their programs with more acute illness and more severe needs than pre-COVID. To support children's mental health and wellbeing, it is critical that the City invest now to bolster the existing school-based mental health clinics and to bring school-based mental health clinics into 100 new schools. Each school-based clinic should receive \$75,000 in annual operating support to maintain and expand on-site mental health services for children.

### **Advantages of School-Based Mental Health Clinics**

- ***On-Site Mental Health Services:*** School-based mental health clinics provide on-site mental health services, including diagnosis and treatment, to children during the school day. As satellite locations of community providers, these clinics are able to serve the entire family, both in school and in the community. Children typically receive a weekly psychotherapy session, and the clinician will meet as needed with the parents to discuss parenting skills and other supports to help with the child's behavioral needs. The clinics also offer psychiatry, including medication management, family peer support, and youth advocacy. School-based clinics integrate within the school, educating teachers on how to spot when a child needs help and teaching students about mental well-being.
- ***Crisis Response:*** School-based clinics are able to provide crisis mental health services, ensuring children receive a compassionate response when they are in need and reducing the use of suspensions, detentions and other punitive measures.
- ***Funding:*** clinics are primarily funded through revenue from billing health insurance, which is insufficient. Insurance does not cover school wellness activities, like mental health education and training. Medicaid does not cover services to children without a

diagnosis. Commercial insurance often does not cover the service at all, or pays a rate that is so low that it covers only half of the cost of service.

- **Leverage State & Federal Dollars:** because school-based clinics can bill insurance, which the DOE largely cannot, an investment in clinics will result in an infusion of state & federal dollars into schools. The cost to the city for a school-based clinics is half the cost of DOE hiring a school social worker.

The City has consistently failed to invest in prevention and early intervention for mental health. A robust commitment to school-based mental health clinics will ensure children have quality and timely care, stopping issues from becoming more severe and helping children to leave healthy, happy lives.

### **Serving Individuals Experiencing Homelessness and Serious Mental Illness**

The Coalition agrees with Mayor Adams that people with mental illness who are homeless deserve better than living untreated and unsheltered on New York City's streets and subways. However, we strongly objects to the Mayor's proposed solution to this problem. Unhoused people with mental illness are the result of inadequate housing and mental health care. We have failed to address their needs for decades and it is time we rethink how New York City approaches such problems, and not just do the things we've tried over and over again without success.

Clearly, these individuals are not currently receiving the mental health services that they need. Much of the current conversation has been focused on mandating treatment. However, we would encourage Mayor Adams and City policymakers to focus on the areas where our current system is failing, before moving to expand mandated treatment.

**Support Intensive Mobile Treatment:** Intensive Mobile Treatment (IMT) is an incredibly successful program for engaging individuals who have mental health, substance use, criminal justice and homeless services contact. This program does an excellent job in engaging these individuals in care, connecting them to housing, and reducing their criminal justice involvement. IMT used teams of individuals to provide flexible, interdisciplinary services that meet individuals where they are. Many of our members operate IMT teams and describe this model as transformative. The robust team structure, combined with an appropriate level of funding, allows agencies to hire highly qualified staff and engage individuals in care who were previously unserved. *Funding for Intensive Mobile Treatment must be maintained in the FY24 Budget.*

**Ensure Hospitals Admit & Discharge Appropriately:** currently, hospitals throughout NYC are not providing sufficient services to individuals with mental illness who need hospitalization. Our member agencies will often bring an individual to an ER or CPEP, having determined, based on their long-standing relationship with the individual and deep knowledge of the individual's condition, that a hospitalization is necessary. In many cases, the individual recognizes the need for hospitalization. However, the hospitals will often simply observe the individual for 1-3 hours and then discharge them. At best, they may admit someone for 24-36 hours, a stay that is too short to truly stabilize the individual. The individual will then be discharged, often without the community provider receiving a notification or any other discharge planning. This does not help individuals with serious mental illness, and it does not help the providers who serve them. In



some particularly egregious instances, our members report that hospitals have told them a client is “too dangerous” for an inpatient psychiatric hospitalization. For individuals experiencing acute mental health systems that are causing them to act with violence, it is critical that hospitals have the ability to stabilize these individuals. Community providers cannot offer the intensity of services needed to someone whose illness is at such an acute point. The City must engage with the hospitals, both private and H+H, to improve inpatient psychiatric care and ensure that individuals receive this critical service.

- **Streamline the Supportive Housing Placement Process:** We support the Mayor’s efforts to streamline the supportive housing placement process. Improving this process will get individuals into supportive housing faster, increasing stability in their lives and ensuring they have access to the wrap-around services they need.

### **Maintain Mental Health Services for Older Adults**

Older adults experienced significant loss and isolation during the COVID pandemic. In recognition of this, in 2021 the City expanded funding for the Geriatric Mental Health Initiative. The expansion was targeted at the neighborhoods hardest hit by COVID. These services have been able to succeed during COVID by pivoting to remote offerings, training clients on how to engage in telehealth, and providing telephonic services.

This program is very successful, serving more than 3,300 older adults in just the first 18 months and providing over 17,000 clinical sessions. Data shows clinical improvement rates of 62% for depression and 57% for anxiety after three months of treatment. The program has improved the overall health of older adults and helped keep older New Yorkers in their homes, not in hospitals or nursing homes. It is critical that funding for the expansion be maintained in the FY24 budget. We oppose the cut to the program in the current fiscal year, which will delay the roll-out of these critical services.

The mental health needs of New Yorkers are immense. The City can help New Yorkers access the treatment and services they need through close collaboration with community providers and a significant investment in the mental health workforce. Thank you for the opportunity to testify today. We look forward to working with the City Council to ensure robust mental health and substance use services are accessible to all New Yorkers.

### **Streamline City Contracting Process**

While for years non-profits have been raising serious concerns about the city contracting process, the devastating closure of 200-year-old Sheltering Arms in part due to the dysfunctional contracting process, demonstrates the serious repercussions of this problem. We appreciate Mayor Eric Adams and City Comptroller Brad Lander creating a task force and report about the pressing contracting issues but as contract payments continue straining the existence of non-profits, this sector still desperately needs more reliable cash flow. Along with Human Services Council and many other coalitions, we will continue to fight for a solution that allows non-profits adequate and prompt funding from the city so vulnerable New Yorkers can continue getting the services they need.

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<sup>i</sup> New York State Health Foundation. *Mental Health Impact of the Coronavirus Pandemic in New York State*. February 2021. <https://nyshealthfoundation.org/wp-content/uploads/2021/02/mental-health-impact-coronavirus-pandemic-new-york-state.pdf>

<sup>ii</sup> Campaign for Health Minds, Healthy Kids (2022, January) *NY Child Mental Health Advocates Applaud Gov Hochul on Commitment to Address Child Mental Health Crisis in SOTS Address*.

<https://s3.amazonaws.com/media.cccnewyork.org/2022/01/HMHK-SOTS-Statement-Release.pdf>

<sup>iii</sup> NYCDOH, Epi Data Brief. (January 2023) <https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief133.pdf>

# **Dismantling Racism Team**

## **Congregation Beth Elohim**

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### **Testimony of Congregation Beth Elohim's Dismantling Racism Team Before Committees on Mental Health, Disabilities & Addiction and Health March 21, 2023**

Congregation Beth Elohim's Dismantling Racism Team engages in advocacy, in alliance with more directly impacted groups, for reforms of the criminal legal system. Congregation Beth Elohim, with branches in Prospect Heights and Park Slope, is the largest Reform synagogue in Brooklyn, with over 1,000 households.

We strongly urge you to support full funding for 380 new units of permanent supportive housing for justice-involved homeless New Yorkers who struggle with serious mental illness and/or substance abuse. 120 of these units already exist, but it is estimated that almost 2,600 citizens in urgent need of such placements cycle in and out of Rikers each year. Specialized Justice Involved Supportive Housing (JISH) provides permanent affordable housing with needed clinical services. It has been proven to interrupt this dangerous cycling in and out of jails and hospitals. JISH allows people the stability they need to address employment, education, and family obligations. The support provided enables them to cooperate with treatment plans and be welcome neighbors. Moreover, it makes communities SAFER, reduces recidivism, and gives folks a fighting chance at a decent, productive life.

These additional 380 JISH units were approved in 2019. However, they were not appropriately or realistically funded. As a result, no appropriate bids were submitted, as experienced supportive housing providers could not possibly deliver housing, services, etc. with the proposed funding. It is within your power to remedy this situation and bring the total number of the JISH units to 500.

Such investment is not just our moral obligation and duty; it is overwhelmingly fiscally sound. Maintaining someone in this housing costs \$45,000/year while keeping someone incarcerated at Rikers costs 10X that amount.

A further and necessary change involves a Human Resources Administration regulation that bars many people at Rikers from non-JISH supportive housing. Currently, candidates for non-JISH supportive housing must demonstrate two years of homelessness. But under the HRA regulation, incarceration or hospitalization for more than 90 days during this period resets the clock for the two-year eligibility requirement. On average, people with mental illness waiting for a trial at Rikers today have been in jail 330 days and counting. So, most are excluded from any possibility of accessing supportive housing other than the 120 current JISH units.

Thank you for hearing us and we hope to partner with you in moving this crucial agenda forward urgently.



**The Testimony of The Corporation for Supportive Housing (CSH) for the NYC Council Health Committee Hearing March 21, 2023**

Thank you for the opportunity to speak today. My name is Emily Melnick. I am a senior program manager at the Corporation for Supportive Housing, a national nonprofit that works to reduce homelessness by helping communities provide the permanently affordable housing and wraparound services people need to stay healthy and housed. Supportive housing for older adults, people with developmental disabilities, and people with complex behavioral health needs is a critical part of our strategy to keep NYC safe and healthy.

As we all know, New York City is experiencing a housing and mental health crisis unlike anything we have seen in recent history. Nearly 70,000<sup>[1]</sup> of our neighbors are homeless, sleeping on trains, in parks, and in crowded shelters. At the same time, we are reeling from the mental health impacts of COVID-19, which brought isolation, financial stress, and grief to hundreds of thousands of New Yorkers and the catastrophic rise in overdoses and other mental health events. These challenges affect the well-being of our city and our sense of safety: we need more investment in solutions that we know work. One such solution is supportive housing, which directly helps New Yorkers move off the streets and access the support they need.

Supportive housing is permanently affordable housing paired with support services, including connection to medical care, behavioral health resources, and substance use recovery. Ensuring people have a safe place to live and connecting them with care provides a credible path to recovery for people with significant physical and behavioral health concerns. We know that housing is healthcare; supportive housing even more so. The benefits of supportive housing carry over to all New Yorkers affected by the twin homelessness and mental health crises. We must continue to invest in this lifesaving intervention.

Although NY has dedicated funding streams for supportive housing, this funding is not enough. Rental subsidies are too low for the competitive market, affecting our ability to ensure people find quality housing. Service funding rates are too low to provide adequate supports or to pay social workers and other direct service staff acceptable wages. Lastly, there simply is not enough supportive housing to go around. Just as well-funded supportive housing benefits all New Yorkers, inadequately funded supportive housing harms all New Yorkers: It leads to an increased reliance on already-stretched crisis systems, like psychiatric providers, emergency departments, and police, increasing human and financial costs for us all.

Making this city healthier and improving public safety starts with supportive housing. We need investments to increase access and ensure that all providers can offer high quality care to help our neighbors.

Therefore, we respectfully ask this committee to urge City Council to invest in the health of the most vulnerable New Yorkers by:

- Investing \$45M in the New York 15/15 program to support rental subsidy increases and higher service rates for the units yet to be brought online
- Reallocating \$162M in 15/15 funding to develop and preserve more congregate units, rather than scatter-site units, which we know are not as effective. This funding is currently allocated to develop 6,000 scatter-site units. We know from experience that congregate settings are far preferable and promote better outcomes due to the presence of onsite services.
- Increasing funding for Justice-Involved Supportive Housing (JISH) to help providers bring more beds online and serve people re-entering the community
  - JISH currently only has 120 out of 500 possible beds in operation. This is directly due to unacceptable rental and service rates
  - We recommend that NYC set service rates at \$25,596 for each unit (matching the service allocation for the 15/15 youth population) and subsidy rates be set at current FMR (Fair Market Rents) and with a 2% yearly escalator, to keep up with current market rates.
  - **The total recommended investment for 500 JISH (120 current and 380 future units) units is \$12.8 Million**
- **Supporting MOCJ Hotels-** MOCJ Emergency Hotels currently house around 480 individuals leaving incarceration. This effort began during the pandemic to reduce the number of people being held in Rikers. These hotels have served as a transitional setting, allowing residents to stabilize and access support before finding permanent housing. This resource has become a critical part of our housing continuum and these contracts are set to run out by June 30, 2023. We request the following continued investment:
  - \$28 million for services, food, and security for residents of 480 rooms across 4 hotels
  - Services \$4.2 Million annually
  - Food Vendors \$6 Million annually
  - Security Vendors \$18 Million annually
  - \$17.5 Million for the cost of the rooms at \$100/room per night
  - **Total ask: \$46 Million/year**
  - This works out to be roughly **\$95k per person per year**, which is *less than 1/5 of the current cost of incarceration*
- **Supporting the Fair Chance for Housing Bill:** **This bill will limit landlords' ability to discriminate against applicants with histories of engagement with the legal system** by eliminating most background checks. Even after people have paid their debt to society, they continue to be shut out of the housing market. There are no current protections in place that support people trying to rebuild their lives. This leads to an increase in crimes of poverty and necessity, stress on our crisis and shelter systems, an increase in street homelessness, and fears around public safety.
- **Supporting the Closure of Rikers:** **Riker's is a dangerous and inhumane place** with far too many avoidable deaths and deplorable conditions for inmates. The lack of structure and support creates unsafe conditions and has led to a lack of adequate discharge planning, lack of access to care, and lack of connection to housing options for people re-entering. As stated above, supportive housing is an effective solution that can help the city get people out of incarceration

and into more stable settings- reducing recidivism and alleviating some of the stress on crisis systems (including jail). Continuing to support and invest in Rikers is in direct opposition to supporting the needs of extremely vulnerable New Yorkers, is more expensive, and moves us further away from a healthier, safer NYC.

Respectfully,

Emily Melnick, MPH

Senior Program Manager NY, Corporation for Supportive Housing

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<sup>[1]</sup> <https://www.coalitionforthehomeless.org/basic-facts-about-homelessness-new-york-city/>

**NEW YORK CITY COUNCIL  
PRELIMINARY BUDGET HEARING  
COMMITTEES ON HEALTH AND MENTAL HEALTH,  
DISABILITIES AND ADDICTION  
MARCH 21, 2023**

TESTIMONY BY EVELYN GRAHAM-NYAASI



**NEW YORK CITY COUNCIL  
PRELIMINARY BUDGET HEARING  
COMMITTEES ON HEALTH AND MENTAL HEALTH, DISABILITIES  
AND ADDICTION  
MARCH 21, 2023**

TESTIMONY BY EVELYN GRAHAM-NYAASI

Correct Crisis Intervention Today - NYC ([www.ccitnyc.org](http://www.ccitnyc.org)) is a broad coalition of peers (individuals with lived mental health experience, service providers, advocacy organizations, and other advocates committed to disability and racial justice. We launched CCIT-NYC in 2012 with the aim to end the trauma, abuse, injuries, and even violent deaths, that people with mental health needs experience during a moment of crisis. Our goal is to remove police from mental health crisis responses and instead institute a peer-driven health response.

**A Peer's Lived Experience**

My experience, clearly underscores the need for removing police from crisis response:

*... Now let's rewind to 2017/2018 in NYC and 25 years after my last hospitalization. I was sitting on my sofa when there was a knock at my door. When I opened the door, there were 8-9 police officers in the hallway. A police officer told me that someone from my home had called 911 and said that I had a knife! He*



*then said that I had to go with him and to bring my medication with me. I was afraid of cops, and I knew what they could do to me, so I grabbed my coat and medication.*

*I was escorted outside, and the police officer asked me if I wanted to go in the police car or ambulance. I chose the ambulance because I didn't want to go to jail. I was taken to Bellevue hospital and dropped off. They put me in a locked room, where people were screaming and yelling. We were locked up like animals. I asked for my blood pressure medication, but I was ignored and sent back to my seat. It was Dr. Martin Luther King, Jr's birthday weekend, so nothing would be done until Tuesday. I was angry that I was lied to. Angry that I was taken to Bellevue hospital and angry that I was stuck there until Tuesday! And then when Tuesday finally arrived, I was taken upstairs to the ward and wasn't released until two weeks later!*

*After being home for a year, I put in an application for Howie the Harp Advocacy Center to be trained as a Peer Specialist -- a person who has been successful in the recovery process and is able to work with others diagnosed with a mental illness. The program lasted for 20 weeks, and I had to do a 12-week internship. Peers know what it is like to go through a mental health crisis. And with the proper training, peers can be very instrumental in helping the person experiencing a mental health crisis. There should be "Nothing About Us Without Us." We need peers with lived experience in all areas of the mental health system, especially in crisis response.*

*.I'd like to thank Mayor Adams for some of the changes he made regarding NYC's Mental Health situation, but more needs to be done. First, there is too much dependence on the police-82% show up instead of BHEARD staff, BHEARD is supposed to be NYC's non-police response program, right?*

*The police must be removed. They aren't properly trained to deescalate a situation, nor do they want to! Police presence is dangerous! 19 people have been killed because the police showed up and that must not happen again!*

## **Transforming New York's Mental Health Crisis Response – Overhaul B-HEARD**

**CCIT-NYC advocates a total overhaul of the City's current mental health crisis response program BHEARD;** which has been dubbed as a “non-police” crisis response and after a year in operation, it still has 82% of calls responded to by police. The program was also created without input or consultation with providers, peers, community leaders, and other key stakeholders in the NYC communities.

- NYC's hiring policies, which focus exclusively on recruiting licensed social workers, excludes many qualified individuals, including peers, who have the lived experience which make them vital to crisis response.
- There is also no planning process that engages peers, providers, call dispatchers, community leaders, and others around developing strategies to improve outcomes and avoid unnecessary trauma for consumers.
- BHEARD has no measurable goals, weekly review meetings, or avenues for quality improvement.

The planned expansion of the program without fixing its many flaws will be a waste of resources and a lost opportunity to help people needing urgent mental health care.

## **Transforming New York’s Mental Health Crisis Response – Establishing CCIT-NYC’s Proposed Model**

In place of B-HEARD, We ask the Council to ensure that [CCIT-NYC’s model](#) – which is based on the CAHOOTS model in Oregon with over thirty years proven success -- is implemented. CCIT-NYC’s model is also in strict accordance with the principles of the [Council of State Governments Justice Centers](#) for the development and operation of “community response” programs. including:

- Developing a program in collaboration with community members and local providers
- Identifying how the program can help address existing systemic biases.

**The \$112 million which the Council allocated to a non-police mental health crisis response coupled with \$78 million should be allocated in support of the CCIT-NYC non-police proposal.**

**We also ask that Council ensure that New Yorkers have access to a wide range of non-hospital, community-based mental health services that promote recovery and wellness, as well as a full panoply of community services, including housing, employment, and education, by allocating funding for such programs as Crisis Respite & stabilization Centers, Housing First, Safe Haven, Family Crisis Respite, Living Room Model, INSET, and Pathway Home.**

## **Summary**

To be clear, we ask the Council to:

- Enact into legislation the CCIT-NYC proposal to create non-police, peer-driven mental health crisis response.
- Allocate at least \$190 million to fund the CCITNYC proposal for true non-police, peer-driven mental health crisis response citywide and operates 24/7.
- Enact legislation to amend the operation of MOCMH to:
  - Add peers, mental health advocates, and providers to the oversight board.
  - Require development of an annual strategic plan which enables all New Yorkers with mental illness to connect to mental health services and appropriate housing; and
  - Require publication of quarterly reports showing progress made on achieving the strategic plan's objectives.
- Ensure that New Yorkers have access to a wide range of non-hospital, community-based mental health services that promote recovery and wellness, as well as a full panoply of community services, including housing, employment, and education, by allocating funding for such programs.

Thank you for the opportunity to provide this testimony, and we would welcome the opportunity to elaborate on our recommendations. You can reach us at [info@ccitnyc.org](mailto:info@ccitnyc.org).

**New York City Council  
Committee on Mental Health, Disabilities and Addiction  
March 21, 2023**

**Testimony submitted to the New York City Council by the Drug Policy Alliance**

The Drug Policy Alliance (DPA) appreciates the opportunity to submit testimony to the New York City Council's Preliminary Budget Hearing on mental health, disabilities and addiction. DPA is the leading organization in the U.S. promoting alternatives to the war on drugs. We envision a just society in which the use and regulation of drugs are grounded in science, compassion, health, and human rights; in which people are no longer punished for what they put into their own bodies; and in which the fears, prejudices, and punitive prohibitions of today are no more.

As an organization that works to uproot the war on drugs, DPA is in support of the City's overdose response plan outlined in the recently released plan, Community, Action: A Mental Health Plan for New York City. Included in the plan is the goal of opening additional overdose prevention centers (OPCs), which are proven to be a critical tool in the reversing overdose deaths, reducing public drug use and litter, and supporting the health and wellness of people who use drugs.

**Responding to Drug Use as a Health Issue**

Over the past decade, New York has experienced alarming increases in levels of drug overdose death. Overdose continues to kill more New Yorkers than car accidents, suicides, and homicides combined. Many New Yorkers have lost loved ones to drug overdose deaths, and a number of counties across New York State have seen the number and rate of deaths increase year over year. The most recent CDC data devastatingly shows that more than 5,100 New Yorkers died from a preventable overdose in 2020—the worst year in recorded history. In just the first quarter of 2021, New York City saw 596 overdose deaths, meaning that a person dies of an overdose every four hours in New York City. Last year was the deadliest year on record for overdoses in New York City, and this year is on track to be even worse.

Punitive responses and criminal justice strategies have not been effective in their goal of curbing drug use and reducing overdose deaths in New York State. Instead, punitive drug policies have isolated people who use drugs and pushed them further to the margins of society where their access to services is scarce, their drug use practices are riskier, and their susceptibility to overdose is higher. Furthermore, current responses to drug use are not grounded in science or compassion and fail to address the public health crisis at hand. Unfortunately, due to stigma and shame surrounding drugs and people who use drugs, individuals have been isolated—forced to engage in risky behaviors and unable to access necessary services.

Overdose prevention centers save lives, and they also provide non-stigmatizing, voluntary care and community. OnPoint NYC, which operates NYC's 2 OPCs, has intervened in 819 overdoses in sixteen months. And they also provide care and community that is so often denied people who use

drugs, the lack of which has led to the improper use of police as the default responders. As we build up harm reduction services, we must also undo the ways people are criminalized so people can actually heal from harm.

### **New York State Support for OPCs**

There is movement at the state level to pass legislation authorizing OPCs and allocating funding for them. The Safer Consumption Services Act (A.338-A/S.399-A) will allow local health departments across New York to work in conjunction with the New York State Department of Health to establish and operate Overdose Prevention Centers (OPCs).

The Safer Consumption Services Act (SCS Act) will address the public health crisis of New York State's skyrocketing drug overdose death rates and numbers by utilizing a humanizing public health approach that will meet people where they are—acknowledging that drug use will continue to exist even with prohibition and working to save lives and provide resources to make drug use less risky.

The SCS Act addresses the issue of stigma and shame by providing individuals with a space to use previously-obtained illicit drugs in a judgement-free zone and under trained supervision. By providing people with a space to legally consume drugs, the SCS Act increases opportunities to engage with people who use drugs rather than isolating them.

The implementation of SCS programs within community-based organizations and harm reduction agencies gives service providers an additional opportunity to compassionately welcome people who use drugs with open arms and treat them with the dignity and respect they deserve. The SCS Act enables programs to treat the whole person through potential wraparound services—truly meeting people where they are. In addition, it opens doors for people who use drugs to build rapport with staff who can help make their drug use safer, respond immediately to overdoses, and connect them with medical care, drug treatment, and social services.

### **The SCS Act Centers Public Health and the Greater Good**

By meeting people where they are and acknowledging that illicit drugs and drug use exist in our society, the SCS Act recognizes that a one-size-fits-all approach will not mitigate the drug overdose crisis. But rather, it will add another tool to the toolbox to help end overdose and increase overall public health.

The SCS Act addresses the immediate need to save lives in the current public health crisis. While centering public health by responding to the overdose crisis with a public health intervention rather than punitively, the SCS Act simultaneously contributes to the greater good of society by decreasing public disorder and making communities safer and cleaner as a result of decreased public drug use and improper syringe disposal, as well as lowered risks of HIV and HCV transmission.

### **The SCS Act Limits Engagement Between Law Enforcement & People Who Use Drugs**

The SCS Act limits engagement between law enforcement and people who use drugs—decreasing the likelihood of potential criminalization of drug use that could lead to risky behaviors and eventual overdose deaths. It restores the role of addressing public health concerns to public health professionals and other social service providers. By addressing the overdose crisis with a public health approach and implementing SCS programs, the SCS Act allows law enforcement to focus on their role of keeping communities safe by placing the responsibility of addressing public health concerns on health care

professionals and trained staff within SCS programs and providing immunity to participants, professionals/staff, and owners for their affiliation with SCS programs.

### **The SCS Act Will Clear a Path for Available Funding for OPCs**

Importantly, the lifesaving work of overdose prevention centers can be supported by opioid settlement funds, which New York State has decided should be specifically invested in repairing and reducing the harms experienced by people who use drugs. Unfortunately, as Commissioner Vasan testified, the city needs clarity from the state to fully implement this plan with public funding. State authorization will provide clarity for the city to allocate settlement money for OPCs.

The SCS Act was reported out of the Assembly Health Committee this week and allocation of opioid settlement funding for OPCs is included in the Senate One-House Budget.

The council can support these efforts by amplifying your support for funding OPCs to the State Legislature. New York has the knowledge, city and state health department leadership, and available funding. We just need the state to act to bring this all together to save New Yorkers' lives.

For questions or more information, please contact Toni Smith, New York State Director, at [tsmith@drugpolicy.org](mailto:tsmith@drugpolicy.org), 212.613.8060.

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<sup>i</sup> NYC Dept. of Health and Mental Hygiene, "Unintentional Drug Poisoning (Overdose) Deaths Quarter 1, 2021, New York City," Nov. 2021. <https://www1.nyc.gov/assets/doh/downloads/pdf/basas/provisional-overdose-report-first-quarter-2021.pdf>



March 21, 2023

New York City Council  
Committee on Health  
City Hall  
New York, NY 10007

*Re: New York City Council Budget and Oversight Hearings on The Preliminary Budget for Fiscal Year 2024*

Dear Chair Schulman and Members of the Committee,

Thank you for holding this important hearing, and for your commitment to ensuring access to high-quality early care and education for our youngest learners. I serve as Assistant Executive Director for the Early Care and Education Consortium (ECEC), a national nonprofit comprised of the leading high-quality multi-state, multi-site child care providers, state child care associations and education service providers. Collectively our members operate about 7,000 child care centers nationwide, serving nearly one million children. In New York State, our members operate 222 centers, including 87 in New York City, with more in the pipeline.

I wanted to start off by acknowledging and sharing our support for the Mayor's Blueprint for Child Care and Early Childhood Education, and the historic investments planned for the next several years to build a robust, equitable early childhood education system. Beyond the proven benefits to the children themselves, access to quality early childhood education is critical to allowing parents to remain in and return to the workforce—this is one of the greatest lessons the pandemic has taught us, and one we're still grappling with across the country.

To that end, I wanted to focus on one particular issue that has been plaguing the child care, before- and after-school and summer programming sectors since long before the COVID-19 pandemic. While we have seen significant improvements thanks to the hard work and commitment of the Department of Health and Mental Hygiene (DOHMH) and City Hall, educators and providers are still grappling with significant delays in the processing of criminal background checks for educators and staff in New York City.

ECEC has partnered with organizations across the city and it has become clear that these delays are by no means limited to the 87 centers our members operate, rather they impact just about every program that goes through the DOHMH. Meanwhile, our country and New York City in particular are facing a massive workforce crisis, compounded by the child care workforce crisis. We need to do more to support working parents and early childhood educators.

Background checks play a critical role in assuring parents that their children will be safely cared for, and importantly, a teacher cannot supervise a classroom until they receive a clearance (or renewal) from DOHMH. While we are 100% in support of thorough background checks, the current length of time clearances are taking is undermining providers' ability to provide New York City's children with care and quality educational programming, and is significantly worsening the existing staffing crisis.



As of a few months ago, ECEC providers, and providers of before-, after- and summer care programs across the city, had been experiencing average wait times for clearances of anywhere from seven to nine months, with many taking over a year. These wait times, *in general*, have dropped significantly as DOHMH has worked to build out its new automated system, and for that we are incredibly grateful. However, processing is still taking longer than in most of the other 48 states in which our providers operate, as well as New York State (outside of New York City). We understand that the new system takes time, but we strongly urge the Committee to ensure this issue stays top-of-mind for policymakers so progress continues to be made.

The delays continue to cause would-be educators to leave the sector, and result in classroom closures and shortening of programs' operational hours, which impacts working parents' ability to find and access care. ECEC's members have testified at previous hearings, including last year's DOHMH budget hearing, about these extreme delays, and we are again asking for your help to reduce the backlog and ensure DOHMH has the resources necessary to further develop and maintain an efficient and effective background check processing system, whether that be through increased staffing or funding for automation.

New York City can and should be a leader in this space with an efficient system that ensures properly screened staff in a timely manner. Furthermore, the focus of child care providers should be entirely on the children they serve and their development, rather than on tracking down paperwork.

We therefore urge members of this Committee to support and take steps to:

- Allocate funds to invest in additional temporary resources to address the current background check crisis within DOHMH;
- Ensure sustained investments in automating the DOHMH background check process;
- Take action to prioritize first time background check completion over renewals for existing previously cleared staff, and extend current clearances until the backlog subsides;
- Take action to allow for portability of clearances so individuals can move between age groups, locations (within the same organization), or child care organizations without undergoing a new background check; and
- Take action to establish accountability measure for DOHMH to complete background checks with a target of no more than two weeks, and a mandate of 45 days at most.

Thank you for your time and consideration, and please feel free to contact me at [ECEC@ECEConsortium.org](mailto:ECEC@ECEConsortium.org) with any follow-up question or suggestions.

Respectfully,

Sage Schaftel  
Assistant Executive Director  
Early Care and Education Consortium



## **Access Health NYC Written Testimony**

Testimony of Juan Carlos Grajeda, Bilingual Program Manager at  
Emerald Isle Immigration Center ("EIIC")

My name is Juan Carlos Grajeda and I am the Bilingual Program Manager at Emerald Isle Immigration Center. Thank you to NYC Council Committee on Health and Committee on Mental Health for the opportunity to submit my written testimony.

I would like to submit written testimony for upcoming hearings regarding the City-Council founded Access Health NYC initiative.

The Emerald Isle Immigration Center (EIIC) is a community-based, not-for-profit organization with offices located in Woodside in Queens and Woodlawn in the Bronx. With almost thirty-five years in operation, we have helped countless members of New York's immigrant population with some of the most important matters in their lives, aiding them in securing protection under the law, housing, employment, education, and healthcare and insurance options. Individual members of our community hail from over seventy countries and speak over twenty languages.

### **Access Health NYC**

The Access Health NYC program has allowed us to expand and improve our outreach efforts through community presentations/workshops, either within our organization or with community partnerships, and in collaboration with our education programs in which we are able to assist many individuals in our immigrant communities with healthcare rights and options, advocacy and education for health insurance enrollment and guiding those who cannot enroll in a health insurance to get free or low-cost healthcare services. EIIC has developed extensive expertise in the area of health insurance and has become a valuable resource within our underserved community.

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[www.eiic.org](http://www.eiic.org)



Because of the Access Health program, we have been able to reach out to more underserved communities through our community presentations, either held in conjunction with our legal and social service departments, or with community partnerships, though community fairs, network meetings and education classes in which we provide information about healthcare rights and options.

Through our outreach efforts, we continue to identify specific needs within some of the underserved populations. We have encountered cases where community members are afraid to seek medical attention because of their immigration status and language access. We are able to provide healthcare options and guidance in their native language. We are also providing guidance to newly arrived migrants regarding healthcare rights and options as well as other resources available including: food access in NYC, as well as COVID-19 vaccination and testing.

Because of the Access Health program, we have also been able to work on promoting and educating our communities on the importance of the COVID-19 vaccine (including pediatric vaccination), booster shots and testing. Through community partnership, we have been able to assist clients in scheduling vaccine appointments, locate vaccination sites, participate in local vaccine campaigns, and help combating the spread of misinformation about the COVID-19 vaccine. Because of the Access Health program, we have been able to reach out to more underserved communities on the importance of the COVID-19 vaccine and has allowed the city to reach a higher vaccination rate among our communities.

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We at EIIC would like to thank NYC Council Committee on Health and Committee on Mental Health and ask for the continued support of the Access Health NYC initiative. Community-Based Organizations like Emerald Isle Immigration Center have helped countless members of the New York's immigrant community with some of the most important matters in their lives, especially access to healthcare. EIIC remains committed to continue serving the needs of our community.

Thank you for the opportunity to share my testimony and stories.

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**Fountain House Written Testimony for the 3/21 Preliminary FY24 Budget  
Hearing Held Jointly by the Committee on Health and the Committee on Mental  
Health, Disabilities and Addiction**

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As the Committees on Health and on Mental Health, Disabilities and Addiction consider their priorities for the Fiscal 2024 budget, we encourage you to focus on two key areas: improving the City's mental health crisis response system and ensuring that community-based mental health care, like clubhouses, have not only the programmatic funding but also the capital funding they need to expand. The City must allocate resources appropriately to both address mental health crises when they arise, and work to prevent them through robust mental health services along the continuum of care.

For too long, many New Yorkers have been blamed, shamed, cast aside, and criminalized for living with mental illness. For members at Fountain House and the more than 14 million people in America who live with a serious mental illness, mental illness is an ingrained part of everyday lives. It impacts relationships, their ability to work, to finish school, to remain stably housed, and more. It has made people the target of undue stigma and harm, particularly in moments of crisis when help is most needed.

Although the federal government and the State of New York have pledged tens of millions of dollars to New York City to support the implementation of the 988 mental health helpline over the next several years, our members do not feel that the City of New York has acted quickly or boldly enough to seize this opportunity.

Right now, the 988 mental health response system simply takes too long to assist callers and dispatch mental health crisis response teams. New Yorkers who need in-person help within minutes during a crisis are left with few options: they can either call 911 or deal with the crisis without help from the City. When police and ambulances arrive on the scene, they are not trained to de-escalate the crisis or deliver mental healthcare onsite. Instead, they transport nearly everyone to a hospital: an unnecessary, costly, and possibly traumatizing approach.

Over the past five months, we have engaged over 100 Fountain House members who shared their experiences with the current mental health crisis response system and their ideas to rebuild the system so it better serves the needs of people living with serious mental illness. Engagement with members was intentionally designed to be embedded into Fountain House's therapeutic approach to supporting people living with serious mental illness to analyze and advocate for the policy changes that could protect and improve their lives. Fountain House members have direct experiences with New York City's mental health crisis response system. Their perspective is critical to ensure that we create a system that is shaped by and responsive to the needs of people in crisis.

If the City Council prioritizes more significant and sustained investment in the 988 system in the Fiscal 2024 budget, a public health approach to mental health crises is possible. New Yorkers would no longer need to rely on 911, or on the police and ambulances it dispatches, for help in a mental health crisis. With more funding, the non-profit contracted by the City to operate 988 could hire more trained peers and behavioral health professionals to answer calls and provide immediate care and de-escalation over the phone. The City could expand the number of mobile crisis teams of peers, nurses, and social workers who can be dispatched by 988 to serve people in their communities – so they can arrive in minutes instead of hours. The City could fund the community-based stabilization support that has proven to reduce future psychiatric hospitalizations. With the historic levels of funding available to New York City to support the 988 helpline, New York City has an opportunity to move as many mental health calls as possible out of the 911 system and create a new system, anchored in 988, that is fully designed by health experts and people with lived experience and that delivers the immediate help people need.

Fountain House is releasing a white paper with our full findings and budget recommendations in early April and will certainly send this to the members of the Committee at that time.

Recognizing that mental health care doesn't just start and stop at the moment of crisis, we also need to invest in community mental health programs, including clubhouses, that practice early intervention and help restore people's agency, dignity, and thriving as a meaningful pathway to recovery.

We very much appreciate Mayor Adams' recent mental health announcement that includes support for clubhouses across the City and look forward to working with the administration on this to effectively utilize the funding to bring in more members. Unfortunately, many clubhouses are essentially at capacity, including our own clubhouse in the South Bronx. Boosting programmatic funding for clubhouses is certainly hugely helpful, and as we await more details about how clubhouses will access these funds, we encourage City policymakers to

consider both program and capital investments so that clubhouses can meet the growing need for long-term, community-based services.

The need is particularly acute in the Bronx. The Bronx has the highest prevalence of serious psychological distress in NYC, especially concentrated in the South Bronx. Bronx residents face higher rates of unemployment, challenges with poverty and numerous health disparities, including a critical lack of mental health services. In fact, “91% of the population insured by Medicaid in the Bronx lives in a Mental Health Professional Shortage Area.” This severe shortage of services and low capacity to address issues early on leads to harmful outcomes for residents. According to a 2018 Community Health Profile on Mott Haven and Melrose by NYC Health, the rate of psychiatric hospitalization in this area is higher than the citywide rate.

Ten years ago, we launched Fountain House Bronx to plant ourselves in this area of greatest need. Over the past decade in this small two-story firehouse, we have greatly impacted the lives of many Bronxites with SMI. We are deeply passionate about continuing to close the gap in service shortages across the Bronx through our innovative programming, but our ability to serve more people and offer a vast array of services is limited by spatial constraints and dated infrastructure. In order to continue reaching New Yorkers living with SMI, we need a larger clubhouse.

Fountain House’s model makes real the idea that “community is therapy.” In clubhouses, people living with SMI find intentional community and work side-by-side with staff on daily operations. Our members get connected with resources they need and over time we are able to also address the negative symptoms of mental illness which include loneliness and isolation. This is crucial to sustaining people’s recovery and helping them gain confidence and agency.

The impact is astounding: Clubhouse members are less likely to need psychiatric hospitalizations and have reduced health care costs; an independent study found that Fountain House members see a 21% reduction in Medicaid costs compared to other people living with serious mental illness. They’re also more likely to be stably housed, employed, and able to advance their education — things that not only prevent crises but promote general well-being.

We are at a crucial turning point in mental health care and urge you to seize the moment in the upcoming FY24 budget to invest in crisis response rooted in public health principles, and to help clubhouses grow beyond their current four walls to serve many more New Yorkers living with serious mental illness so that they have a place to belong and be needed. Thank you for the opportunity to share our recommendations on bettering the greatest City in the world’s mental health continuum of care so all New Yorkers have what they need to thrive.



## Testimony to the City Council Committee on Criminal Justice

Submitted by Sarita Daftary

March 21, 2023

Thank you Chairs Lee and Schulman and Council members, for the opportunity to testify today.

My name is Sarita Daftary and I am a co-director of Freedom Agenda, one of the organizations leading the Campaign to Close Rikers. Our members are survivors of Rikers, people whose loved ones are there now, and people who have lost loved ones there.

This Council, and particularly this Committee, is tasked with setting budget priorities to best support the well-being of our city. We have an urgent opportunity to reallocate resources from the mismanaged Department of Correction to much better address health and mental health in our city, and to strengthen public safety in the process.

Over 50% of people in the New York City jail system require mental health treatment. 45% have a substance abuse disorder, and hundreds of individuals are jailed daily who require significant medical care. Among the most vulnerable population are those with a serious mental illness – a population that has grown from [843 to 1,153 individuals](#) since this administration took office – a 36% increase (as reported by the NYC Comptroller). These individuals represent a disproportionate amount of the deaths on Rikers Island, cannot receive adequate services there, and tend to get stuck in jail the longest – averaging a staggering 340 days in custody pre-trial.

This is not serving the health and well-being of our communities, nor does it serve the purpose of public safety, yet we are paying over half a million dollars per year per person for this counterproductive cycle, and DOC's budget is set to increase by \$35 million this year.

One urgent area to invest resources is the Justice Involved Supportive Housing program, also known as JISH overseen by DOHMH. JISH is designed to best serve the people in our city who are cycling between jails, shelters, and hospitals. In 2019, as part of the plan to Close Rikers, [the City committed to expanding this program from just 120 units to 500](#), but those additional 380 units have still not come online because the funding rates are not workable for providers. Supportive housing providers have been asking since Fall 2021 for the rates, currently at 10K, to match the rates for the 15/15 young adult population (\$25,596K). This would amount to an **additional \$12.8M JISH allocation to DOHMH to increase services rates.**

The City absolutely can afford this. By taking commonsense measures to eliminate vacancies at the Department of Correction and pursue accountability for chronic absenteeism, the City could save \$359 million in jail operations this year. By simply eliminating the [428 vacancies that DOC currently has for uniformed officers](#), we could save \$119.1 million. Those savings would more than cover the \$12.8 million to adequately fund JISH, with plenty left to invest more broadly in supportive housing and other programs proven to improve public health and public safety and reduce incarceration.

When the Mayor and Correction Commissioner say that they expect the jail population to increase, we must be clear that is a choice, and it is the wrong choice. This administration has already made choices that have substantially increased the number of people with serious mental illness languishing in this city's deadly jails, and we urge this Council to insist that this year's budget, we make the right choice, and fund



the services and treatment that people need, rather than funneling yet more money into an institution like Rikers that does not serve our city.

Locking up people with mental health needs is the among the worst possible uses of our city's resources, and this year's city budget must prioritize investments to strengthen communities and improve safety, while reducing incarceration and honoring the City's legal and moral obligation to close Rikers Island by 2027.

For further details on our analysis of the Department of Correction's budget, please see our [DOC Budget Tiphseet](#).

Thank you,

Sarita Daftary

Co-Director, Freedom Agenda

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**Therapeutic Horsemanship:  
Changing the Lives of  
New Yorkers with Disabilities**

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Testimony from Marcos A. Stafne, PhD  
Executive Director, GallopNYC  
Department of Health and Mental Hygiene  
Tuesday, March 21, 2023

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Honourable members of the Department of Health and Mental Hygiene and the Committee on Mental Health, Disability, and Addiction,

It is with great appreciation and enthusiasm that I speak on behalf of GallopNYC, New York City's premier therapeutic horseback riding and horsemanship program for people with disabilities. We extend our heartfelt thanks to you for championing the City Initiative for Autism Awareness, a vital step in ensuring that New Yorkers on the Autism Spectrum receive the support and resources they require.

As the Executive Director of GallopNYC, I have witnessed first-hand the powerful impact that therapeutic riding and horsemanship can have on the lives of individuals with disabilities, particularly those on the Autism Spectrum. Over one third of our program participants self-identify as having autism spectrum disorder, and we are acutely aware of the significant benefits and positive impact of targeted programs for individuals with autism spectrum disorder and their families.

For over 15 years, GallopNYC has been providing therapeutic riding lessons to New Yorkers, and we have seen how autism spectrum disorder can have an impact on the social, emotional, and physical aspects of the lives of individuals with disabilities and their families. We are deeply committed to serving low- and middle-income children with disabilities and are proud to be able to offer free or reduced cost lessons to most of our riders.

Many families with children with disabilities experience frustration in finding programs that can accommodate their children, whether due to a lack of access to adaptive equipment or societal expectations of what people with disabilities can and cannot do. Many programs in NYC require a formal diagnosis which can be costly to families. At GallopNYC, we pride ourselves on our commitment to inclusivity and access, consistently striving to say "yes" when others have said "no," by providing access to therapeutic horseback riding, and not requiring a formal diagnosis for services. The personal benefits that our riders and their families experience extend beyond the individual level and positively impact the entire



**Therapeutic Horsemanship:  
Changing the Lives of  
New Yorkers with Disabilities**

community by challenging preconceived notions of what people with disabilities can achieve.

City funding is used to pay for the costs of providing therapeutic riding lessons and to help us provide tuition scholarships to our riders who are unable to pay our fees. Our riders participate in weekly riding lessons lasting 30 minutes each, guided by a PATH International certified instructor and supported by trained volunteers. Each rider works toward a set of three to five life goals, and their progress is assessed throughout the program to provide measurable outcomes. Riding skills translate into real-life skills that carry over into their everyday lives in school and at home, leading to greater independence and self-confidence. Additionally, our virtual programs offer an opportunity for our community to connect over our shared passion for horses.

The funding we are requesting is critical to GallopNYC's operations. With a waitlist of 1500 people, we are eager to expand our capacity to serve more New Yorkers. Currently, the City supports almost 1/10th of our operations through funding for people with autism, seniors, and veterans. A reinstatement of our \$124, 916 *Autism Awareness* funding will ensure that New York City residents have access to the meaningful programming that they need and deserve.

We extend an invitation to all members of the committee to visit our program locations in Queens and Brooklyn and witness first-hand the transformative impact that therapeutic riding and horsemanship can have on the lives of individuals with disabilities.

In closing, I thank you for your time and consideration. Your support is essential to GallopNYC's ability to continue to serve the New York City community with excellence and commitment.

Marcos A. Stafne, PhD  
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**GMHC Testimony: New York City Council Budget and Oversight Hearings on The  
Preliminary Budget for Fiscal Year 2024 (T2023-2987)  
March 21, 2023**

GMHC would like to thank the New York City (NYC) Council for its decades of support for New Yorkers living with and affected by HIV and AIDS. We especially thank Chair Schulman and the Council's Health Committee, Speaker Adams, our Council Member Erik Bottcher, and members of the Manhattan Delegation and LGBT Caucus for this opportunity to submit testimony in support of the funding GMHC receives and for which we have submitted initiative and discretionary applications for fiscal year 2024.

Now in our 41st year, GMHC continues to support the most vulnerable populations in NYC with comprehensive psychosocial services in a safe and culturally competent environment, both virtually and in-person. We remain committed to our mission to fight to end the AIDS epidemic and uplift the lives of all affected. We do so rooted in our foundational values of community, inclusiveness, respect, and advocacy, particularly amidst the COVID-19 pandemic, MPOX outbreak, and social injustices of the past three years. We continue focusing on meeting clients' needs, including mental health and substance use treatment, housing, and access to PrEP and PEP.

In calendar year 2022, clients seeking services at GMHC represented NYC's poorest and most vulnerable residents: 51% were known to be living with HIV and AIDS. Upon intake, over 73% lived under the Federal Poverty Line, and 89% lived at 30% of the area median wage. Our clients represented populations at the highest risk of HIV infection: over 49% were people of color and 33% identified as Hispanic or Latino. Seventy-three percent of clients who reported their sexual orientation identified as lesbian, gay, or bisexual, and 7% of clients reporting their gender identity are transgender, gender non-conforming, nonbinary, or questioning (TGNCNB), a proportion that is significantly higher than that of the TGNCNB population in NYC overall. Over 39% of clients were aged 50 and older, and many were long-term survivors who had been dealing with HIV and AIDS for over 20 years. GMHC provided supportive housing services to 87 clients with histories of chronic homelessness. Upon intake, most clients arrived with dire needs for food security (69%), legal services (63%), mental health support (49%), and access to health benefits (34%).

The following summarizes the FY24 NYC Council Initiative requests we have submitted, including, where relevant, key program and service metrics.

### Trans Equity Initiative

GMHC respectfully requests \$600,000 to sustain our innovative and responsive care navigation and support program for TGNCNB New Yorkers living with or at high risk for HIV and AIDS. TGNCNB New Yorkers are more likely to be living with HIV and AIDS, live below the poverty line, or experience violence than are cisgender New Yorkers, indicating a significant need for targeted, culturally competent care and support.

GMHC's TGNCNB Hub directly addresses health and social disparities among NYC's TGNCNB communities. According to NYC's LGBT Community Center, 56% of TGNCNB New Yorkers struggle with receiving proper healthcare due to a lack of training for doctors and other health practitioners. Over 43% cannot get transition-related care at the same place as their primary medical care, and 65% cannot get their gender-affirming care covered by their insurance. As a result, they are significantly less likely to be in medical care than the general population. This has led to TGNCNB people experiencing disproportionate rates of HIV infection. In fact, according to a CDC study published in 2021, out of 1608 transgender women, 42% were living with HIV. Among the cohort of study participants who lived in New York, that proportion rose to 52%.

Many TGNCNB individuals face intersecting barriers to wellness and HIV care and treatment, including violence, sexual abuse, discrimination, homelessness, substance use, food insecurity, experiences with transactional sex, lack of familial support, and histories of incarceration. Stigma and discriminatory treatment also substantially contribute to new HIV infections and other health disparities among TGNCNB people. COVID-19 and its variants have only added to the pressures faced by TGNCNB people: Survey results published by the Movement Advancement Project found that 66% of LGBTQ+ households have experienced "serious financial problems." That proportion grew to 95% among Black LGBTQ+ households.

While there are programs and resources for TGNCNB youth in NYC, there is a distinct lack of programming for TGNCNB adults, including lack of skills-building and educational programs that are dedicated to helping TGNCNB adults navigate healthcare and legal systems, as well as the job market.



GMHC's comprehensive psychosocial programs and services, linked to TGNCNB clients by our TGNCNB Hub, meet this need for culturally competent, gender-affirming, informed, and responsive care and case coordination.

Currently, there are only a small number of TGNCNB-sensitive providers in NYC, and they are difficult to access without navigation assistance. Many TGNCNB individuals are distrustful of medical providers or are unaware of resources available to them. To access healthcare, legal assistance, and social support, TGNCNB people need to identify appropriate providers and navigate complex application processes. GMHC's TGNC Hub offers trusted and invaluable counsel based on personal experience in the TGNCNB community, delivering GMHC's array of critical services to TGNCNB clients, which include workforce development, legal navigation, housing, mental health and substance use treatment, and more.

In calendar year 2022, GMHC served 4,652 clients. Of those, 132 (2.8%) identified as transgender (transfeminine) and 33 (0.7%) identified as transgender (transmasculine). In addition, we also served 42 individuals who identified as gender non-conforming and 70 individuals who identified as non-binary. This data demonstrates that the proportion of clients GMHC serves who identify as TGNCNB is higher than the proportion of New York State residents overall who are estimated to be TGNCNB (an estimated 0.5% of NYS adults identify as transgender or gender non-conforming). As part of the deep commitment to our mission, GMHC continues to evolve our trauma-informed outreach methods and services to ensure that TGNCNB New Yorkers feel welcomed, supported, accepted, and loved for who they are, without stigma or judgment.

Council funding would support our TGNCNB Hub, which provides a safe, affirming, and non-judgmental space for dedicated programs that have a proven record of significantly improving the well-being of TGNCNB New Yorkers. Weekly empowerment groups and other services enable transmasculine, transfeminine, gender non-conforming, and nonbinary people to interact and receive lifesaving resources, gender-affirming materials, and interpersonal advice and care, as well as internal and external referrals to lifesaving care. For example, "Project Transcend" is a program within the TGNCNB Hub that provides a client-centered approach to service navigation for TGNCNB people who are looking to enhance their well-being. As part of the project, we provide opportunities for our clients to interact with like-minded TGNCNB individuals in similar situations for them to share advice, make connections,



and receive valuable information and gender-affirming support—all while connected to GMHC's lifesaving services.

Project Transcend offers specialized groups to meet the unique needs of TGNCNB sub-populations, including a group called “Evolution” for clients who identify more on the feminine spectrum and another group called “Translation” for clients who identify more on the masculine spectrum. Clients who are part of Project Transcend are also provided round-trip MetroCards to cover travel costs. All clients will also be linked to HIV navigation and other medical support services at GMHC and through our partner agencies. Additionally, clients gain access to GMHC's wide range of innovative and responsive services.

During NYC budget fiscal year 2024, Project Transcend will hold at least 18 bi-weekly peer empowerment sessions that will serve a total of 125 clients, with 50 new clients joining during the program period. GMHC will also provide HIV navigation services for 22 unique clients, distribute 300 Gender Neutral Supply kits and 120 Gender Affirming Kits. And we will host a special “Transgiving” event dedicated to providing resources for TGNCNB clients. Group meetings will be held biweekly and through a hybrid model, virtually and in-person, to ensure that all clients have access. To supplement these services, GMHC will introduce subject matter experts to host monthly educational workshops. Group members will develop the themes for these workshops, and former GMHC clients who have found security and stability will also be invited to discuss their experiences and strategies. We also have a new partnership with Avita Pharmacy, now located on-site at GMHC’s main service center, where TGNCNB New Yorkers can fill their hormone prescriptions or any other medication they may need in a supportive, caring, and gender-affirming setting.

#### Immigrant Opportunities Initiative

GMHC respectfully requests \$10,000 to support its long-standing legal services program that addresses issues of permanency planning, discrimination, and civil rights for people living with HIV and AIDS.

GMHC has offered legal assistance since its founding over 40 years ago. Our attorneys and accredited immigration representatives help clients navigate HIV-specific legal challenges, particularly those related to housing, healthcare access, and immigration.

Many vulnerable New Yorkers, including those living with HIV, need advice on their legal rights and options, particularly regarding housing access, employment, healthcare, and education, due to unjust

discrimination based on their circumstances. GMHC is a trusted legal resource for New Yorkers living with and at high risk for HIV and AIDS. Our legal services are highly accessible to people living in all five boroughs. Our deep history in providing legal services to people living with HIV/AIDS makes us uniquely positioned to serve this community: In calendar year 2022, we provided legal counsel and representation to over 400 clients and provided over 3,200 direct legal advocacy hours to clients; we also provided immigration services to 237 clients. Our legal services are open to all clients and include citizenship discussion, legal consultations, direct representation in hearings, and client advocacy.

### HIV/AIDS Faith Based Initiative

GMHC respectfully requests \$50,000 to strengthen our faith-based HIV testing program, which will increase our engagement with faith communities via our Mobile HIV Testing Clinic. We have been partnering with churches to educate people about HIV and AIDS, as well as related LGBTQ+ issue, for over a decade. For example, in 2010 we launched the First Ladies Care campaign with the First Baptist Church of Crown Heights in Brooklyn, NY. This campaign featured the wives of prominent Black church ministers sharing messages about love, acceptance, and the importance of knowing one's HIV status.

GMHC's Faith Based HIV Testing Program successfully provides life-saving HIV testing and education services to congregants who are a part of high-risk communities throughout New York City. Through our partnerships with faith-based communities, GMHC helps to de-stigmatize HIV and AIDS testing, breaking down barriers to increased sexual health. Metrics that show the impact of our HIV testing services include:

- 91% of clients who test HIV positive are immediately linked to care;
- 94% of all GMHC clients who tested positive at our brick and mortar and mobile testing programs are virally suppressed.

These outcomes are higher than that of all people living with HIV in NYC.

In 2020, when COVID-19 restrictions forced the closure of our HIV testing center, we expanded HIV testing outreach via our mobile testing unit to include faith communities, whose congregants were part of populations disproportionately affected by HIV and AIDS. Currently, we are partnering with three faith organizations: St. John's Lutheran Church in the West Village; Congregation Beit Simchat Torah in Midtown; and Williams Institutional CME in Harlem. As a result of these faith-based partnerships, since the height of the COVID-19 pandemic in 2020 we have provided over 320 HIV testing and education



encounters to clients who may otherwise have not received them. In collaboration with Just Been Tested, our partner that facilitates use of the mobile testing unit, during the NYC FY24 budget program period we will continue to provide faith-based HIV testing twice per month.

We plan to offer faith-based HIV testing twice per month (on Thursdays and Saturdays). Additionally, we plan to participate in the monthly health fair sponsored by Williams Institutional CME.

#### Ending the Epidemic Initiative

GMHC respectfully requests \$550,000 to support services at our Testing Center in Midtown Manhattan, as well as services via our mobile testing unit, which provides testing throughout the five boroughs and at citywide testing events. In 2022, GMHC opened a 340B pharmacy for our clients to easily access health supplies and support, while also supplying our current clinics with rapid testing and at-home testing tools.

GMHC provides free integrated HIV and STI testing, including testing for Hepatitis C, Syphilis, Gonorrhea, and Chlamydia. With our partners, Callen-Lorde and Mount Sinai, we provide linkage to medical care for clients living with HIV, as well as PrEP and PEP access to those at high risk for contracting HIV. Due to the COVID-19 pandemic, we also provide at-home testing to those who are vulnerable to severe COVID-19 infection and/or are unable to access our HIV/STI testing clinic due to mobility issues.

GMHC has significant experience providing navigation services to the hardest-to-reach populations of New Yorkers, particularly those with heightened needs. We have had success in reaching and enrolling individuals living with or at-risk of HIV and AIDS, people who are LGBTQ+, people of color, immigrants, those who speak languages other than English (especially Spanish), homeless individuals, and those who are low-income or unemployed. GMHC reaches communities across NYC that face the highest barriers to enrolling in and maintaining health coverage.

In calendar year 2023, we will increase the utilization of our mobile testing unit to expand outreach beyond existing locations. In addition, we will continue to develop our social media messaging and print HIV prevention campaigns, and we will conduct community outreach to promote testing, PEP and PrEP, and to develop our partnership outreach program. Funding will also support testing at GMHC's partners, including youth homeless shelters, churches, and other community-based organizations.

GMHC will focus targeted outreach efforts to maximize our reach to individuals living with or at-risk of HIV and AIDS and people who are LGBTQ+, along with other hard-to-reach populations, including low-income families, communities of color, immigrants, people who speak languages other than English, and older adults who are living with HIV, including long-term survivors who are age 50 and over. We will also target our outreach to Black/Latinx and LGBTQ+ populations who are also low-income. Furthermore, we will focus on immigrants, who often need translation services if their primary language is other than English.

We will utilize a variety of outreach strategies to promote and increase awareness of services, including on-site events at GMHC and other events we host in the community, outreach to other community-based organizations across NYC, and intensive focus on areas where members of the target populations reside or spend time. This includes other HIV and AIDS service organizations, LGBTQ+ organizations, senior centers, immigration services providers, homeless shelters and supportive housing providers, and other organizations located in NYC Taskforce on Racial Inclusion & Equity (TRIE) neighborhoods. We will also conduct outreach through social media, our website ([www.gmhc.org](http://www.gmhc.org)), and information flyers distributed at partner organizations and local businesses across New York City.

GMHC will utilize the Stepes ([www.stepes.com](http://www.stepes.com)) online translation services to translate outreach materials into Spanish and a variety of other language spoken by the target populations who do not speak English as their primary language. We also have a Consumer Advisory Body (CAB), comprised of 35 New Yorkers, that includes clients, staff, and community members who meet monthly to offer feedback and suggestions on our programs and services. We actively solicit community and client feedback throughout the year. We employ peer navigators who represent the communities we serve. We also invite the communities we serve via our website at [www.gmhc.org](http://www.gmhc.org), as well as via digital outreach to our over 77,000 followers of our Facebook, Instagram, Twitter, and LinkedIn accounts.

HIV testing is critical to both the treatment and prevention of HIV and AIDS. Integrated testing informs individuals of their HIV status, and it provides linkage to care and treatment that reduces viral load and progression to AIDS. Testing is a critical pillar in the fight to end the AIDS epidemic. As many as 50% of youth with HIV are not even aware that they are infected, which risks their health and results in further community spread of the virus. Our programs also include risk reduction education and linkage to PrEP



END AIDS. LIVE LIFE.

and PEP. Our testing programs are a critical part of the citywide effort to end the HIV epidemic. On average, GMHC provides 3,000 free and confidential HIV tests per year.

In addition to the above NYC Council Initiative funding requests for city budget year FY24, GMHC has submitted discretionary funding requests to the Council Members who represent the top 10 Council Districts in which the highest numbers of GMHC clients reside. Attached to this testimony are calendar year 2022 client data fact sheets for these districts.

Thank you again for the Council's critical support for GMHC and the broader effort to end the HIV epidemic in NYC. Any questions about this testimony or GMHC in general can please be directed to Jason Cianciotto, V.P. of Communications & Policy, by email at [JasonC@GMHC.org](mailto:JasonC@GMHC.org) or cell phone at 520-909-3104.

City Council Members,

Thank you for the opportunity to testify. We are representing the Greater Harlem Coalition that comprised of 150+ Harlem and East Harlem community organizations and businesses. Learn more at [www.greaterharlem.nyc](http://www.greaterharlem.nyc).

On November 2021, Mayor De Blasio placed the nation's first safe consumption site in Harlem unilaterally without consulting the local community despite Community Board 11's [moratorium](#) on additional addiction treatment and harm reduction services. The location of the site is highly problematic because it is across the street from a Pre-K school operated by A-B-C School, [Association to Benefit Children](#). **Within two blocks of the consumption site are 4,250 students attending 7 schools and nearly 4000 residents**, most of whom are people of color, many living in subsidized housing. In other Whiter, wealthier neighborhoods, this choice of location of an [adult establishment](#) would certainly be deemed inappropriate.

A year has now passed and our concern regarding increasing [public drug use and dealing and property theft has sadly come true](#). The site draws in even more dealers and users driven by from outside the community, lured by the perception that open air drug dealing and using is condoned. Case in point, a year later, the A-B-C school parents came to community board 11 to ask for help with safety concerns. And the crime rate has escalated to the point where the [ABC school has had to install bullet-proof glass windows](#).

## Within 2 blocks from the safe consumption site are 7 schools with 4250 students

Had the students been from wealthier and Whiter families, do you think the city would place the site in this location?



Graham School managed by ABC Association to Benefit Children bears the brunt of the impact

Dec 2022, ABC school installed bullet-proofed windows on the side facing the safe consumption site



## GREATER HARLEM COALITION

What is clear is that by excessively packing well-intentioned social services into one neighborhood, effectively turning the district into a containment zone, destroys local community.

As a consequence of decades of structural racism, this area now has:

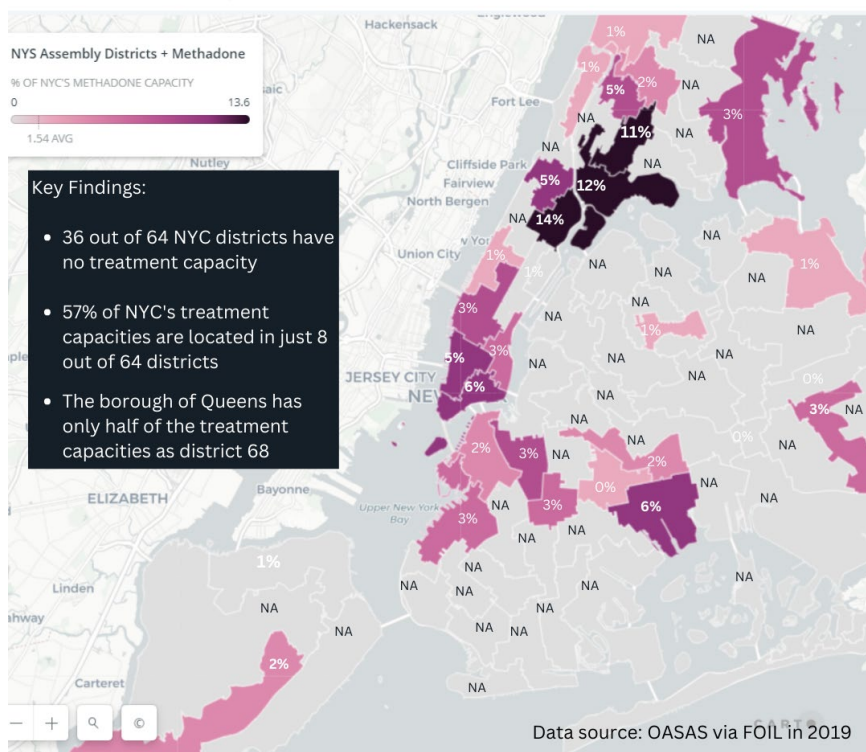
- [1000+ adult-only shelter residents](#)
- [7 % of DOMH's total SRO supportive housing](#)
- 2 large needle-exchange programs
- [NYC's largest methadone clinic serving 1800+ patients each week](#)

Overall, FOIL data has shown that while East Harlem has only 1.4% of New York City's population it has been packed with [14% of New York City's drug treatment capacity](#). Importantly, [75% of these patients treated in Harlem don't live in Harlem](#).

### Uneven Distribution of Opioid Treatment Programs by NY State

#### Assembly Districts lead to inaccessible healthcare

as allocated by NYS Office of Addiction Services and Support (OASAS)

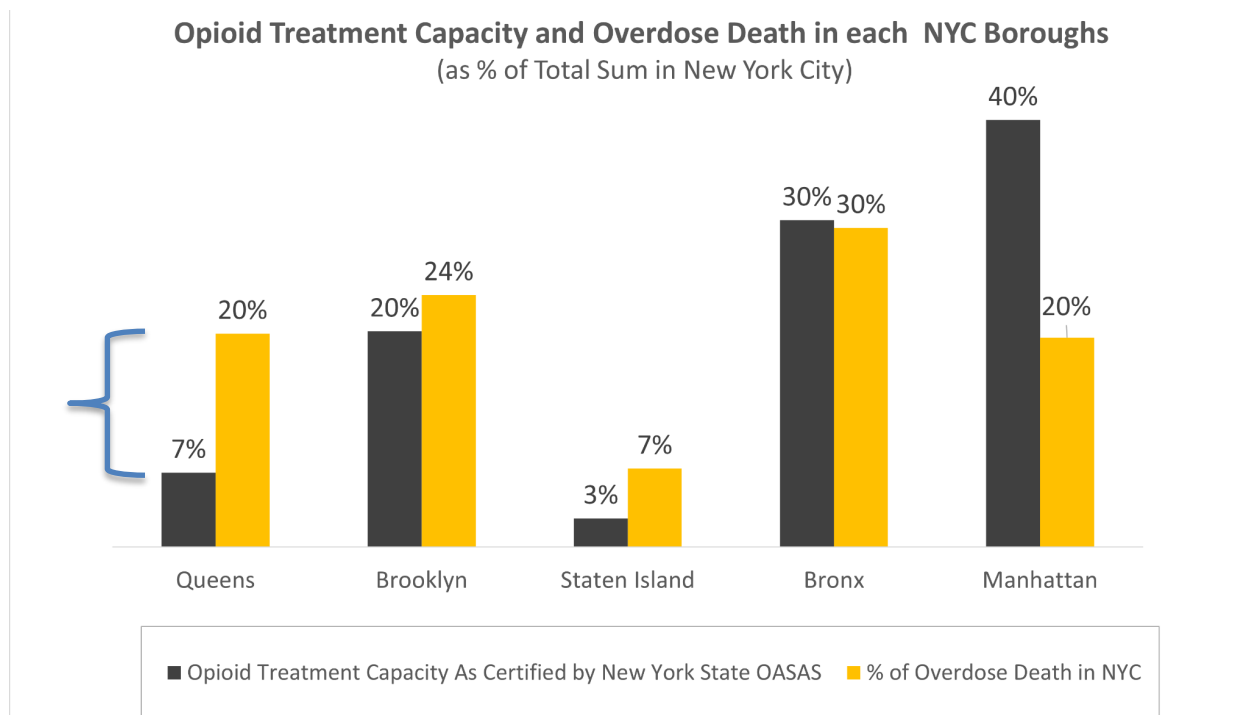


The New York State data is clear. Many people using drugs on our streets are not originally from Harlem. In this specific case, “meeting people where they are at” *without* considering historical context only perpetuates decades of structural racism.

This hyper concentration of services is a highly inefficient use of the city's funding. [Evidence-based studies](#) have shown that when patients travel long distance for care, they are less likely

to recover. Inside the Harlem containment zone, patients are further triggered and their recovery thwarted as they pass through numerous drug dealers and users on their way to treatment.

Importantly, concentrating service in one area also means many New Yorkers in other neighborhoods lack accessible healthcare. For example, the NYS FOIL data above shows the entire borough of Queens has only half the drug treatment capacity of East Harlem. The borough of Queens has 27% of NYC's population but only 7% of NYC's drug treatment capacity. Funding must be allocated to Queens to bridge the healthcare gap as seen below:



Echoing Council Member Brewer's question today, the city is **grossly underestimating the budget** needed to effectively operate each safe consumption site as it failed to provide adequate funding to mitigate the negative community impact. Funding is needed for more sanitation workers, social workers to perform outreach, police and security cameras to help catch drug dealers and patrol the streets, objective studies to monitor community impact and support for community engagement.

With a drug stream now laced with Fentanyl, harm reduction services can truly save lives in the long run if they are part of a continuum of treatment focused healthcare services that actively directs patients into treatment. Therefore, following examples in Portugal or [Alberta in Canada](#), funding must be provided to capture centralized patient data to analyze whether the site is [indeed serving local residents](#), and successful in referring clients to treatment. In addition, if drug users are using in the public, they should be brought before a [Dissuasion Committee](#)

GREATER HARLEM  
**COALITION**

[staffed by healthcare workers](#) to direct them to treatment and to see if they are a danger to themselves and others.

In summation, the city should remove the current consumption site in Harlem unless the city can adequately fund the following (1) government agencies near each consumption site, such as sanitation, social workers and police (2) fund many sites throughout all neighborhoods in the city so drug dealers won't congregate in one or two locations (3) provide proper oversight and community engagement (4) equitably redistribute social services in all New York neighborhoods. (5) as in many [European countries](#), set up incarceration alternatives, and within the healthcare system, set up Disuassion Committees and data infrastructure to actively and consistently reach out to people using drugs.

To learn more about our proposal, please go to <https://greaterharlem.nyc/responsible-safe-consumption-site/>.

We are happy to meet with this committee to discuss our proposal in more detail. We can be reached at [greaterharlemcoalition@gmail.com](mailto:greaterharlemcoalition@gmail.com).

Eva Chan  
Shawn Hill  
21 March 2023



**Testimony for New York City Council Committee on Health (Jointly with the Committee on Mental Health, Disabilities and Addiction)**

**Tuesday, March 21, 2023**

**By Chris Norwood, Executive Director of Health People**

Good afternoon, I am Chris Norwood, Executive Director of Health People. Thank you, Madam Chairs and Council Members, and thank you for Intro 918-A.

The situation of these peer educators speaks clearly why we need an implemented New York City diabetes plan. One is from a family so wracked by diabetes---as so many of our families are---that 4 of her close family members with diabetes died in the early Covid surges of 2020; she had Covid at the same time---but thankfully, she had also had the education to already reverse her diabetes and she lived. Another is a South Bronx grandmother raising 4 grandchildren. Thank God she, too, had had supportive education to reverse her pre-diabetes---and lose 100 pounds---before she contracted Covid. Tragically, overweight grandparents had some of the highest death rates in Covid. And, then, a peer educator with HIV/AIDS whose diabetes---now also reversed---exposed him to triple the death rates of people who have HIV/AIDS alone.

Thankfully these peers had the self-management education and support to change their health before Covid struck. As we know tens of thousands didn't have that and they are dead. But what's worse is absolutely nothing has happened since the first Covid wave raised the diabetes death rate by 365% to assure that these citizens not just survive but can truly reclaim their health.

We have requested that the City Council fund the Diabetes Neglect Must End Initiative – a \$3.5 million initiative to provide the citywide targeted outreach, prevention and self-care education initiative that is key to fighting any epidemic—but which has never occurred for diabetes. Where do you have a 365% increase in death and no response – except letting people go blind, be put on dialysis and have their legs and feet amputated at literally higher rates every year.

We appreciate the Council's deep concern to start ending this nightmare and despair.

Virginia Fields and I have already, as community co-facilitators, been mainly working with DOHMH to produce the city's first diabetes reduction plan – as mandated by the Council.

When that Report on a Citywide Plan to Reduce Diabetes is ready – in actually a few months – we look forward to closely working with you **to assure it is funded and implemented by the city.**



**New York City Council Oversight Hearing  
on FY24 Preliminary Budget**

March 21, 2023

We would like to thank the New York City Council's Committees on Mental Health, Disabilities, and Addiction, and the Committee on Health for jointly holding this important oversight hearing on the City's FY2024 Preliminary Budget. My name is Lori Podvesker, and I am the Director of Disability and Education Policy at INCLUDEnyc. For the last 40 years, INCLUDEnyc (formerly Resources for Children with Special Needs) has helped hundreds of thousands of NYC families navigate the complex special education service and support systems.

While we commend the City for all its continued efforts in supporting our City and residents to our new post-pandemic "normal," we also testify today to urge the Council to maintain funding for the Autism Awareness Initiative. Many families with children on the autism spectrum were in high need prior to the pandemic. During the pandemic, those needs escalated. But unfortunately, families will always struggle with obtaining public and private supports and services for their children to make educational progress and live at home, based on systemic, social, and cultural barriers.

However, these same children and families are still struggling right now and remain among the last group of people to have access to pre-pandemic supports and daily living, including quality special education programs and the delivery of special education services, and non-school related activities. This coupled with the current mental health crisis among , and severe staffing shortages within our schools and within the community, especially District 75 programs and Medicaid-funded disability-related activities, will further negatively impact this generation of New York children and young adults with developmental disabilities now and in the future.

Families also desperately continue to need help navigating the eligibility and public service system for community-based waiver services for their family members from the New York State Office for People with Developmental Disabilities (OPWDD). It is a very nuanced and complex process. And even more so for non-English speakers, and families who do not have access to technology, or the ability to communicate during traditional work hours.

-more-

There are tens of thousands of children on the autism spectrum living in New York City under the age of 21. According to the New York City Department of Education's November 2022 Special Education Report to the Council as per Local Law 27, there was an increase of more than 3,000 students classified with autism last school year than the school year before. Additionally, nearly 27,000 school-age students receiving special education support and services in the public school system, including 3,000 kindergarteners, are now classified with autism. The number of students classified with autism continues to increase by one to two percent each school year during the last five years, now equalling 14% of all school-age students with IEPs. There are thousands more under the age of 5 who are diagnosed with autism, and many more who are waiting to be evaluated and diagnosed or classified with autism.

As per the most recent data provided to the Council from the NYC DOE (February 2022 School-age Special Education Report as per Local Law 27), more than 5,000 children with autism in self-contained classes, in which the majority of students classified with autism are programmatically recommended for, are not receiving any or all their mandated services. And more than 4,400 school-age English Language Learners students are classified with autism.

Within the last year at INCLUDEnyc, we had more than a 40% increase in the number of calls we received from families with a loved one on the autism spectrum looking for information and help from us, and twice the number of calls in FY22 than prior to the pandemic. We presented over 17 autism-focused workshops related to children under 5 which 500 people attended, and presented more than 30 workshops geared towards school-age students with autism with nearly 1100 attendees, totaling more than 1600 parent, youth, and professional attendees in total. In addition, 740 New Yorkers in person attended our annual event in the South Bronx last June, Outdoors for Autism.

Through our work, we are able to help families with children with autism:

- Problem solve to access emergency behavior supports for their child and themselves
- Connect to mental health resources and eligible public benefits such as SSI
- Identify non-education in-person activities and programs
- Understand citywide and school-based information
- Advocate for their child's educational rights

- Apply for home and community-based services through NY State's Office for People with Developmental Disabilities
- Access child care and other forms of respite programs
- Prepare for life after high school, including college, employment, adult services, and residential programs

We urge you to fully restore the Autism Awareness Initiative at \$3.3 million. Without this funding, there are no other public service systems where families can get this kind of support. Thank you for taking the time today to consider this important matter. We look forward to partnering with you to improve equity and access for all young people with disabilities in New York City.

Sincerely,  
Lori Podvesker  
Director of Disability and Education Policy



## Commitment to Improve the Quality of Life

March 21, 2023

**To: New York City Council Committee on Health**

**From: India Home, Inc.**

**Re: Mental and Physical Health Support Services for South Asian Older Adults**

Greetings to Chair of Health Schulman, Councilmembers, staff and all who present in this hearing. Thank you for providing India Home with this opportunity to testify in front of the City Council Committee on Health.

I represent India Home, a Queens-based senior center non-profit organization dedicated to serving South Asian and Indo-Caribbean immigrant older adults in New York. Our mission is to improve the quality of life for older adults in NYC by providing quality care in a culturally appropriate environment. Since 2007, we have touched the lives of over 5,000 older adults through our culturally competent congregate meals program, creative aging and education services, case management, mental health services, and advocacy opportunities.

As we know, immigrant older adults from low-income and limited English language proficient (LEP) backgrounds are vulnerable to experiencing and/ or developing health complications in their lives due to poor social determinants of health such as low nutritious food security and access, facing elder abuse and safety risks, financial hardships, lack of quality and affordable housing, and other such problems. South Asian seniors are one of the fastest growing and ethnically diverse among the Asian American and Pacific Islander (AAPI) community and they face distinct chronic and mental health-related illnesses that require expanded health education, case management, wellness counseling, and food access support services in trusted community-based organizations (CBOs) such as India Home to help mitigate these adverse health effects as well as serve as the necessary intervention these seniors need in order to foster improved overall health and well-being.

South Asian older adults have the highest rates of type 2 diabetes and high blood pressure among minority aging populations in NYC. This is largely due to lack of safe & culturally competent environments for South Asian elders to regularly exercise at as well as South Asian diets typically being high in carbohydrates, fried foods, and refined grains. In 2022, India Home led 2706 nutrition education sessions, and with more funding through the AAPI Support Initiative, Access to Healthy Food and Nutritional Education, among other initiatives we've applied for FY24 discretionary expense funding, we would be able to conduct more of these valuable sessions. Additionally, many of our seniors are food insecure and are on low to fixed incomes, which makes it challenging for them to afford healthy foods especially as costs are rising. These challenges lead to poorer health and malnutrition in this community. Funding to provide more culturally competent and nutritious meals across our six centers is critical to ensuring our seniors have daily nutrition intake and nourishment they need for better health.

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## Commitment to Improve the Quality of Life

Our seniors are also struggling with mild to severe emotional and mental health stressors such as depression, dementia, prolonged social isolation, and loneliness. Over 25% of our current client base reported experiencing a mental health issue; other research indicates that up to 50% of South Asian older adults experience mental health issues that require counseling. Approximately 90% of the Bangladeshi immigrant senior women we serve struggle with some sort of emotional stressor and India Home is the only place offering a culturally & linguistically competent Safe Space for them to share their feelings, receive solace & support, and receive assistance as needed. Mental health services are widely lacking in this community, both for men and women, though there is a growing need that we've witnessed in our own centers.

**We urge the Committee to provide greater funding through health-based City Council initiatives to help more trusted and culturally competent CBOs such as India Home to increase our staff capacity, ongoing trainings opportunities, and programs capacity-building so that we can offer more tailored nutrition education sessions, mental health/emotional wellness counseling sessions, and nutritious food options to the seniors we are serving.**

Regarding mental health/ emotional wellness recommendations, we urge the City take the following steps:

1. Provide greater funding to grassroots organizations like India Home to further hire and train mental health workers in order to disseminate knowledge and cultural sensitive programming on mental health to South Asian Seniors;
2. Support organizations that provide engaging social and recreational activities as part of their mental health services; and
3. Reduce the stigma around Mental Health in the South Asian community by making counseling support, resources, and workshops accessible in various target languages to our clients and their families.

**For my final closing remarks, I wanted to share that India Home is a proud member of the Coalition for Asian American Children and Families 18% & Growing Campaign**, a diverse coalition bringing together over 90 AAPI-led and serving organizations across the city to fight for an equitable budget protecting the needs of our vulnerable community members. As part of this Coalition, I wanted to share that the AAPI community is by percentage the fastest growing group in New York City, nearly doubling every decade since 1970 and making up 18% of the population. Unfortunately, current levels of public funding for the AAPI community remain disproportionate to our community's expansive growth and needs.

Thank you so much for your time and cooperation!

Sincerely,

Vasundhara D. Kalasapudi, M.D., Executive Director

178-36 Wexford Terrace Suite 2C Jamaica, NY 11432

Phone: (917) 288 7600 • Fax: (718) 425 0891 • [www.indiahome.org](http://www.indiahome.org) • [info@indiahome.org](mailto:info@indiahome.org)

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**Nikant Ohri**, Chief Financial Officer

## **ICL Testimony - New York City Council**

Committee on Health, jointly with the Committee on Mental Health, Disabilities, and Addiction  
Tuesday, March 21, 2023

Good morning, Chair Schulman, Chair Lee, and members of the Committees on Health and Mental Health, Disabilities, and Addiction.

Thank you for your leadership on the City Council and for the opportunity to testify. I'm Jody Rudin, CEO of the Institute for Community Living, or ICL.

ICL serves about 13,000 children, families, and adults experiencing significant mental health challenges, substance use disorders, and intellectual and developmental disabilities. We take a person-centered, trauma-informed, whole-health approach to our work in clinics, shelters, residences, and community-based programs.

I'm here to talk about the city's mental health crisis and what needs to be done to ensure we can implement the ambitious – and much needed plan - put forth by Mayor Adams.

The plan includes smart interventions—more support for youth, increased access to addiction and harm reduction services, and more programs for people living with the most serious mental health challenges, including the expansion of IMT teams that provide the best whole-health supports to the hardest to reach and hardest to treat, mostly unhoused individuals. I mean it. ICL's IMT teams have housed 56% of our clients and reduced incarceration by 30%.

The necessary expansion of programs cannot be achieved without a substantial investment in our woefully underpaid workforce. Turnover levels are astronomical—sometimes over 50%. And we struggle to hire staff—that's the experience of every provider. And without providers, the mayor's plan will only exist on paper.

We need more funding to pay staff and to achieve pay parity with state funded programs that cannibalize our City-funded workforce with more generous workforce investments. We are similarly beginning to see employees leave ICL for the City, following the wage increases resulting from the DC37 agreement. Our very serious mental health crisis can only be addressed with the support of human services workers. We need the Council and Mayor to do right by these workers and pay them more.

Thank you.

**Testimony for the New York City Council Committee on Health  
Preliminary Budget Hearing – Health  
March 21<sup>st</sup>, 2023**

**Testimony of Jane Jang, Grants and Advocacy Coordinator  
Korean Community Services of Metropolitan New York, Inc. (KCS)**

Thank you, Council Members, for allowing me to testify today. My name is Jane Jang. I am a Grants and Advocacy Coordinator from the Korean Community Services of Metropolitan New York, Inc. (KCS). Founded in 1973, KCS is the oldest and largest Korean nonprofit organization assisting underserved communities across the New York City area. Our mission is to be a nexus of service for these communities, helping them maintain their health and well-being.

KCS is an active member of the 18% and Growing Campaign. This campaign intends to advocate for more investments in the distinct needs of the rapidly growing AAPI communities in New York City.

78% of AAPIs in New York City are foreign-born. Our heavily immigrant communities tend to display limited English proficiency (LEP) and therefore are more likely to fall below the poverty line. In fact, AAPIs demonstrate the highest poverty rate of all ethnic groups in New York City, with 1 in 5 of them living in poverty. Yet AAPI led and serving organizations received less than 5% of the City Council discretionary dollars in FY22.

A major need in AAPI communities is equitable access to linguistically and culturally competent healthcare services. For 50 years, the KCS Public Health and Research Center (PHRC) has been providing such services to AAPI New Yorkers. In FY23, the PHRC conducted Access Health, NYC MCCAP, Breast and Colorectal Cancer, Viral Hepatitis B, and Tobacco Cessation programs. Through these programs, we assisted low-income and vulnerable individuals in affordable healthcare enrollment and post-enrollment services, enabling them to fully understand and use their health insurances. We also provided screenings, counseling and education for high-risk health behaviors and diseases that our community members are more susceptible to.

Increased interest in health, concerns about institutional discrimination, and financial hardships following the outbreak of COVID-19 have led to greater demand for culturally and linguistically sensitive healthcare services across AAPI communities. To meet this increased demand, KCS PHRC has been working to expand the scope of our programs to address the health needs of more AAPI groups.

**HEADQUARTERS**  
(ADULT DAYCARE  
EDUCATION | HR  
IMMIGRATION |  
PUBLIC HEALTH AND  
RESEARCH CENTER |  
WORKFORCE  
DEVELOPMENT)  
  
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**MENTAL HEALTH  
CLINIC**  
  
42-16 162nd St, 2FL,  
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Tel: 718-366-9540

Challenges exist in this process, however, due to limited funding that reduces our capacity to hire and retain bilingual and culturally competent workers and effectively provide our intended deliverables. KCS is just one out of many organizations that experience these challenges in serving our vulnerable communities.

Therefore, KCS stands in support of the 18% and Growing Campaign. Please consider our coalition's request for an equitable share of State and City funding so that every AAPI communities' needs, including accessible healthcare, will be met. Thank you.

**HEADQUARTERS**  
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**Committee on Mental Health, Disabilities and  
Addiction Jointly with the Committee on Health  
Preliminary Budget Hearing – Mental Health, Disabilities and Addiction  
March 21, 2023**

Greetings to the Committee on Mental Health, Disabilities and Addiction, and to the Committee on Health. I am Matthew Thompson, Senior Policy Associate for the Legal Action Center (LAC). I appreciate the opportunity to address you today.

Since our founding in 1973, LAC has utilized a multipronged approach to achieving our mission, which includes: direct legal services, impact litigation, policy advocacy, education and training, and coalition-building. LAC seeks to end punitive responses to health conditions like substance use disorder, mental illness, and HIV or AIDS, and to create equitable access to affordable, quality treatment. It is in this spirit that I appear before you, today.

New York City is facing a crisis of individuals with mental health needs. One in five New Yorkers experience a mental illness in any given year, according to the Mayor's Office of Community Mental Health. That number is about equal to every resident in Manhattan, 65% of Brooklyn, 75% of Queens, 115% of the Bronx, and 350% of Staten Island. The distribution of mental illness, as well as access to care, is highly inequitable according to race and income; in New York City, the highest poverty neighborhoods have over twice as many psychiatric hospitalizations as the lowest poverty neighborhoods. These neighborhoods are largely made up of Black and brown people, due to the intentional, historical marginalization of these communities from high quality social resources and care. Punitive responses to persons with mental health needs only worsen our city's situation, and multiply the harm predominantly experienced by Black and brown New Yorkers.

Currently, Rikers Island is the largest psychiatric provider in New York City. Over half (51%) of those detained on Rikers report having a mental illness, while 16% report serious mental illness, and another 19% report severe mental illness. Of the 34% of individuals that return to Rikers within a year of release, nearly half (46%) have a mental illness. A 2022 analysis by the Corporation for Supportive Housing (CSH) revealed that at least 2,589 people incarcerated at Rikers each year are clinically eligible for supportive housing. If we are to resolve this crisis, the City must employ public health strategies, including investing significantly in alternatives to incarceration (ATI) that are community-based, people-centered, and that address the needs of individuals in a holistic manner. These ATIs should seek to repair the intentional, historical

marginalization of Black, brown, and poor persons from high quality social services and care, to create thriving members of society and safer communities.

One such proposal comes from the Center for Alternative Sentencing and Employment Services (CASES), who operates six Assertive Community Treatment (ACT) teams in New York City, including four Forensic ACT (FACT) teams, specializing in services for people living with serious mental illness impacted by the criminal legal system. The ACT model features intensive mobile treatment by a team including psychiatric, nursing, clinical, CASAC, and Peer Specialist staff emphasizing service delivery directly in clients' preferred community settings. FACT is an enhanced implementation of ACT, similarly, providing holistic, wraparound services while also focusing on close coordination with criminal legal system agencies to help clients adhere to ongoing requirements (e.g., parole or probation supervision) and avoid further criminal legal system involvement as they work to achieve wellness and recovery goals in the community. Every year, CASES mobile treatment teams deliver more than 20,000 service visits to clients in their preferred community settings. While Governor Hochul has proposed adding 42 ACT teams in the Executive Budget, CASES advocates that 7 of these be FACT teams to better serve New Yorkers' needs.

CASES is just one example of an ATI provider whose work is helping historically and intentionally marginalized New Yorkers attain wellbeing, while creating public safety in our communities. The Fortune Society boasts over an 80% program completion rate; 78% of participants at Exodus secure living wage jobs; 99% of SHERO clients have not been rearrested since 2017. Moreover, the cost savings of these programs are drastic when compared to the \$500,000 per person per year it costs to house someone on Rikers. In contrast, ATIs without housing cost just \$8,000-\$10,000 per person per year, while those with housing cost \$60,000-\$70,000 per person per year.

New York must invest on the front end to address the systemic conditions that contribute to poor mental health, especially among Black and brown residents. For example, experiences of racism or discrimination, material hardship, poor home living conditions, and few social connections are all social factors associated with poor mental health—and are all circumstances that systems of oppression help to sustain. Proactive investments must be made in preventative policies and programs, not just in reactive solutions to social ills largely produced by austerity. New Yorkers deserve access to safe and affordable housing, fully funded schools and education, quality health and mental health care, affordable childcare and eldercare, workforce development, counseling, the list continues. These are all poverty prevention programs that would improve wellbeing for the majority of New Yorkers, thereby improving positive mental health rates. We must begin to truly prioritize people. Thank you for your time.

TESTIMONY ON BEHALF OF LOCAL 372 | NYC BOARD OF EDUCATION EMPLOYEES  
DISTRICT COUNCIL 37 | AFSCME  
TO THE PRELIMINARY BUDGET HEARING ON  
MENTAL HEALTH, DISABILITIES, AND ADDICTION  
MARCH 21, 2022  
1:30 PM

Mental Health, Disabilities and Addiction Committee Chairwoman Linda Lee and distinguished members of the committee. I am Donald Nesbit, Executive Vice President of Local 372 - NYC Board of Education Employees, District Council 37 | AFSCME. I am here today to provide testimony on behalf of the approximately 250 Substance Abuse Prevention and Intervention Specialists (“SAPIS”) Local 372 represents under the leadership of President, Shaun D. Francois. I. Local 372 respectfully request the City to fund the SAPIS program through a dollar-for-dollar match of \$3 million dollars with the State Legislature.

New York City (NYC) school children are in a crisis! Even before the COVID-19 pandemic, schools faced a surge in demand for mental health resources. According to the Centers for Disease Control and Prevention (CDC), the proportion of children's mental health-related visits to emergency room departments skyrocketed after April 2020.<sup>1</sup> The CDC's report has concluded that it is critical to monitor children's mental health, promote coping and resilience skills, and expand access to services to support children's overall mental health. The SAPIS program has been and continues to be best equipped to shoulder this responsibility.

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<sup>1</sup> MMWR, Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–September 19, 2020 (cdc.gov)

Since 1971, SAPIS have always provided mental health services, have taught essential social-emotional strategies, and have provided services to help students remain learning-ready. SAPIS use OASAS-approved Evidence-Based Program (“EBP”) presentations applied in group and individual settings as positive alternatives for NYC public school students in need. SAPIS service K-12 throughout all of New York City’s 32 school district, including special education.

SAPIS has always been proactive in providing students and their families with the tools to navigate the myriad of societal, personal, and peer pressures that can derail healthy academic, social, and individual development. SAPIS are also responsible for monitoring behavior and offering resources and services to support students when they struggle to improve. The SAPIS program develops individual work plans each year specially tailored to the needs of the students in the schools. The programming is tailor-ready to address the long-term mental health challenges wrought by the radical changes that students have been forced to deal with over the past few years.

While the New York City Department of Education (DOE) recognizes the importance of mental health well-being in the school setting, they also acknowledge that the students in New York City are underserved, stating that approximately one in five students who could benefit from additional mental-health support does not get them. According to the DOE’s Online Occurrence Reporting System (OORS), highlighted within the New York State Comptroller’s report on “Mental Health Education, Supports, and Services in Schools,” from September 2018 to April 2020, there were a total of 488 incidents at five focus schools involving 271 students. Out of the 488 incidents, there were 18 incidents involving suicide/suicide ideation and 68

incidents of intimidation/bullying (the NYS Comptroller's office recognizes that bullying can lead to mental health issues). And these statistics only represent five schools.

Local 372 has long testified to this panel about the devastating effects of cuts to the SAPIS program and the loss of over 200 SAPIS workers since 2006. Now more than ever, there are simply not enough SAPIS today to address the needs of all of our at-risk children and their families. This is not acceptable in the current environment, and that is why New York City cannot afford to neglect this important work as the number of SAPIS positions continues to remain well below peak numbers. It is our shared responsibility to ensure our children meet and exceed their potential. Local 372's goal is to renew our partnership with the City and the State in making a smart investment in the quality of life for both New York students, their families, and communities at-large.

To that end, the NYC Department of Education is not currently prioritizing our existing SAPIS as assets or utilizing their strengths to meet the increased demand for more Social-Emotional Learning curricula, turning instead to less effective and more costly alternatives. The prior Mayoral administration announced a "2021 Mental Health and Wellbeing Plan" to address the mental health crisis by hiring an additional 500 social workers and community-based organizations, investing in less-effective alternatives to duplicate the work that SAPIS already provide.

In contrast, it is in the students' best interest that the City prioritize its investments in expanding the existing SAPIS program before considering contracting with outside entities or hiring social

workers to perform our work. First, SAPIS provide mandatory programming to students in the classroom setting, as opposed to the voluntary programs offered by community-based organizations after school. Second, SAPIS are more versatile and cost-effective as compared to social workers, whom are not trained to provide the same broad range of one-on-one and group-based services and programming. It is also more cost effective to hire a SAPIS than it is to hire a social worker. It costs approximately \$50,500 in base salary, plus 49% in fringe benefits, to hire a single SAPIS. After two years of service, the base salary increases 15%. In contrast, hiring a new social worker cost approximately \$63,000 plus fringe benefits. It is estimated that each individual SAPIS can directly reach approximately 500 at-risk students. With these facts in mind, it simply makes no sense *not* to invest in SAPIS.

Local 372's goal is to once again partner with the City Council in making a smart investment towards the quality of life for both New York students, their families, and communities at-large. It remains our shared responsibility to ensure our children meet and exceed their potential. Without SAPIS, we are robbing struggling students of their opportunity to a quality, competitive education, and ultimately, their futures. And the City Council has always been a leader in prioritizing opportunities for our children. However, we must do more to combat today's urgent mental health crisis. That is why Local 372 requests that the New York City Council maintains its dollar-for-dollar match with the State Legislature of \$3 million in SAPIS funding. We look forward to working with all of you to make this possible.

In addition, during the height of the pandemic, the 2020 funding for the SAPIS program was included in the City budget, but it was unclear to us as to where in the budget this line was itemized

– and thus whether the allocation actually exists. Likewise, Local 372 also requests that the City Council ensures that the SAPIS funding is properly accounted for in the City budget. It is critical that funding for this program can be properly accounted for, so that we all have the confidence that these allocated funds are truly helping students in need.

Again, thank you for the opportunity to appear on behalf of Local 372 NYC Board of Education Employees and our SAPIS workers. We are available to answer any questions you all may have.



**Make the Road New York**  
Testimony to NYC Council Health Committee  
3/21/2023

Good morning. My name is Maria Reinoso and I'm a Senior Health Advocate at Make the Road New York. With a membership of 25,000, Make the Road has now been serving New York's immigrant and working class communities of color for 25 years. We provide health, legal, adult education, and youth services to 15,000 per year in NYC - plus offering community organizing, transformative education, and policy innovation on health access and other areas.

Thank you Chairwoman Narcisse and Council Members Moya, Gutierrez, and Joseph for securing vital funding in FY23 for our services.

Make the Road's health and hospitals budget requests in FY24 include the following allocations, **all to serve immigrant and working-class New Yorkers:**

- **We request \$200,000 for Make the Road under the Speaker's Initiative** for our wraparound health, legal, adult literacy, and youth services, reaching over 15,000 individuals citywide.
- Council must expand funding for the Access Health Initiative to \$4M and allocate \$2.3M in funding for the Managed Care Consumer Assistance Program (MCCAP).
- Council must maintain funding for Ending the Epidemic at \$7.7M and the Immigrant Health Initiative at \$2M.
- **We request renewed allocations to Make the Road of \$110,000 under the Access Health Initiative, \$80,000 under the Immigrant Health Initiative, \$76,218 under the MCCAP initiative, and \$75,000 under Ending the Epidemic to help address health care disparities.**
- **We request \$50,000 from the Food Pantries initiative** for our pantries in Queens and Brooklyn. The pantries provide culturally competent food access, combined with referrals to Make the Road's health and other services.
- **We ask that the Council and the Mayor continue to advocate for the State to include all immigrants in the 1332 waiver request submit a comment on the State's 1332 waiver request by March 11th**, to ensure that all immigrants are included in the waiver, allowing which would allow the state to access Federal funding to expand health coverage to all immigrants, regardless of immigration status. The city should continue to advocate for the passage of Coverage4All in this year's state budget, to ensure that all immigrants have access to health insurance, regardless of immigration status.



Despite the threat of budget cuts, thank you for continued vital funding for CBOs that provide health access for immigrant and working-class New Yorkers of color. We appreciate your support.

**New York City Council Budget Hearing  
Monday March 20<sup>th</sup> 2023**

Testimony: Madaha Kinsey-Lamb, President & Founder  
Mind-Builders Creative Arts Center

Hello, my name is Madaha Kinsey-Lamb and I am the President and Founder of Mind-Builders Creative Arts Center. Thank you all, each of you, for your dedicated service and attention to this critical process. We appreciate the support you give that equips Mind-Builders to help transform the lives of our youth, families, and community by nourishing their realization of how powerful, beautiful and capable they are.

I started Mind-Builders in 1978 in the Northeast Bronx. Our state-of-the-art facility houses Mind-Builders music, dance, theater, visual arts, martial arts, a Pre-Kindergarten and community folk culture programs for close to 700 students every week, including audiences in the thousands annually for productions and presentations. Back in 1984 through their personal loan guarantees, our Board at that time of parents and other regular folk like me, purchased what was then a fire-damaged four-storey former Municipal Building for \$20,000 in order to reach the hundreds of students who were on our waiting lists. Eventually Mind-Builders completed a \$9 million dollar renovation in 2015.

Our students and families come from every zip code in the Bronx and beyond, and are predominantly African American, Caribbean, Latinx, African, and Middle Eastern youth – many from the disinvested neighborhoods and housing projects local to our area. Mind-Builders employs over 50 staff members coming from every borough. Each staff member often fulfills the work of two or three positions.

I am testifying today because our organizations - including the dynamic work of the Coalition of Theatres of Color - have not had an increase to baseline funding in over ten years. We ask that the Council baselines the \$40 million that was added to DCLA last year, and add the \$10 million to address the real costs of this work that goes up each year as new and increasing needs require more of us. Full support of DCLA and of all the council initiatives is a serious need.

The extraordinary challenges, commitment and successes of community-based cultural organizations, and legacy organizations led by Black and Brown people need your attention and special support. The generations of inequity and racism continue to make the need for a more adequate and consistent financial base critical to the upliftment of our institutions and the communities we serve. Thank you.



**New York City Council Budget and Oversight Hearings on The Preliminary Budget  
for Fiscal Year 2024, The Preliminary Capital Plan for Fiscal Years 2024-2027,  
Fiscal 2024-2033 Preliminary Ten-Year Capital Strategy and  
The Fiscal 2023 Preliminary Mayor's Management Report  
before the  
Committee on Mental Health, Disabilities and Addiction  
Jointly with the Committee on Health  
on  
Tuesday, March 21st, 2023 at 10:00am**

**Testimony By: Kimberly Blair, MPH  
Director of Public Policy & Advocacy  
National Alliance on Mental Illness of NYC (NAMI-NYC)**

## **I. INTRODUCTION**

Good afternoon Chair Lee, Chair Schulman and Members of the Committee on Health and Committee on Mental Health, Disabilities and Addiction. My name is Kimberly Blair, and I'm one in five New Yorkers with mental illness. Today, I am testifying 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, or SMI.

## **II. OUR WORK**

NAMI-NYC is one of the largest affiliates of the National Alliance on Mental Illness, a grassroots mental health advocacy organization. For over 40 years, NAMI-NYC has served as a leading voice for the mental health community throughout the city, providing groundbreaking advocacy, education, and support services for individuals affected by mental illness, their families, and the greater public, all completely free-of-charge. Our renowned peer- and evidence-based services are unique in that they are led both for and by individuals and families affected by mental illness and are reflective of the diversity of New York City.

Specifically, some of the ways NAMI-NYC provides support to families and peers, or people living with mental health conditions, is through our:

- **HELPLINE:** Our Helpline provides callers – family members, peers, and professionals – with support, information, and referrals to community services and other resources.

Staffed by trained volunteers with lived experience with the NYC mental health system.

Most of our Helpline callers are indeed family members looking to support their loved ones. To refer constituents to our Helpline, please have them reach 212-684-3264 or

[helpline@naminyc.org](mailto:helpline@naminyc.org).

- **CLASSES:** NAMI-NYC provides three evidence-based education classes each designed for a specific audience and available free-of-charge to peers, family members, caregivers and friends. **NAMI Basics** is a 6-week class for parents and caregivers of children and adolescents with behavioral or emotional issues, or mental health diagnoses. **Family-to-Family** is an 8-week class for families, caregivers, and friends of adults living with mental illness. We also offer a 90-minute seminar called **Family and Friends** for families, caregivers, as well as friends of adults living with mental illness.
- **SUPPORT GROUPS:** Our nearly 40 monthly support groups by diagnosis, age, and social interest address the needs of both family members and adults with mental health challenges. Our “Family and Friends” support groups for family, friends, neighbors, and colleagues who have loved ones with mental health challenges are one-of-a-kind.
- **FAMILY MATCH PROGRAM:** Our Family Match Program connects family members who have a loved one with a similar relationship and diagnosis over the phone, such as a mentor-mentee pair who both have a child with bipolar disorder. Our trained mentors have “been there,” and are ready to provide emotional support and resources.
- **ENDING THE SILENCE:** Ending the Silence is a school-based presentation that has three tracks, one for middle and high school students, another for family members, and a third for school staff including teachers. Participants learn about mental illness, can ask questions of people who live with it, and learn how to find support.

- **...AND MUCH MORE!**

### **III. OUR IMPACT**

In 2022 alone, we touched the lives of more than **23,000 individuals affected by mental illness** online and in-person by providing over **580 hours of instruction via 45 evidence-based classes**. Through our classes, we helped **460 family members and individuals** better understand mental illness and how to navigate their unique circumstances. Our Helpline had **7,359 interactions and 1,899 new callers**, providing families and peers in New York City with information, education, and support regarding mental health. Last year, we also launched a language line through our Helpline, which offers live interpretation in 180 languages enabling us to better meet the linguistic needs of our diverse city.<sup>1</sup>

Furthermore, our organization made sure that our programming was multilingual and culturally-responsive, especially for our diverse set of community members who attend our support groups. Specifically, we responded by launching new support groups for family members and friends, such as our Black Minds Matter and Asian American and Pacific Islanders (AAPI) family support groups.

We have achieved all these accomplishments with minimal financial support from state or city government contracts (only 5% of our \$4.2M budget), which is why we need the Council's support now, more than ever, to help our work in addressing the city's growing mental health crisis.

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<sup>1</sup> *2022 Impact Report*. National Alliance on Mental Illness of New York City, Inc. (2022, December). Retrieved January 11, 2023, from <https://naminycmetro.org/2022-impact-report/>.

#### **IV. OUR CITY BUDGET ASKS**

NAMI-NYC is grateful to see recent landmark commitments at the state and city levels to address mental health, including Governor Hochul’s \$1 billion budget proposal towards mental health services. However, there are three essential components that both the recent state and city plans continue to omit from the mental health continuum that our organization would like to address today, and those are:

1. **the need to invest \$250,000 in family support services provided by NAMI-NYC;**
2. **the need to invest in better preventive services,** including in our schools; and
3. **the need to invest in the decriminalization of mental illness,** including in an *appropriate* non-police crisis response, such as that proposed in Correct Crisis

Intervention Today of New York City’s model,<sup>2</sup> and in keeping the City's commitment to close Rikers, which has its own growing mental health crisis at the moment.

Due to time constraints, we only expanded upon the need to invest in families in our oral testimony because, in our experience, that is the component most often overlooked. However, this written testimony will delve into all three of these components hereinafter.

##### **A. THE NEED TO INVEST IN FAMILIES OF INDIVIDUALS LIVING WITH MENTAL HEALTH CONDITIONS**

Families are the thread across a fractured system and the first line of care for New Yorkers with SMI, such as major depression, bipolar disorder, and schizophrenia. Families—including parents, siblings, partners, children, and other caregivers—are the first to notice changes in a loved one's behaviors and mood. They are the people who are often there before, during, and after mental health crises or episode. Some City Council Members may even identify

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<sup>2</sup> *Our proposal*. CCIT-NYC. (n.d.). Retrieved February 8, 2023, from <https://www.ccitnyc.org/ourproposal>

with being a family member or caregiver. So, when given proper tools and adequate support, *families* can intervene and improve mental health outcomes for peers.

Academic research of family interventions broadly,<sup>3,4</sup> and of NAMI's evidence-based programs specifically,<sup>5</sup> support these claims and all point to the same results: **when a family member is involved, psychiatric hospitalizations decrease, and patients adhere to aftercare treatment.**<sup>6</sup> To reiterate, NAMI-NYC is the *only* nonprofit offering these direct and extensive support to family members in New York City caring for someone living with SMI. For this reason, our organization is asking the city to make a modest \$250,000 investment in our one-of-a-kind, evidence-based family support programs, which are critical to helping New Yorkers affected by mental illness. With this funding, NAMI-NYC will be able to expand our free mental health Helpline, evidence-based education classes, nearly 40 monthly support groups, and Family Match mentoring program to underserved communities throughout the New York City, especially in the Bronx, Brooklyn, Queens, and Staten Island.

None of us is born knowing how to support, understand, and connect to someone living with SMI. As a result, communication can breakdown, relationships erode, and family cohesion wears thin. Fortunately, NAMI-NYC equips families with knowledge, skills, and ongoing support to better identify symptoms, improve access to care, enhance communication with their loved one, and heal family relationships. And with this 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.

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<sup>3</sup> Biegel, D. (11 July 2013). *Family Social Networks and Recovery from Severe Mental Illness of Clubhouse Members*. Journal of Family Social Work. [Family Social Networks and Recovery From Severe Mental Illness of Clubhouse Members: Journal of Family Social Work: Vol 16, No 4 \(tandfonline.com\)](https://doi.org/10.1177/1063426913505555).

<sup>4</sup> Zagorski, N. (23 May 2022). *Family Interventions Benefit People with Schizophrenia*. Psychiatric News. [Family Interventions Benefit People With Schizophrenia | Psychiatric News \(psychiatryonline.org\)](https://www.psychiatryonline.org/doi/full/10.1176/pn.2022.57.5).

<sup>5</sup> Toohey, M.J. et al. (2016 Feb.) Caregiver Positive and Negative Appraisals: Effects of the National Alliance on Mental Illness Family-to-Family Intervention. J Nervous Ment Dis. 204(2): 156-9. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4734139/>.

<sup>6</sup> *Id.*



## **B. THE NEED TO INVEST IN BETTER PREVENTIVE SERVICES**

In addition to the dire need to invest \$250,000 in family support services to address our City’s growing mental health crisis, it is also imperative that the city commit financial resources to improve upon preventive mental health services in order to address the community mental health of New Yorkers. Our organization applauds Speaker Adams’s call upon state actors to

“establish the permanent modernization of the ‘scope of practice’ and standardization of the Master level educational, clinical training, and licensing standards for mental health professionals to expand the number of available practitioners”

in *State Budget Priorities 2023* in order to address workforce shortages in the mental health field.<sup>7</sup> However, in order to fully address the workforce shortage issue, the city itself must also increase the Cost-of-Living-Adjustment (COLA) for mental health workers to 6.5% to acknowledge recent inflation<sup>8</sup> and its negative impact on community mental health workers.

We also maintain the position, as mentioned in previous testimonies before the Committee on Mental Health, Disabilities and Addiction, that City Council must invest in mental health professionals who identify as Black, Indigenous, and People of Color (BIPOC)—both in their recruitment and retention—through recruitment programs or student loan forgiveness programs. This investment is crucial to ensure that the mental health clinicians available in NYC are reflective of our diverse communities and can afford to work in community-based settings.

Our organization commends Speaker Adams for her proposal of a “Social Worker Fellows” program to cover the cost of tuition for individuals pursuing social work degrees and who will provide mental health services in public institutions, and affordable housing lottery

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<sup>7</sup> Adams, A., Brannan, J., & Abreu, S. (2023). *State Budget Priorities 2023*. New York City Council. Retrieved from <https://council.nyc.gov/budget/wp-content/uploads/sites/54/2023/03/2023-State-Budget-Agenda.pdf>.

<sup>8</sup> *Consumer price index, New York-Newark-Jersey City - February 2023*. U.S. Bureau of Labor Statistics. (2023, March 14). Retrieved March 23, 2023, from [https://www.bls.gov/regions/new-york-new-jersey/news-release/ConsumerPriceIndex\\_NewYorkArea.htm](https://www.bls.gov/regions/new-york-new-jersey/news-release/ConsumerPriceIndex_NewYorkArea.htm)

preferences for public-serving mental health workers.<sup>9</sup> Yet, we also know that the barriers for low-income BIPOC students pursuing these degrees is not the same as all students.

Likewise, further recruitment, financial support, and retention is necessary among school mental health workers. As mentioned in our September 21<sup>st</sup>, 2022, testimony before the City Council Committee on Education, 64% of NYC schools do not meet the recommended school counselor-to-student ratio needed to support our students, and 28% of schools do not even have a social worker on staff. Of the schools that do have a social worker on staff, 80% do not meet the recommended ratio of one social worker on staff per every 250 students.<sup>10</sup> Moreover, 563 of 1,524 (37%) NYC schools audited do not have any of the six structured mental health programs that DOE claims it offers within all schools.<sup>11</sup> Our organization has provided a map from the most recent New York State Comptroller's audit report as **APPENDIX A** to this testimony, so that the Joint Committee can see for themselves the disparity in which school districts have access to mental health programming, and which do not. All of these are failings on behalf of the city to our student population, and these failings have exacerbated the mental health crisis we now see in our youth.

Therefore, in order to truly address and prevent further mental health crises in our students, the city needs to enforce proper staffing of mental health professionals in our schools and compliance with the appropriate number of school-based mental health programs offered. The city should also promote access to community-based services or community-based mental health clinics whenever lack of in-school resources are available, especially until all schools can

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<sup>9</sup> Adams, A. (2023). (rep.). *2023 State of the City #PeopleOverEverything*. Retrieved from [https://council.nyc.gov/wp-content/uploads/2023/03/030823.Speaker\\_Adams\\_SOC\\_2023\\_Report.pdf](https://council.nyc.gov/wp-content/uploads/2023/03/030823.Speaker_Adams_SOC_2023_Report.pdf).

<sup>10</sup> *Audit: Mental Health Education, Supports, and Services in Schools*. New York State Comptroller. (2022, August). Retrieved September 22, 2022, from <https://www.osc.state.ny.us/files/state-agencies/audits/pdf/sga-2022-20n7.pdf>

<sup>11</sup> The six programs are: "Community School Mental Health Program, School Mental Health Prevention and Intervention Program, School-Based Mental Health Clinics, School-Based Health Centers with Mental Health Services, School Mental Health Specialist Program and School Response Team Program." See n.9 for source.

fill mental health staff vacancies. NAMI-NYC offers Ending the Silence (ETS) programs that we have brought to over 100 NYC schools and many thousands of students over the past three years upon request and would be open to supporting the city in addressing program shortages in schools via this evidence-based program designed specifically for middle and high school students, their parents and caregivers, and school faculty and staff.

### **C. THE NEED TO INVEST IN THE DECRIMINALIZATION OF MENTAL ILLNESS**

#### ***1. The Case for a True, Non-Police Crisis Response***

Besides ensuring adequate staffing and services for our community's needs, NAMI-NYC also has great concern with past city initiatives and recent mayoral plans that seem to further criminalize or jeopardize New Yorkers living with serious mental illness. **Our organization has consistently requested for the Council and this Administration to fully-fund a mental health crisis response program that is city-wide, operates 24/7, includes peer responders, has no police involvement, and uses independent emergency response personnel. This program is NOT the current B-HEARD crisis response program that runs out of the Mayor's Office of Community Mental Health (OCMH).**

In fact, according to its most recent Fiscal 2022 report, 911 Emergency Medical Service (EMS) operators only routed 22% of mental health calls to B-HEARD teams.<sup>12</sup> This translates as the “traditional response”<sup>13</sup> mechanism—police officers and EMS— still answering to nearly 80% of mental health calls. Of the calls referred to B-HEARD teams, a significant 27% also

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<sup>12</sup> *Transforming NYC's Response to Mental Health Emergencies Fiscal 2022*. NYC Mayor's Office of Community Mental Health . (2022). Retrieved March 23, 2023, from <https://mentalhealth.cityofnewyork.us/wp-content/uploads/2022/10/FINAL-DATA-BRIEF-B-HEARD-FY22-TOTAL.pdf>

<sup>13</sup> *Id.*

received this traditional response by police officers and EMS, “typically because B-HEARD teams were unavailable.”<sup>14</sup>

We strongly urge the City Council to hold back on increasing appropriations and expansion plans to the B-HEARD crisis response program, unless it has the listed amendments<sup>15</sup> that has been relayed to this Council by our organization and other members of the CCIT-NYC coalition. We would also like to see a B-HEARD Oversight Hearing as part of the budgeting process in order to shed light on the many discrepancies reported by the program. Any new funds proposed to address the mental health crisis should go towards the inclusion of peer crisis workers— not the police or co-response teams— as part of *all* mental health crisis response teams. Peer crisis workers are highly capable and equipped to conduct the psychoeducation and outreach necessary to engage people facing mental health conditions, especially on the subway and the streets of NYC.

In OCMH’s *2023 Annual Report on Critical Gaps in the Mental Healthcare System in New York City*, the city agency agrees that using 911 as the main entry-point to access care during a mental health crisis typically leaves “people in crisis through a predetermined set of responses that are not always health-centered for nonviolent situations, nor get them to the most appropriate type of care.”<sup>16</sup> OCMH also used dispatching police and EMS as an example of such a response that “almost exclusively routes someone experiencing a mental health crisis to the hospital when the individual may be better served by being connected to care in the community.”<sup>17</sup> They also give the example of how 911 dispatchers are unable to “‘deescalate’ or re-reroute calls to an NYC Well mental health counselor or peer who would be the most effective

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<sup>14</sup> *Id.*

<sup>15</sup> *See*, n.2.

<sup>16</sup> Wong, E. (2023). (rep.). 2023 Annual Report on Critical Gaps in the Mental Healthcare System in New York City. NYC Mayors Office of Community Mental Health . Retrieved March 23, 2023, from <https://mentalhealth.cityofnewyork.us/wp-content/uploads/2023/02/2023-OCMH-Annual-Report.pdf>.

<sup>17</sup> *Id.*

and appropriate response for that situation.”<sup>18</sup> All of these examples demonstrate how 911 is the wrong venue for mental health crisis calls or to promote for mental health crisis intervention programs, such as B-HEARD. The examples also highlight the need to completely remove police officers and EMS from response teams, and instead, move towards peers and mental health professionals as first responders with the aid of independent emergency medical technicians (who are unaffiliated with EMS). It is unclear from the Mayor’s recent plan released on March 2, 2023 whether the city will truly have peers included on *all* mental health crisis response teams, including B-HEARD. It is clear in this and previous plans, however, that none of the city’s visions for mental health response teams incorporate all of the principles we have been advocating for in order to implement a true, non-police response to mental health crises.

## *2. The Case for More Community-Based Crisis Services*

**NAMI-NYC also hopes to see funds allocated to alternatives to hospitalization that help stabilize individuals who may be heading toward mental health crisis.** We wish to see adequate alternatives that can divert and de-escalate individuals, such as more crisis stabilization centers and crisis respite centers. We need to fund enough of these centers themselves and ensure these facilities can retain staff to operate 24/7, 365 days a year. As acknowledged by the mayor in his recent mental health plan, crisis stabilization centers and respite centers fill a critical gap in our mental health care system.<sup>19</sup> We know that they are an integral part of the scope of services that can provide short-term support, along with identifying and referring individuals to more intensive services, if necessary. However, we need to know more about what implementation of these models will look like and what the commitment from the city will be.

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<sup>18</sup> *Id.*

<sup>19</sup> *Care, community, action: A mental health plan for NYC*. NYC.gov. (2023, March). Retrieved March 23, 2023, from <https://www.nyc.gov/assets/doh/care-community-action-mental-health-plan/index.html>

Our hope is that the city expand access to pre-existing, community-based, crisis respite models for New Yorkers with serious mental illness, rather than re-inventing the wheel or relying on hospitals, which are currently short-staffed and improperly over-utilized. While many community-based, crisis respite centers have the capability to respond to crisis calls, they often do not have the capacity due to limited financial support and resources from the city and/or state. For example, our colleagues at Community Access, Inc., operate a community-based crisis respite center, that centers peer crisis workers, provides a home-like environment, runs 24 hours/7 days a week.<sup>20</sup> The center produces stellar outcomes in stabilizing individuals in crisis and connecting them to a continuum of aftercare resources in their neighborhoods.

### ***3. The Case to Close Rikers and Fund the Needs of Our Community***

Together with the need to invest in preventive and crisis services is the legal and moral obligation of our city to close Rikers Island in order to end the jail's acute mental health crisis. Last year alone, nineteen incarcerated individuals died at Rikers Island facilities, many of which were deaths by suicides.<sup>2</sup> This is unacceptable. The conditions at Rikers Island are atrocious, and even though many folks go into detention there with mental health challenges, even more leave with mental health challenges. We need to see funds re-distributed from the Department of Correction (DOC)'s budget and re-invested in community resources, including in preventive mental health services and supportive housing with wraparound services, to help people with mental health challenges live more stably and prevent future interactions with the criminal legal system.

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<sup>20</sup> Adult crisis residence. Community Access. (n.d.). Retrieved March 23, 2023, from <https://www.communityaccess.org/our-work/adult-crisis-residence>

## V. CONCLUSION

NAMI-NYC hopes the Joint Committee seriously considers our testimony when setting this next Fiscal Year's budget priorities. Our organization especially hopes the Council hears the historic lack of funding dedicated to supporting families and caregivers helping loved ones navigating through serious mental illness. Appropriating a modest \$250,000 towards the life-changing family support services provided only by NAMI-NYC not only will promote recovery and save lives, but it will also remove the burden from city agencies to implement new programs with the same end-goal as the programs NAMI-NYC has already provided for over four decades. In addition to family support, our organization has also identified the dire need for the city to invest in better preventive mental health services, especially when it comes to a diverse workforce and adequate mental health clinicians in our schools. Furthermore, we see diversion of funds away from Rikers Island, which has only created mental health crises, and towards a true, nonpolice crisis response and more crisis mental health services will ensure that New Yorkers navigating through mental health challenges have safe alternatives during their most vulnerable times of need.

We thank the Committees for their consideration of our testimony and look forward to working together towards solutions and a preventive community mental health model.

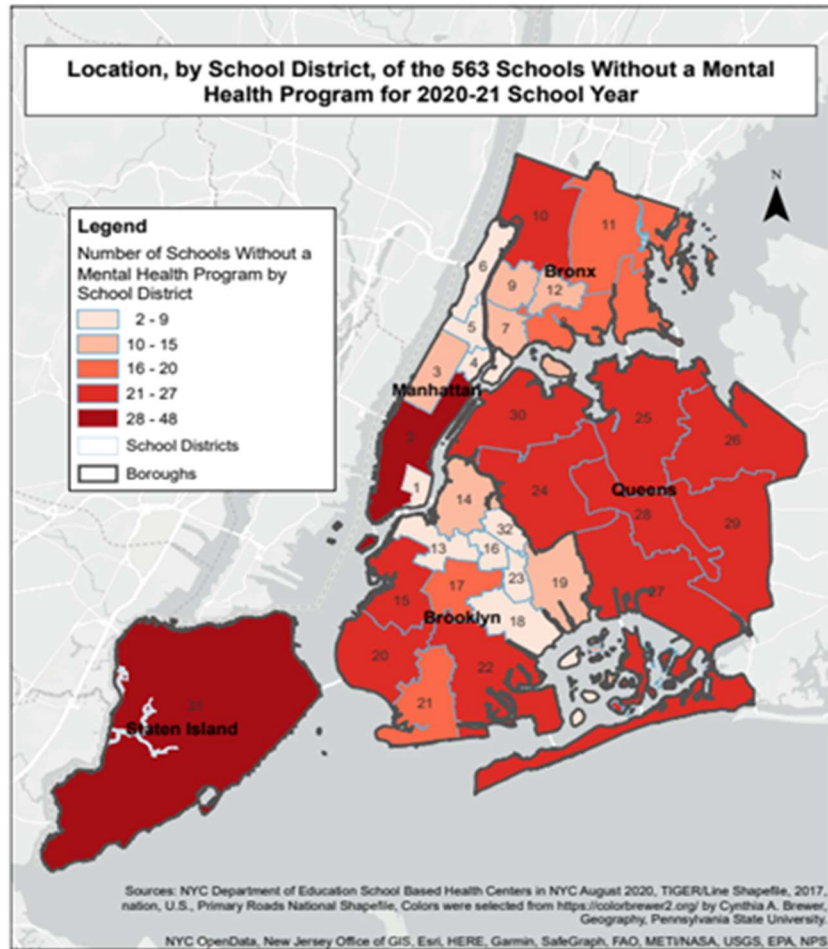
Respectfully,

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## APPENDIX A



Source: *Audit: Mental Health Education, Supports, and Services in Schools*. New York State Comptroller. (2022, August), p. 21. Retrieved September 22, 2022, from <https://www.osc.state.ny.us/files/state-agencies/audits/pdf/sga-2022-20n7.pdf>



## NYCCELP • LEAD ROUNDTABLE



### New York City Coalition to End Lead Poisoning (NYCCELP) Fiscal Year 24 Budget Statement

New York City Coalition to End Lead Poisoning (NYCCELP) is a New York City coalition of organizations that work to eliminate lead poisoning in New York City through a holistic, multi-city agency approach. In 2022 NYCCELP released our [Roadmap to End Lead Poisoning](#) which calls for the policymakers to invest in programs and interventions that protect children from lead poisoning through the City's budget.

We urge the New York City Council to enforce the City's [commitment to eliminating lead poisoning](#) by ensuring resources are available to the following agencies in order to meet that goal:

- Department of Health and Mental Hygiene (DOHMH)
- Department of Buildings (DOB)
- Department of Housing Preservation and Development (HPD)
- Department of Environmental Protection (DEP)
- Department of Education (DOE)
- Department of Transportation (DOT)
- New York Housing Authority (NYCHA)

Lead poisoning is an entirely preventable problem that has long-term [effects](#) on children's health and well-being and can contribute to what is sometimes called the "[poisoning to prison pipeline](#)." Because both the causes and prevention methods are so well-established, New York City must take urgent steps to completely eliminate childhood lead poisoning as well as adult lead exposure. Lead poisoning is [racial justice issue](#) with [links](#) to [criminalization](#) as well, as alluded to above. Living in substandard housing that exposes young children to lead creates a terrible legacy with high obstacles for children to overcome, but investing in preventative measures is a [cost savings](#) measure: **Every dollar spent on prevention results in a return of \$17 – \$221.**

We know the primary source of lead poisoning is lead paint in NYC's old housing stock. Old lead paint can crack, chip, and peel and create dust, especially on friction surfaces like doors or

windows, or be dispersed through a building from poor construction and renovation practices. Drinking water is another significant pathway of lead exposure. It can make up at least 20% of a person's total exposure to lead, and up to 80% of total exposure for formula-fed babies under 1 year old. While [Local Law 1 of 2004 \(LL1 of 2004\)](#) has done much to combat lead poisoning, there are still thousands of children found to have high blood lead levels every year. To enforce LL1 of 2004 and the provisions that have been added to city code in the intervening years, the city must fully fund agencies in order to conduct inspections, test dust and paint for lead, remove lead service lines that deliver water,<sup>1</sup> and other necessary functions that address lead concerns of New York City's families. The City's budget must reflect the needs of this unnecessary and long-standing crisis.

The city has already [committed to eliminating lead poisoning](#), so should ensure resources are available to meet the goal. Multiple separate city agencies have been identified in playing a key role in combating lead poisoning:

- Department of Health and Mental Hygiene (DOHMH)
  - [Healthy Homes Program](#)
- Department of Buildings (DOB)
  - Code enforcement (complaints and lead violations)
  - [Office of Tenant Advocate](#)
- Department of Housing Preservation and Development (HPD)
  - [Lead Hazard Reduction and Healthy Homes Program](#) (formerly, Lead Paint Primary Prevention Program)
- Department of Environmental Protection (DEP)
  - Water monitoring (lead monitoring)
  - [Lead Service Line Replacement Program](#)
  - [NYC Clean Soil Bank \(CSB\)](#)
- Department of Education (DOE)
  - [Spaces and Facilities Report](#) (Paint Inspections and Water Safety)
- Department of Transportation (DOT)
  - Remediating hazardous lead paint chips that [fall to the streets and sidewalks from elevated train lines](#)
  - Removing lead paint in subway stations and other infrastructure throughout the city
- New York Housing Authority (NYCHA)
  - [Lead-Safe Housing Policy](#) (Lead-Based Paint Abatement and Dust Wipe Sampling)

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<sup>1</sup> Complete lead pipe removal is, according to EPA, urgently needed to protect the public from lead exposure from drinking water.

## New York City Coalition to End Lead Poisoning (NYCCELP) Fiscal Year 24 Budget Statement

- [XRF Testing Initiative](#)
- [Team for Enhanced Management Planning and Outreach \(TEMPO\)](#)

Crucial agency work, some of which was outlined in the [LeadFreeNYC Plan](#) (2020 [progress report](#)), needs appropriate funding and staffing to audit reports, update construction codes, inspect high-risk areas, expand testing, remove lead service lines, and other critical work to ensure the eradication of lead poisoning.

**NYCCELP is concerned that sweeping cuts in the budget through the Program to Eliminate the Gap (PEG) could negatively impact the efficacy of lead poisoning prevention policies and programs due to hiring freezes and vacancy reductions across all of the agencies listed above. And recent and future lead laws will lack the funding necessary to properly enforce and to reach the goal of eliminating lead poisoning in New York City.**

The DOHMH [reported](#) that 67% of children under six years of age with elevated blood levels are from high poverty neighborhoods. Furthermore, Black, Latino, and Asian children represent 82% of all newly identified cases of elevated blood levels in children under age six. It is imperative that this City Council sees this as an environmental health injustice and should make ending lead poisoning and exposure in New York City a top priority. This can be achieved by funding City agencies to administer lead poisoning prevention and intervention programs and lead service line replacement; funding staff to collect data and enforce current lead laws; and supporting legislation that closes the gaps in existing lead laws.

Thank you for the opportunity to submit testimony on the importance of including lead poisoning prevention in the Fiscal Year 24 budget. The New York City Coalition to End Lead Poisoning Lead Roundtable is always open to having more detailed conversation on this issue.

Sincerely,

New York City Coalition to End Lead Poisoning (NYCCELP)

Contact:

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### List of New York City Lead Laws and Bills

Since LL1 of 2004, there have been additional lead laws implemented:

- [Local Law 27 \(2020\)](#) – Soil lead testing in certain department of parks and recreation capital projects.
- [Local Law 28 \(2020\)](#) – Permanent removal of lead-based paint.
- [Local Law 29 \(2020\)](#) – Lead poisoning prevention and control in certain dwellings.
- [Local Law 30 \(2020\)](#) – Investigations by the department of health and mental hygiene in connection with reports of pregnant persons with elevated blood lead levels.
- [Local Law 31 \(2020\)](#) – Investigations of lead-based paint hazards by independent and certified inspectors, and contractor certifications for construction activities that disturb lead-based paint.
- [Local Law 39 \(2021\)](#) – Investigations by the department of health and mental hygiene in connection with lead poisoning incidents.
- [Local Law 40 \(2021\)](#) – Improving tenant notification, interagency cooperation, conducting inspections and issuing stop work orders, in connection with lead paint and construction work.

There are currently five bills that aim to close remaining loopholes in existing lead laws. When passed, these bills will also require funding for continued enforcement:

- [Int 0006-2022](#) – Permanent removal of lead-based paint on friction surfaces in child-occupied dwellings.
- [Int 0005-2022](#) – Records of lead-based paint investigations.
- [Int 0193-2022](#) – Lead-based paint hazards in common areas of dwellings.
- [Int 0200-2022](#) – Quarterly reporting on objections to orders for the abatement or remediation of lead conditions.
- [Int 0750-2022](#) – Proactive identification and inspection of dwellings where children are at risk of lead poisoning.



3/21/2023

My name is Rabbi Margo Hughes-Robinson, and I am grateful for the opportunity to submit testimony to today's hearing. I am testifying today on behalf of **Tirdof: New York Jewish Clergy for Justice**, a project of T'ruah: The Rabbinic Call for Human Rights & Jews for Racial & Economic Justice. I serve as the New York organizer at T'ruah, and in that capacity organize the nearly 80 Jewish clergy members of Tirdof, representing nearly every borough and many streams of Jewish practice and tradition. I myself am a resident of Brooklyn, and I'm proud to be a New Yorker by birth and to be raising my family in this city. My own family has been touched by the intensity and struggle of caring for members with severe mental health crises, and as a rabbinical student I served as a chaplain in both a local emergency room department and an adult inpatient psychiatric unit. Last year, a close family member received excellent— even life-changing— mental health care in a New York City hospital. I want that kind of care to be available to all of my neighbors, regardless of their income or race.

As this council puts together the budget for our next financial year, I would urge you to keep in mind the fundamental principle expressed originally by advocates in the fight against AIDS: that housing is healthcare. We know now that this is true not only for individuals living with HIV and AIDS, but all manner of physical and mental health conditions. The early 20th-century writings of Rav Kook acknowledge the essential need for mental health to be considered in concert with physical health, community belonging and relationships, and spiritual wellbeing.

An **expansion and increase of FHEPS vouchers to 1.2 billion dollars**, up from the current \$284 million being spent, would create stability and improve health outcomes for many of our most vulnerable neighbors. **An expanded budget of 4 million dollars for the Source of Income Discrimination Unit of the NYC Commission of Human Rights** would also help to ensure that those receiving these vouchers would be able to actually achieve housing, and build a home without being subject to additional discrimination for using a FHEPS voucher in the first place. An expansion of mental health respite centers, and funding for mobile mental health treatment teams that do not include the police would additionally go a long way towards ensuring a wrap-around model of service and support to help every New Yorker thrive.

Additionally, Community-based Recovery Programs should be an essential piece of how this city imagines care. These programs move beyond managing a person's symptoms toward providing a range of holistic services and leveraging peer relationships to restore people's dignity, agency, and self-determination so that they can reintegrate into the community and thrive. These models incorporate psychiatric and psychosocial support as well as a range of wrap-around services in employment, education, health, and housing. **The city should increase the number of mental health clubhouses and other peer-based community recovery programs, especially in Black, Latinx, and other communities of color.**



Thank you again for your time, and your care— in every sense of the words— with this budget and your shepherding of a more liberatory and truly safer New York City, one that not only protects but nurtures each of its residents.

I'm including our expanded budget requests in detail below as part of the written testimony I submit today.

## **Tirdof's *Bayit* Campaign: FY24 Budget Requests**

A ***bayit***, or home, is foundational to a person's ability to survive, thrive, and live with dignity, health and humanity in this world. But on any given night, tens of thousands of New Yorkers are sleeping in shelters and on the streets.

On Yom Kippur, the prophet Isaiah exhorts us to “take the poor into your homes”. This prophetic cry defines the relief of homelessness as a religious duty, preferable to fasts, sacrifices, and other ritual observances.

**We can eliminate homelessness in New York.** It is unconscionable that in one of the wealthiest cities in the country, there are so many thousands of New Yorkers without a home. We are working to house every New Yorker permanently and sustainably, and we're joining with our neighbors to invest in real solutions that will save lives and benefit all of us.

### ***Bayit* Fiscal Year 24 Budget Asks**

1. House the Homeless through increasing rental assistance, safe havens and supportive housing.
2. Invest in mental health services that have proven track records of centering dignity, self-determination, and social connection and helping people living with serious mental illness to recover.
3. Protect budgets and staffing of the Department of Housing, Preservation & Development, the Department of Homeless Services, and the Department of Health & Mental Hygiene.

### **House the Homeless**

#### **Rental Assistance**

- The City Family Homelessness & Eviction Prevention Supplement (FHEPS) program is available for families that are eligible for cash assistance and are facing eviction,



have been evicted, lost housing due to domestic violence or have been in shelter for 90 days.

- The city must expand and increase city funds for City FHEPS Vouchers. Current spending is approximately \$284 million and should be increased to **\$1.2 billion** to fix administrative barriers and bureaucratic inefficiencies that make it hard for both tenants and landlords to use the City FHEPS system. We must also increase the number of New Yorkers who are eligible to use FHEPS.
- The city must also fight housing voucher discrimination by restoring and increasing the budget and staff of the Source of Income Discrimination Unit of NYC Commission on Human Rights which currently has a high vacancy rate, essentially resulting in no enforcement to tenants who are trying to use City FHEPS from discrimination. The budget for the SID Unit should be at least **\$4 million** and have at least 48 attorneys available to New Yorkers.

#### Supportive Housing

- The city must decrease barriers to supportive housing and address discrimination, especially for New Yorkers who use drugs and/or are involved with the criminal justice system and ensure that vacant supportive housing units are filled. We should protect the **\$234.5 million** in NYC's capital budget so that NYC can follow through on its commitment to build 15,000 supportive housing units in the next 15 years, and we must ensure transparency on where the city is at in meeting these demands.
- And while this is an important start, in order to truly close the gaps in supportive housing the city would need to at least double this investment to **\$470 million** and focus on single occupancy supportive housing units that provide the safest place for New Yorkers.

#### Safe Havens

- Safe Havens are low-threshold shelters because they have limited rules and regulations, including no sobriety requirements or curfews. People who are chronically unsheltered are often much more willing to enter a Safe Haven than a traditional single adult shelter. **The city should increase and protect funding for safe havens** to ensure that we expand these successful small-scale, low-barrier programs for homeless New Yorkers who often feel unsafe in larger shelters.

### Invest in Mental Health Services for New Yorkers with Serious Mental Illness

#### Respite Centers

- Respite Centers are a successful alternative to emergency hospitalization for individuals experiencing psychiatric crises that are voluntary, home-like



environments that often include 24-hour support from peers, as well as wrap-around services. These programs have a documented success rate in helping individuals recover from psychiatric episodes and get connected to ongoing care and support, in addition to being much more cost-effective than hospital-based care. Currently there are only 8 respite centers in New York City, which is a woefully inadequate number given the number of New Yorkers who are in need of emergency psychiatric care. **The number of respite centers should be doubled in the next fiscal year.**

#### Mobile Treatment Teams

- This includes Intensive Mobile Treatment (IMT) Teams, Assertive Community Treatment (ACT), Forensic Assertive Community Treatment Teams (FACT) & Health Engagement and Assessment Teams (HEAT) are all street-based teams that are designed to reach people living with serious mental illness who have a history of being disconnected from services. IMT teams are specifically designed for people with a history of unsafe behavior and FACT teams are specifically designed for people who are involved in the criminal-legal system, and HEAT teams are designed for frequent 911 callers. The teams all include a peer-specialist and IMT, ACT, and FACT teams also have an additional 7-10 team members including housing and employment specialists, family specialists, and substance use specialists. These teams meet clients out in the community and have a very high success rate of putting people on the pathway toward recovery.
- Currently, the waiting list to be seen by these teams is over 600 people, and it can take years to get off the waitlist, leaving many New Yorkers without access to these services. **The city should increase funding for these teams and eliminate the waitlist.**

#### Community-based Recovery Programs

- Community-based Recovery Programs are programs that move beyond managing a person's symptoms toward providing a range of holistic services and leveraging peer relationships to restore people's dignity, agency, and self-determination so that they can reintegrate into the community and thrive. These models incorporate psychiatric and psychosocial support as well as a range of wrap-around services in employment, education, health, and housing. **The city should increase the number of mental health clubhouses and other peer-based community recovery programs, especially in Black, Latinx, and other communities of color.**

For more information, please contact:





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Rachel McCullough [rachel@jfrej.org](mailto:rachel@jfrej.org)

*Tirdof* is a joint project of T'ruah and JFREJ. Learn more about *Tirdof*: New York Jewish Clergy for Justice at [www.tirdof.org](http://www.tirdof.org)



New York Lawyers for the Public Interest  
151 West 30th Street, 11th Floor  
New York, NY 10001-4017

**Testimony of Karina Albistegui Adler, Sr. Health Advocate of New York Lawyers for the Public Interest to the New York City Council Committee on Health Jointly with the Committee on Mental Health, Disabilities and Addiction on March 21, 2023, regarding the New York City FY24 Budget**

Chair Schulman, Chair Lee and distinguished members of the council thank you for the opportunity to testify on the mayor's proposed budget. I am a Senior Health Advocate in the Health Justice Program at New York Lawyers for the Public Interest (NYLPI). It is an honor to speak on behalf of our client communities today.

Thanks to the City Council's generous support for our Immigrant Health Initiative (IHI), my colleagues and I have been able to help hundreds of undocumented New Yorkers with serious health conditions improve their health through access to comprehensive health insurance, direct immigration representation, and individual health advocacy. Welcoming and compassionately serving the thousands of newly arrived migrants in addition to longtime members of our communities is a priority for us. Your continued support as we seek an enhancement in our funding will be crucial in meeting the growing need.

**NYLPI's Direct Services Work has Expanded to Meet a Growing Need for Healthcare Access in New York City**

Between 2020 and 2022 services supported by the IHI have seen extensive demand and growth. In that time frame, we launched our TGNCI+ campaign, a program that provides direct legal services to transgender, gender-nonconforming, intersex (TGNCI), and undocumented people living with HIV. Our Medical Provider Network has supported hundreds of detained individuals. We re-launched our Medical Deferred Action campaign to help undocumented and uninsured New Yorkers in need of organ transplants to qualify for state-funded Medicaid and Essential Plan. Most recently, we launched a Transplant Pipeline in partnership with the kidney transplant program at SUNY Downstate Medical Center to secure a culturally competent pathway for undocumented New Yorkers to obtain life-saving kidney transplants.

**NYLPI's Community Education and Capacity Building Work Has Helped Thousands of New Yorkers in the Community and in Immigration Jails**

In addition to our direct service work, in the past two years IHI funding has helped us reach thousands more through community education and capacity-building work which includes our collaboration with the Center for Urban Pedagogy (CUP) on the "[Healthcare is for You](#)" pamphlet; a free Spanish and English language online and print resource that explains PRUCOL based insurance eligibility for undocumented people. Our medical provider training, where we

have trained hundreds of medical providers and social workers at Montefiore Medical Center, the Bronx Health Collective, Bellevue, and Kings County Dialysis Centers, and caseworkers at the AIDS Center of Queens County and Hispanic AIDS Forum on access to healthcare for undocumented people. Through our legal presentations, we have also trained 80 attorneys at Weil Goshen and Manges, Debevoise & Plimpton, and Paul, Weiss, Rifkind, Wharton & Garrison to represent undocumented New Yorkers who need kidney transplants in Medical Deferred Action applications. Your funding supported the re-issue of our popular Health Care Rights Calendar in English and Spanish for people in immigration detention. Since its launch last year, this resource has proven to be an invaluable tool to help detained individuals and advocates understand legal rights and document health care needs and rights violations inside immigration jails.

### **We Support the Workforce Enhancement Grant**

In this budget process, we also ask the Council to continue defending vital city services and investments from budget cuts and flatlining. With the Council's forecast of FY23 and FY24 revenue totaling \$5.2 billion more than Office of Management and Budget predictions, and Independent Budget Office's announcement of a \$4.9 billion surplus this year, now is not the time to retreat from our city's sustainability and equity goals. We also stand in partnership with the legal services community in full support of a Workforce Enhancement Initiative Grant that would build in reasonable funding increases each year to cover salary adjustments, inflation, labor contracts and contracting delays.

### **Conclusion**

Chair Schulman, Chair Lee, and to the members of the committees thank you for your time. I look forward to continuing our fruitful collaboration with the council to facilitate healthcare access for new arrivals and long-time New Yorkers alike.

**Karina Albistegui Adler**  
**Senior Health Advocate, Health Justice Program**  
**New York Lawyers for the Public Interest**  
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*NYLPI has fought for more than 40 years to protect civil rights and achieve lived equality for communities in need. Led by community priorities, we pursue health, immigrant, disability, and environmental justice. NYLPI combines the power of law, organizing, and the private bar to make lasting change where it's needed most.*

*NYLPI's Health Justice Program brings a racial equity and immigrant justice focus to health care advocacy, including ongoing work addressing the human rights crisis in immigration detention and advocating for healthcare for all New Yorkers.*

## **The City of New York's Mental Health Crisis and How the City Budget Should Address It**

Testimony on Preliminary Budget Hearing  
for the New York City Council's  
Committee on Health - Lynn Schulman, Chair  
Tuesday, March 21, 2023  
by

Thelma Dye, PhD, The Hilde Mosse Executive Director and CEO and  
Paula Magnus, Deputy Director and CFO  
Northside Center for Child Development, Inc.  
Northside Center for Child Development Day School

All of us at Northside are grateful to Chairperson Schulman, as well as Health Committee Members and Staff for conducting this hearing on the impact of pending budget cuts on the health of New Yorkers. We greatly appreciate all the hard work the Committee is doing to protect the City's children and thank you all of you for these continuing efforts.

So you know who we are, we offer this background information about Northside and our longstanding relationship with the City Council.

Northside Center for Child Development, Inc. ("Northside") was founded in 1946 by Drs. Kenneth & Mamie Phipps Clark, whose groundbreaking research, the Black/White Doll Test, was the first-ever social science research submitted as hard evidence in the Supreme Court's history and provided the factual basis for the "Brown v. Board of Education" (1954) decision which declared segregation in public schools an unconstitutional deprivation of equal protection under the 14<sup>th</sup> Amendment.

Northside is a 77 year old Article 31 Outpatient Mental Health Clinic that provides youth and their families with psychiatric, psychopharmacological, and psychotherapy services. Clinical staff is trained in evidence-based treatment models including Cognitive Behavior Therapy, COPE, Knowledge Empowers You (KEY), and Power Source. The clinic provides Individual and Family Therapy, Home Based Crisis Intervention, a Special Needs Unit, Early Childhood Mental Health, Project Care, Family Connections, and Youth Groups. In addition, Northside has clinicians in 15 New York City Public Schools. The clinic also runs Head Start/Early Head Start locations at 302-306 East 111<sup>th</sup> Street, New York, N.Y. 10029, 25 Chapel Street, Brooklyn, N.Y. 11201 and 745 Eagle Avenue, Bronx, N.Y. 10455. Northside also operates Northside Center for Child Development Day School. The Clinic and the School provide high-quality psycho-educational services to 2,500 children a year.

The City Council has been funding Northside's popular After School and Summer Program for decades. The Council funded Capital Improvements so, in May 2021, Northside Center for Child Development, Inc and its affiliate, Northside Center for Child Development Day School could move into their new 28,300 square foot headquarters at 1475 Park Avenue, New

York, New York, 10029. For the last several years, the Council has also funded Northside's Court Involved Youth Initiative and Northside's Children Under Five Initiative.

This written testimony discusses two issues and offers proposed solutions.

## **1. Issue: The City Faces a Worsening Mental Health Crisis and a Declining Supply of Mental Health Clinics and Clinicians**

Our Nation and our City face a Mental Health Crisis. In February 2023 the Centers for Disease Control and Prevention reported that **in 2021, nearly 1 in 3 high school girls reported that they seriously considered suicide — up nearly 60 percent from a decade ago.**<sup>1</sup> Also alarmingly, the report stated, “Across almost all measures of substance use, experiences of violence, mental health, and suicidal thoughts and behaviors, female students are faring more poorly than male students. These differences, and the rates at which female students are reporting such negative experiences, are stark.” But the report also stated that our country's mental health afflicts, “**nearly all groups of students,**” and that the “percentages of students **who seriously considered suicide, made a suicide plan, or attempted suicide were high and have increased.**”<sup>2</sup>

We appreciate that Mayor Adams and City Government have recognized that the national crisis is also local to the City and that the **crisis stems from untreated mental illness.** The City's November 29, 2022 Press Release about the Mayor's plan to address this crisis at a City level was titled, “**Mayor Adams Announces Plan to Provide Care for Individuals Suffering From Untreated Severe Mental Illness Across NYC.**”<sup>3</sup> We're concerned that throughout the City, there aren't enough Social Workers to serve the **untreated mental health** needs that will be clinically indicated regarding the individuals assisted by the Mayor's initiative as well as the rest of our population who suffer from untreated mental health issues. Recovery.org published an article by Kerry Nenn which stated, “Our nation is experiencing a dangerous imbalance. The National Council for Behavioral Health reports that 77 percent of counties across the country have severe shortages of behavioral health professionals. Many who desperately need support are being left out in the cold. For instance, residents of Chicago who need counseling may wait a year or more before they see a specialist. **A Harvard University study recently found just 17 percent of phone calls placed to get an appointment with a mental health counselor were successful.**”<sup>4</sup>

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<sup>1</sup> [Youth Risk Behavior Survey Data Summary & Trends Report: 2011-2021 \(cdc.gov\)](https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf) at:

[https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS\\_Data-Summary-Trends\\_Report2023\\_508.pdf](https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf)

<sup>2</sup> Ibid

<sup>3</sup> <https://www.nyc.gov/office-of-the-mayor/news/870-22/mayor-adams-plan-provide-care-individuals-suffering-untreated-severe-mental#/0>

<sup>4</sup> <https://recovery.org/were-facing-a-shortage-of-mental-health-professionals/>

SARS-CoV-2 has increased and continues to increase the number of New Yorkers in need of mental health services. The City's Department of Health stated, "The COVID-19 pandemic has caused New Yorkers stress, burnout and anxiety."<sup>5</sup> Northside clinicians and teachers continue to report to us that the Covid crisis has deepened the severity of mental health issues amongst many of the 2,500 children Northside serves each year. They report that our clients and students suffering feelings of isolation, loneliness, anxiety and depression that had worsened during the peak of the pandemic - - persist. Medical literature published by the National Institute of Health last year supports this conclusion: **"The impact of the COVID-19 pandemic on mental health of children and adolescents is multifaceted and substantial. Survey studies regarding child and adolescent mental health amid COVID-19 indicated that anxiety, depression, loneliness, stress, and tension are the most observed symptoms."**<sup>6</sup>

We believe that many other agencies will testify about the same problem Northside's Clinic has serving the mental health increasing needs of the communities our Clinic serves. As of mid-March, Northside's Clinical Staff has five vacant positions.

In an article titled, "A growing psychiatrist shortage and **an enormous demand for mental health services**" the Association of American Medical Colleges quoted Saul Levin, MD of the American Psychiatric Association saying, **"People can't get care. It affects their lives, their ability to work, to socialize, or even to get out of bed."**<sup>7</sup>

**The Demand for Mental Health Services is Increasing Sharply and Will Continue to do so.** Fortune Business Insights reports, **"The U.S. behavioral health market is projected to grow from \$79.69 billion in 2022 to \$105.14 billion by 2029**, at a CAGR {Compound Annual Growth Rate} of 4.0% in forecast period, 2022-2029, exhibiting a CAGR of 4.0% during the forecast period. The global Covid-19 pandemic has been unprecedented and staggering, **with behavioral health services experiencing higher than anticipated demand across the U.S. compared to pre-pandemic levels."**<sup>8</sup>

## **Solutions:**

The City should provide the broadly supported **City funded 6.5% pay increases for front line mental health service providers.**

The City should work with local public and private colleges and universities to create a formal pipeline including **financial aid/student loan repayment assistance for bilingual college**

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<sup>5</sup> <https://www.nyc.gov/site/doh/covid/covid-19-mental-health.page#:~:text=The%20COVID%2D19%20pandemic%20has,all%20can%20feel%20overwhelmed%20sometime%20s.>

<sup>6</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8972920/>

<sup>7</sup> [https://www.aamc.org/news-insights/growing-psychiatrist-shortage-enormous-demand-mental-health-services#:~:text=Several%20factors%20fuel%20the%20shortage,Washington%20\(UW\)%20in%20Seattle.](https://www.aamc.org/news-insights/growing-psychiatrist-shortage-enormous-demand-mental-health-services#:~:text=Several%20factors%20fuel%20the%20shortage,Washington%20(UW)%20in%20Seattle.)

<sup>8</sup> <https://www.fortunebusinessinsights.com/u-s-behavioral-health-market-105298>

**and graduate students** (especially first generation Black and Latin X College students) who go into social work and counseling.

The full City Council should advocate in Albany to **significantly increase Medicaid reimbursement rates statewide**. These rates need to be tied, one to one, to the actual regional costs for the array of services the mental health social service sector provides. **Going forward, COLAs need to be built in to Medicaid reimbursement rates.**

## **2. Issue: Clinics like Northside are Neither Adequately Funded Nor Promptly Paid**

We believe that other agencies will also testify regarding the same debilitating financial crunch as Northside, where the cost of providing mental health services far exceeds reimbursement rates. As of mid-March, Northside, despite its 77 years of providing high quality mental health services, faces a multi-million dollar deficit.

With open balances from FY 2017 to the present for work on social service contracts with the City, Northside continues to float over \$1.6 million dollars for the City. Northside has paid for these program expenses and has not yet been reimbursed by the City.

### **Solutions:**

As previously stated, the full City Council should advocate in Albany to **significantly increase Medicaid reimbursement rates statewide**. These rates need to be tied, one to one, to the actual regional costs for the array of services the mental health social service sector provides. **Going forward, COLAs need to be built in to Medicaid reimbursement rates.**

The Council should also continue working with City Agencies to speed up contract issuance, contract approval and payments.

We thank Chairperson Shulman, the whole Health Committee and its staff members for conducting the hearing and for considering this testimony.



**Testimony of Tom Tatum, Government Affairs Manager  
Nurse-Family Partnership**

**Submitted to the New York City Council Committee on Health &  
Committee on Mental Health, Disabilities and Addiction**

Thank you for the opportunity to submit testimony as a part of New York City Council Budget and Oversight Hearing on the Preliminary Budget for Fiscal Year 2024. My name is Tom Tatum and I am the Northeast Government Affairs Manager for Nurse-Family Partnership (NFP).

Nurse-Family Partnership is a voluntary, evidence-based community health program that pairs low-income, first-time pregnant women with a registered nurse from early in pregnancy through the child's second birthday. Through regular home visits, NFP nurses help first-time mothers achieve healthier pregnancies and births, improve their child's health and development, and help NFP moms develop a vision and plan for their own lives and a more stable and secure future for their new family. This is accomplished through the provision of health education and guidance, care coordination, and preventive services.

Since 2003, NFP has served over 20,000 families across all five boroughs of New York City through its 5 network partners: the New York City Department of Health and Mental Hygiene (DOHMH), Montefiore Home Care (Bronx), Public Health Solutions (Queens and Staten Island), SCO Family of Services (Brooklyn), and the Visiting Nurse Service of New York (Bronx). In total, NYC NFP serves nearly 3,000 families annually. This would not be possible without the support of our partners in New York City Government. We thank the New York City Council, the Office of the Mayor, and DOHMH for their support.

NFP funds were baselined from FY 2019 to FY 2023 growing from \$ 4 million to \$7.2 million in the New York City budget during that time. This funding was primarily used to support NFP network partners who contract with NYC DOHMH to deliver NFP services.

At the FY23 final budget passage, the Council led negotiations with the Mayor's office and NYC DOHMH that included approximately \$2.5 million to NFP under the New Family Home Visits initiative. This funding was used to increase the number of families served by each Network Partner for FY23. The Council has been an ardent champion for these funds and we hope for your continued support.

**The NFP Model**

Nurse-Family Partnership is an evidence-based home visiting model with over 45 years of randomized controlled trial research and longitudinal follow-up studies. NFP has been found to



produce long-term improvements in maternal and child health, child development, education, and economic self-sufficiency. Some of NFP's outcomes include:

- 35% fewer cases of pregnancy-induced hypertension<sup>1</sup>
- 79% reduction in preterm delivery among women who smoke cigarettes<sup>2</sup>
- 48% reduction in child abuse and neglect.<sup>3</sup>
- 67% less behavioral and intellectual problems in children at age 6.<sup>4</sup>

The Nurse-Family Partnership model, along with the trusted relationship between a nurse and mother, creates protective factors for mom and baby against the societal challenges that contribute to toxic stress, systemic racism, and adverse pregnancy outcomes. NFP nurses serve a specific population of first-time mothers who face inequities across this spectrum. NFP is solely focused on serving the highest risk families. Many of our mothers are young, living in poverty, and navigating several challenges, including social isolation, abuse, and mental illness. Many NFP mothers lack stable housing, family support and experience food insecurity. Our nurses are uniquely situated to reach underserved women and trained to help mothers at one of the most transformative parts of their lives - the birth of a first child.

NFP nurses use their clinical expertise and assessment skills to understand the strengths and risks that mothers have experienced in their lifetime that may impact their health and their child's health. With a two generational approach, nurses identify early warning signs of health problems during pregnancy, post-partum, infancy, and early childhood that can lead to adverse outcomes—even death. For example, nurses can identify early signs of preeclampsia, high blood pressure and other cardiovascular risks, and educate the mom about the warning signs she needs to closely watch for and when she needs to seek emergency medical care. In addition to monitoring for risk factors, NFP nurses ensure that women and children experiencing signs of possible health complications are seen by the appropriate health care provider and that follow-up care is completed. They also connect moms with community resources.

NFP nurses play a critical role in helping each mother develop a deep understanding of her health. Our nurses provide guidance and support to NFP moms as they learn how to navigate the health care system for themselves and their child. NFP nurses empower pregnant women and new mothers to advocate for themselves to be seen and heard by their health care providers and to have their health assessed when they know that something is not right with their body. If a mom believes something is wrong, the nurse encourages her to not take “NO” for an answer. If a medical provider dismisses her concerns, she knows to stand up for herself and insist that her concerns be addressed. This is especially important when identifying and addressing racism and implicit bias in health care.

Approximately half of maternal deaths that occur in the United States each year during pregnancy are preventable.<sup>5</sup> Significant disparities exist in pregnancy and birth outcomes according to race, ethnicity, age, income, and health insurance status.<sup>6</sup> In New York State, which ranked 30<sup>th</sup> in the nation for its maternal mortality rate in 2016, black women are three times

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<sup>1</sup> Kitzman H, et al. Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. JAMA. 199.

<sup>2</sup> Olds DL, Henderson CRJ, et al. Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. Pediatrics. 1986.

<sup>3</sup> Reanalysis Olds et al. Long-term effects of home visitation on maternal life course and child abuse and neglect fifteen-year follow-up of a randomized trial. JAMA. 1997.

<sup>4</sup> Olds DL, Kitzman H, et al. Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. Pediatrics 2004.

<sup>5</sup> Troiano N, Witcher P. Maternal Mortality and Morbidity in the United States. The Journal of Perinatal & Neonatal Nursing. 2018.

<sup>6</sup> Ibid.

more likely to die than white women.<sup>7</sup> Black mothers living in New York City face even steeper odds- they are 12 times more likely to die from complications arising during or after childbirth.<sup>8</sup> A NYC DOHMH report on severe maternal morbidity (SMM) found that non-Hispanic black women had the highest SMM rate- a rate three times higher than non-Hispanic white women.<sup>9</sup> Evidence-based interventions like Nurse-Family Partnership play a vital role in identifying and mitigating the risk factors that can lead to maternal mortality and morbidity.

A 20-year follow-up study of the program shows that NFP is effective at reducing all-cause mortality among mothers and preventable-cause mortality in their first-born children living in highly disadvantaged settings. This study found that mothers who did not receive nurse home-visits were nearly 3 times more likely to die from all causes of death than nurse-visited moms (3.7% versus 1.3%).<sup>10</sup>

### **The Current Landscape of NYC NFP**

New York City is home to the largest urban implementation of Nurse-Family Partnership in the country. The New York City Department of Health and Mental Hygiene (NYC DOHMH) directly provides NFP services in parts of Queens, Brooklyn, Manhattan and citywide through the Targeted Citywide Initiative (TCI). TCI is a specialized group of nurses that serve women and teens in homeless shelters, teens in foster care and those involved in the juvenile justice system, and to incarcerated women. TCI nurses can serve mothers from anywhere in the city and can follow these families, who are likely to be more transient, anywhere throughout the five boroughs.

NYC DOHMH also contracts with community-based organizations to deliver NFP across the city. These organizations include, Public Health Solutions, SCO Family of Services and the Visiting Nurse Service of New York. NFP's baselined funding in the New York City budget goes to support these NFP programs.

During the COVID pandemic, NFP nurses were a lifeline for the pregnant and first-time mothers they serve. At the height of the pandemic in New York City, many of our moms were unable to receive routine prenatal and postpartum care due to the closure of medical practices and clinics. NFP nurses played a critical role in filling these gaps in care. Through regular telehealth visits, NFP nurses were able to conduct clinical screenings and assessments, identify and monitor medical complications, and help their clients get the health care that they needed. NFP nurses also assisted families in applying for unemployment benefits and nutrition assistance like WIC, and secured formula, diapers, car seats, blood pressure cuffs and other essential supplies. NFP nurses were on the frontlines of the pandemic assisting the city with COVID testing, contact tracing and vaccinations while also providing NFP services to mothers and children.

On behalf of the 91 NFP nurses delivering NFP to first-time mothers and their babies in New York City, I urge you to support funding for Nurse-Family Partnership in the FY 2024 Executive

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<sup>7</sup> New York State Taskforce on Maternal Mortality and Disparate Racial Outcomes. Recommendations to the Governor to Reduce Maternal Mortality and Racial Disparities. [https://health.ny.gov/community/adults/women/task\\_force\\_maternal\\_mortality/docs/maternal\\_mortality\\_report.pdf](https://health.ny.gov/community/adults/women/task_force_maternal_mortality/docs/maternal_mortality_report.pdf) (March 2019).

<sup>8</sup> New York City Department of Health and Mental Hygiene Bureau of Maternal, Infant and Reproductive Health. Pregnancy Associated Mortality: New York City, 2006-2010. <https://www1.nyc.gov/assets/doh/downloads/pdf/ms/pregnancy-associated-mortality-report.pdf>.

<sup>9</sup> New York City Department of Health and Mental Hygiene Bureau of Maternal, Infant and Reproductive Health. Severe Maternal Morbidity in New York City, 2008-2012. <https://www1.nyc.gov/assets/doh/downloads/pdf/data/maternal-morbidity-report-08-12.pdf> (2016).

<sup>10</sup> Olds, D., Kitzman, H., et al. Impact of Home Visiting by Nurses on Maternal and Child Mortality: Results of a Two-Decade Follow-Up of a Randomized, Clinical Trial. JAMA Pediatrics. 2014.

Budget. Your ongoing support is deeply appreciated by the 3,000 New York City families who depend on NFP nurses.

New York City Council  
FY 2024 Preliminary Budget Hearing  
Health Committee

Tuesday, March 21<sup>st</sup>, 2023

Submitted on behalf of:  
New York Junior Tennis & Learning (NYJTL)  
36-36 33<sup>rd</sup> Street, Suite 504  
Long Island City, NY 11106

Udai Tambar  
President and CEO

Presented by  
Scott Daly  
Senior Director  
Community Tennis

Thank you Chair Schulman and members of the committee for allowing us to testify today. **New York Junior Tennis & Learning/NYJTL** (legally incorporated and funded as the **New York Junior Tennis League, Inc.**), as the nation's largest scholastic tennis program, looks forward to working with all of you on behalf of the youth of our city. For 50 years, with the Council as our partner, NYJTL has been a driving force for New York City's youth and tennis communities, traditionally reaching over **85,000** youngsters annually throughout the five boroughs.

**It is our belief that talent IS universal BUT access and opportunity ARE NOT.** That is why we have strived over the past 50 years to introduce the sport of tennis to **ALL** children, including those with special needs. NYJTL programs offer the youth of our city much more than the chance just to learn tennis. They have the opportunity to become physically fit; the opportunity to reach new educational heights; and the opportunity to expand their horizons beyond their immediate world. NYJTL helps young people build self-esteem and learn the affirmative values of perseverance, cooperation, fairness and respect.

Studies have proven that the sport of tennis offers young people numerous developmental benefits. Regular tennis play has been demonstrated to improve physical fitness in the following areas (including but not limited to):

- Aerobic & Cardiovascular Fitness
- Anaerobic Fitness
- General Body Coordination
- Bone Strength & Density
- Hand-eye Coordination

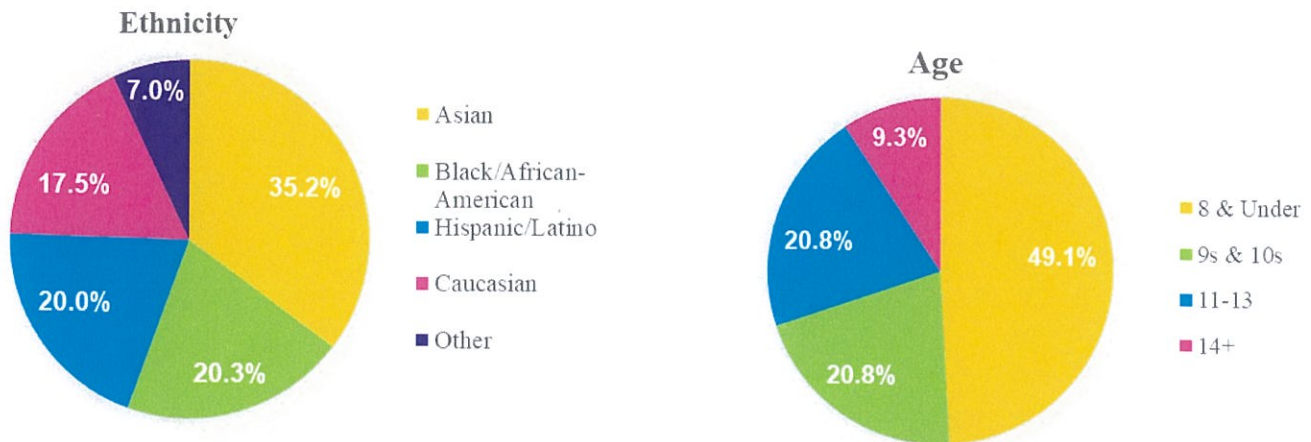
Tennis has also been demonstrated to improve:

- Work Ethic
- Discipline
- Sportsmanship
- Teamwork
- Social Skills
- Resiliency skills

The overwhelming majority of the young people we serve are Black, Latino, Asian, and new immigrant populations. **Nearly two-thirds of our participants are 10 and under with many coming from low-**

income families and neighborhoods, where young people lack access to the opportunities typically available only to youth in affluent neighborhoods, suburbs and private schools.

### CTP CITYWIDE DEMOGRAPHICS<sup>1</sup>



### CTP CITYWIDE DEMOGRAPHICS continued<sup>1</sup>

| Ethnicity               | %     | Age       | %     | Gender     | %     | N/R       | %     |
|-------------------------|-------|-----------|-------|------------|-------|-----------|-------|
| Asian                   | 35.2% | 8 & Under | 49.1% | Male       | 49.5% | New       | 69.3% |
| Black/ African-American | 20.3% | 9s & 10s  | 20.8% | Female     | 50.3% | Returning | 30.7% |
| Hispanic/Latino         | 20.0% | 11-13     | 20.8% | Non-binary | 0.2%  |           |       |
| Caucasian               | 17.5% | 14 +      | 9.3%  |            |       |           |       |
| Other                   | 7.0%  |           |       |            |       |           |       |

<sup>1</sup>- Graph & Pie Charts represents CTP demographics, not the traditional 85,000 youth reached by NYJTL annually including its 30+ DYCD funded SONYC and Compass sites.

**Funded under the Council's *Physical Education and Fitness Initiative*, NYJTL provides quality tennis, educational programming, and character development in EVERY borough throughout the city:**

**Community Tennis Program (CTP)** - Reaches children ages 5-18 throughout all FIVE boroughs year round; Provides trained coaches, tennis instruction, match play, educational services, & special events; Provides FREE tennis equipment and instruction to over 1,000 Special Population/District 75 children during the Summer; Offers educational supports, including FREE SAT Prep, as well as special Tournaments and Events, including trips to the US Open Qualifiers and to Arthur Ashe Kids Day and various pro events and tournaments.

**Winter Weekend Indoor Program** - Part of CTP - Enables players to continue their progress during this 20-week Indoor Season on Saturdays and/or Sundays; in addition to instruction there are 13 days of FREE tournaments for participants during

the two school vacation breaks and the 3-weekend long culminating Hartman Cup tournament.

**CTP+** – Located in Brooklyn & Queens, CTP+ is open to NYJTL participants from all five boroughs. The goal of CTP+ is to develop tennis skills of dedicated CTP participants at a higher level. It is designed for players who have demonstrated competitive ability and potential beyond the level of those at their current CTP location. At no cost to players or families, CTP+ provides extended hours of play and a smaller coach to student ratio.

**School-Time Tennis Program (STP)** - Physical education teachers are trained by NYJTL's professionally certified coaches on how to incorporate tennis into their school's curriculum. NYJTL traditionally holds 6 training sessions each school year serving approximately 250 teachers/schools. All teachers and school-based staff are given a tennis curriculum, lesson plans, tennis equipment (rackets & balls) and ongoing onsite support if needed and requested. NYJTL is a NYSED Approved provider of Continuing Teacher & Leader Education (CTLE) credit. Training participants each receive for FREE 6.5 CTLE hours.

**Council funding also enables us to employ many of our NYJTL alumni, high school juniors & seniors and college students, as coaches and assistant coaches at various times throughout the four seasons (spring, summer, fall and winter).**

This year we are seeking **\$1M** under the Council's *Physical Education & Fitness* Initiative – an increase of \$200,000. **If allocated, it would be our first increase in 15 years.** In 2008 our citywide funding was reduced by 1/3 from \$1.2M to \$800,000 in order to fill a Mayoral created budget hole at DOE. Since then:

- The minimum wage in NYC has more than **DOUBLED** from \$7.25 per hour to the current \$15 per hour
- Permit fees and indoor court costs have more than **TRIPLED**
- Equipment costs for nets, racquets and balls have more than **DOUBLED**
- Bus transportation to and from tournaments/special events have more than **TRIPLED**
- COVID-19 protocols have raised operating costs by at least **10%** across the board
- **\$1 today only buys 73% of what it could in 2008 & prices today (2023) are 1.38 times higher than in 2008**

Given years of rising costs as well as the impact of inflation and the pandemic on the economy, it is becoming increasingly challenging for NYJTL to continue to provide the level of youth tennis programming that it is known for to youth across ALL five boroughs with its current level of Council funding.

Funding of \$1M will enable us to:

- Keep up with rising staffing costs due to NYJTL's **minimum wage of \$18 (above NYC minimum)**
- Allow us to purchase sufficient equipment and cover additional site costs (permits/indoor court time)
- Enable us to continue serving youth in **EVERY** borough
- Allow us to bring programming to **NEW LOCATIONS** throughout the city
- Allow us to bring **ADDITIONAL HOURS** of free tennis instruction at existing sites
- **INCREASE SATURDAY** programming to increase access for kids who cannot attend during the weekdays
- **INCREASE ENROLLMENT** throughout the city as a result of additional program hours and new locations

During the pandemic when the youth of this city needed us, NYJTL was there. Due to the very nature of tennis – **NO DIRECT PERSON-TO-PERSON CONTACT IS REQUIRED** – NYJTL was uniquely positioned to provide NYC youth with a SAFE and FUN physical outlet to help relieve the stress and anxiety caused by the pandemic. **Recognizing the need for its programming, NYJTL stepped up to the task. Our coaches were back on the courts by August 2020 providing NYC youth with FREE youth tennis programming.** Since then, our in-person programming has been operating uninterrupted without incident and with participation rates exceeding all expectations.

**We now need the help of the City Council.** Continued funding of NYJTL in the FY 24 budget is crucial to our vision and that of NYJTL's founder, Arthur Ashe, who believed tennis could transform the lives of poor children of color just as it had his own life. With your support, we can continue to change the lives of thousands of New York City youth and their families.

We could not do what we do without the strong funding support of the New York City Council. On behalf of the youngsters and parents served by NYJTL, I thank you for the Council's commitment to the youth of our city and for your sustained support of NYJTL.



March 22, 2023

Community Association of the East Harlem Triangle

145 East 126<sup>th</sup> street

New York, NY 10035

New York City Council hearing on

Public Safety

Dear Council members

I find it very disturbing that with all the problems that the city of New York placed in our community that you would find another to dump on us.

Already we serve as host to the city of New York's shelter on Wards Island in which hundreds of homeless people are placed here daily from the M-35 bus. They wander throughout this community every single day with drug activity and public lewdness etc. We have the largest methadone program located on Park Avenue and 125<sup>th</sup> street, all day long they hang on our streets doing nothing but just standing around exchanging pills and whatever else they can do to stay high and get money.

Now you give us on point which does not serve this community but drug addicts from the south Bronx(Mott Haven) especially . You place it on a block already plagued by gun violence and opposite a day care program and housing complex. I don't understand how council members have no insight into placement of such a ridiculous program. If any of you really think that you are doing good for the City then you should place these programs within the vicinity of your homes, then we would see how long you remain in office. These programs should be in a hospital where they could be better served and not in any community other than where the drug addicts hang out.

You have created a drug environment for dealers and they are flocking to this community by the numbers never seen before. I think that all of this is not by coincidence but planned to bring down property values so that developers can acquire these properties for lower than usual prices. The city council members who are not part of this are being dupped by the powers that be. Ultra left-wing liberals feel as if this helps people of color for some reason. You are destroying neighborhoods with your madness. It needs to stop now before you completely destroy a community trying to grow.

Take your drug addicts back to the Bronx where they are from and service them there!

The person who runs this program probably has drugs on the street himself, profiting on all ends as heroin is sold outside the very door of the program and Police are told to look the other way.

The crisis of addiction is only treated with completely getting them off drugs not with drug upkeep as in Methadone or free needles. The two so close together seems like a conflict and have no place within reach of each other. Mt Sinai Hospital should be ashamed of themselves for continuing the same practice that has been going on since the 70's. we know the companies and families involved in the

methadone clinic are making tons of money and it is not about recovery just ongoing addiction making them rich. We demand a complete closure of this center before the summer months and we have to deal with these nasty greasy old ass drug addicts who have no intention of ever giving up the drugs.

You act as if they are more important than the people who live here and pay property taxes that pay your salaries (don't forget). By the way the State of New York has their hands in the till also, supplying monies to these programs that never really help anyone. Notice all the people that are leaving New York and where they are going? Republican run areas are the only sanctuary from this madness, wake up.

Remember from the 60's where does drug addicts get money for the habit? They steal. We have no decent stores in this area, everyone has left thanks to your programs.

Respectfully Submitted!



**Testimony for the NYC Council 2023 Preliminary Budget Hearings**

**NYC Council Committee on Mental Health, Disabilities, and Addiction;**

**Jointly with the Committee on Health**

**Chairs Linda Lee and Lynn Schulman**

**March 21, 2023**

Presented by Kimberly George, President and CEO, Project Guardianship

Thank you, Chairs Lee and Schulman and Committee Members, for the opportunity to testify today. My name is Kimberly George, and I am President and CEO of Project Guardianship. Project Guardianship was founded in 2005 as a social justice initiative of the Vera Institute of Justice, and in 2020, became an independent non-profit organization providing comprehensive, court appointed guardianship services to hundreds of limited capacity New Yorkers citywide. We serve clients regardless of their ability to pay and provide services for some of the most compelling and complex cases in the city. We also share research and recommendations for building a better guardianship system and advocate for a more equitable service response for people in need of surrogate decision-making supports or protective arrangements.

New York City's older adult population is growing dramatically and rapidly outpacing the capabilities of our long-term care sector. It's estimated that someone turning 65 today has a 70% chance of needing some form of long-term care services<sup>1</sup>, a form of which is adult guardianship which facilitates access to necessary care. Mirroring national demographics, New York City's older adult population is also living longer and getting poorer<sup>2</sup>. In fact, one in five older New Yorkers lives below the poverty level, and older adults who identify as Latino (27%) or Asian/Pacific Islander (26%) are more likely to experience poverty<sup>3</sup>. Anecdotally, 74% of our clients live below the poverty threshold, and we expect this to become more common as New Yorkers continue to battle inflation and the enduring effects of the pandemic. We have witnessed firsthand that already marginalized communities have borne the brunt of COVID's devastation. We've seen increased rates of social isolation, Alzheimer's and related dementia diagnoses, homelessness, and substance use disorder<sup>4</sup>, which experts have attributed to a mental health crisis gripping New York.<sup>5</sup>

Guardianship services have one function: to protect the health, safety, and well-being of those New Yorkers the courts have found to be incapacitated. Sometimes, guardianship is their only path towards safety

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<sup>1</sup> <https://acl.gov/lrc/basic-needs/how-much-care-will-you-need>

<sup>2</sup> <https://www.nyc.gov/assets/doh/downloads/pdf/episrv/2019-older-adult-health.pdf>

<sup>3</sup> <https://www.nyc.gov/assets/doh/downloads/pdf/episrv/2019-older-adult-health.pdf>

<sup>4</sup> <https://www.nyc.gov/assets/doh/downloads/pdf/episrv/2019-older-adult-health.pdf>

<sup>5</sup> <https://www.ny1.com/nyc/all-boroughs/homelessness/2022/03/03/losing-hope-on-the-streets--a-mental-health-crisis-grips-the-city>



and stability; it can help stop abuse, prevent harm and exploitation; it can help individuals avoid unnecessary institutionalization and access the medical care they need. Countless individuals rely on the guardianship system each year to protect their health and wellbeing, but the current system is woefully underfunded and already stretched to capacity. Non-profit providers sometimes struggle to keep their doors open, are forced to turn people away, or simply stop providing services due to funding cuts. The populations they serve; people with limited capacity, debilitating health conditions or mental health disorders, are the ones to suffer.

It is therefore critical that nonprofit programs be robustly funded to ensure that every New Yorker can access the services and stability they need to thrive. A sustained investment would ensure that individuals who need a guardian are able to receive a high-quality one, for as long as necessary. Not only can mission-driven nonprofits deliver the wraparound, person-centered services that this population needs, but they also play a critical role in preventing unnecessary guardianships by proactively connecting clients with a range of social, financial, and healthcare resources. These efforts save public dollars by decreasing unnecessary Medicaid spending on avoidable hospitalizations while also stimulating local economies.

We have and will continue to fill the gaps in our social safety net and will persist in connecting our clients to the health and mental health care they need and deserve to gain stability and age with dignity. But we will need additional funding to adequately meet their needs in the most person-centered way possible. New York City must lead and create a dedicated funding stream to support guardians that provide care for individuals with disabilities, serious mental illness and complex health conditions. Further, we are requesting that the Council include funding to support nonprofit guardianship in the FY24 budget. In doing so, more of their constituents in need will be able to access the benefits and services to which they are entitled so they may thrive as they age, ideally in community. In order to avoid an impending elder care crisis, we must act now.

Thank you again for the opportunity to testify today.

Please contact Kimberly George at [kgeorge@nycourts.gov](mailto:kgeorge@nycourts.gov) with any questions or requests for additional information.

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Testimony of  
Jimmy Meagher, Policy Director  
Safe Horizon

On the Fiscal Year 2024 Preliminary Budget

Committee on Health  
Hon. Lynn Schulman, Chair

Committee on Mental Health, Disabilities, and Addictions  
Hon. Linda Lee, Chair

New York City Council

3.21.2023

Thank you for the opportunity to submit testimony. My name is Jimmy Meagher, and I am Policy Director at Safe Horizon, the nation's largest non-profit victim services organization. Safe Horizon offers a client-centered, trauma-informed response to 250,000 New Yorkers each year who have experienced violence or abuse. We are increasingly using a lens of racial equity and justice to guide our work with clients, with each other, and in developing the positions we hold.

Whether we are called on to provide expert testimony at an oversight hearing or to assist a constituent in crisis and in need of emergency services, we are proud to partner with the City Council in a collective effort to make our city safer for all. We look forward to helping you and your staff learn how best to support survivors and connect them to the resources available in your borough and community.

Over many years, the City Council has been a key supporter of our programs helping adult, adolescent, and child victims of violence and abuse. City Council funding fills in gaps where no other financial support exists and allows us to draw down critical dollars from other sources. Moreover, this funding demonstrates the value that you and your colleagues place in helping survivors of all ages access desperately-needed shelter, support services, legal assistance, and counseling.

The City Council has also championed the human services nonprofit sector. Our sector desperately needs your help to ensure that human services workers across our sector receive the compensation and support we need. To be frank – our sector is in crisis. Nonprofit human services organizations are shuttering as a result of delayed contracts and payments. And nonprofits across the sector are struggling to hire and retain staff as a result of an unjust wage structure largely determined by government contracts.

The City of New York contracts with nonprofits to deliver the essential services so many New Yorkers rely on – for food, for safety, for shelter, etc. However, the City too often asks our community of nonprofits to do more with less and to accept the bare minimum. This means that many - too many - nonprofit human services workers, the majority of whom are women and people of color, are barely surviving on the wages paid by underfunded City contracts. Because many survivors come into victim services work to help other survivors, City funding for the nonprofit victim services sector is an economic justice issue for survivors. To live up to our shared values of equity, equality, and supporting communities, our City must commit to fully funding the Cost-of-Living Adjustment (COLA) and other fair and just investments to our sector, to fully funding city contracts at appropriate levels to allow non-profits to offer competitive living wage salaries, and to paying organizations on time for the work we have already done. Pay equity is a racial justice issue, a gender justice issue, and an economic justice issue.

My testimony today will focus on the needs of the nonprofit human services sector, with specific focus on the core asks of the #JustPay campaign. I will also highlight the City Council discretionary and initiative funding contracted through DOHMH that Safe Horizon relies on to provide essential services to survivors of violence and abuse across the five boroughs. I will provide an update on Safe Horizon's Crime Victim Assistance Program (CVAP), a program of the Mayor's Office of Community Mental Health. Lastly, I will share Safe Horizon's major concerns with the Mayor's plan to involuntarily remove unhoused New Yorkers.

## **#JustPay**

Safe Horizon is a proud member of the [#JustPay campaign](#), which is a racial equity and gender justice campaign committed to ending the government exploitation of human services workers. The #JustPay campaign is demanding that sector employees under contract with New York City and State be paid fair wages for their labor.

Each year you hear from providers who are struggling due to the crisis of compounding underfunding of the human services sector as City budgets are balanced on the backs of low-income neighborhoods and BIPOC communities. This practice has resulted in poverty-level wages for human services workers, who are predominantly women (66%) and people of color (68%). To address this crisis, we ask the City to immediately adopt three core reforms:

1. Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts.
2. Set a living wage floor of no less than \$21 an hour for all City and State funded human services workers.
3. Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.

We want to thank the Council for supporting the sector with a \$60M workforce investment and for being vocal champions of the #JustPay campaign. Unfortunately, the investment last year was much delayed, with providers waiting 6 months or longer for guidance, and the investment fell short of the 4% COLA the Council had included in budget negotiations.

**Therefore, as we ask for a 6.5% COLA this year, we also ask the Council to ensure it is included in the budget as a “cost-of -living adjustment” and not some other named initiative.** Providers have to be able to rely on the budget documents and percentage to enact wage changes, while waiting for money to flow from the City.

We believe a 6.5% COLA would cost an estimated \$200 million and would help workers just keep pace with inflation. Our workers are critical to healthy and safer communities, and our organizations struggle to attract and retain staff, which means that communities suffer when we are unable to fully staff programs.

A COLA is not a permanent solution to closing the gap in pay and compensating workers for years of underfunding. This results in increased staff turnover as underpaid staff leave nonprofits for better paying jobs in government or the private sector, depriving New Yorkers of services from the most experienced, well-trained staff and jeopardizing high-quality services. We consistently hear elected leaders telling their constituents that they care about and fight for victims and survivors of violence, abuse, and crime. Ensuring that the nonprofit human services workers who provide the very services and supports survivors need and depend on is a very real, very tangible way for the City to demonstrate that it cares about victims and survivors.

A 6.5% COLA in FY24 and more long-term, sustainable solutions would be very meaningful to organizations like ours that never stopped providing critical services during this pandemic.

### **Initiative and Discretionary Funding**

City Council initiative and discretionary funding contracted through the Department of Health and Mental Hygiene (DOHMH) supports the following Safe Horizon programs, allowing us to provide trauma-informed healing, healthcare, and mental healthcare to our clients and their families:

#### **Streetwork Project**

Safe Horizon's Streetwork Project provides shelter, showers, hot meals, therapy, service linkage, safer sex supports, case management, and so much more, in a therapeutic harm reduction community serving homeless youth ages 13 to 25. We work with homeless and street-involved young people to help them find safety and stability. Many homeless young people face a day-to-day struggle to survive, which can lead to physical and emotional harm. Homeless youth may have experienced family abuse, violence, rejection, and instability that led to their homelessness. We welcome these young people, help them navigate complex systems, and provide essential resources at our Drop-In Centers, at our overnight shelter, and through our street outreach teams. This work can be incredibly challenging but also rewarding. Our work at Streetwork did not pause during this pandemic. Rather, our dedicated team continued to respond to homeless and at-risk young people in need of shelter, services, and understanding. Streetwork has been doing this community-based work since 1984, and we will continue to do so for as long as our services are needed.

In FY22, our Streetwork Project provided services to over 1,200 clients across our drop-in centers and overnight shelter, while our overnight street outreach team engaged in over 10,700 contacts with homeless and at-risk young people. The City Council supports Streetwork Project's work through the **Viral Hepatitis Prevention Initiative**.

The **Viral Hepatitis Prevention Initiative** helps Safe Horizon's Streetwork Project increase our capacity to connect potentially Hepatitis C-affected clients to testing, medical care, treatment, and infection control services. **We are seeking a restoration of \$35,060 - so we can link runaway and homeless youth to the medical supports they need and deserve.**

#### **Counseling Center**

Safe Horizon's Counseling Center has provided mental health treatment to adult and child victims of violence and abuse since 1988. We provide ongoing support and counseling services during victims' recovery and healing journey. We offer supportive counseling without judgment, and we work with survivors to develop coping strategies. Our Counseling Center is one of the only New York State-licensed mental health clinics focused solely on treating trauma reactions that many victims of crime and abuse experience. Our Counseling Center provided nearly 5,700 therapy sessions to over 360 clients in FY22. The City Council supports our Counseling Center's work through the **Court-Involved Youth Mental Health Initiative** and **Children Under Five Mental Health Initiative**.



The City Council's **Court-Involved Youth Mental Health Initiative** allows us to address the impact of traumatic experiences that are so often at the root of behaviors that precipitate involvement in family court of children and youth aged 7 to 17. There is growing recognition of the many types of trauma (interpersonal violence, community violence, historical racism, systemic violence, and daily experiences of racism and other forms of oppression) that impact young people. Our project involves the enhancement of trauma-informed care for youth by creating training, providing training, and cultivating trainers for a short-term trauma-focused intervention. Staff learn how to implement this intervention with youth and caregivers that helps survivors identify specific trauma reactions and to practice coping strategies for managing them. In addition, staff are supported to provide training to additional staff in this intervention. **We are seeking a restoration of \$140,000 so we can continue to do this work in a meaningful way.**

The City Council's **Children Under Five Mental Health Initiative** supports our work with infants and toddlers who are survivors of crime, as well as their families, through training of clinicians and staff in evidence-based treatment for this population. The Counseling Center continues to adapt training, co-facilitate training, and recruit trainers for a curriculum on how exposure to domestic violence, the dynamics of domestic violence (DV), and the systems of oppression families experiencing DV often encounter all come together in ways that can disrupt the bond between infants and their caregivers. The training uses real (but de-identified) case vignettes to bring those ruptures into view and to explore how attachment-based intervention facilitates healing in those relationships. This training is also structured to provide a practical introduction to the impact of DV on very young children and the healing power of attachment relationships as well as specific interventions to promote attachment. A unique element of this training initiative is that it holds space for training participants to reflect on the fact that, as shelter staff, they are also caregivers, and they, too, are impacted by trauma in this environment and in their lives. By training a greater number of individuals who come into contact with these children to recognize signs of trauma, we can prevent lifelong developmental consequences while providing healing and relief. **We are seeking a restoration of \$115,385 in FY24 to continue supporting young children who have been victims of or witnesses to crime.**

#### Community Programs and SafeChat

Safe Horizon offers a continuum of service for all victims of crime through telephonic, live chat, and/or in-person supports. With sites that serve all five boroughs, our compassionate Community Program staff provide safety planning, advocacy, case management, information and referrals, supportive counseling, and support groups. Clients are connected to our continuum of services by calling our citywide Helpline (1-855-234-1042). Safe Horizon's SafeChat is a live chat platform that allows victims of all forms of crime and abuse to access Safe Horizon services digitally. Crime victims utilize their computer, phone, or tablet to safely and confidentially engage in a one-on-one chat with trained Safe Horizon Live Chat Specialists by visiting [safehorizon.org](https://safehorizon.org). Live Chat Specialists utilize a best practice, client-centered approach to engage with victims by providing information and referrals across NYC, supporting victims in fully assessing their safety, and collaborating with victims to develop comprehensive safety plans. Live Chat Specialists conduct safety assessment, safety planning, crisis counseling, supportive counseling, psychoeducation, information about and referrals to supporting resources. In FY22, our Community Programs

provided services to 1,165 clients, the Helpline provided telephonic services to clients at 5,095 unique telephone numbers, and SafeChat responded to over 1,000 chats from survivors.

The City Council supports our Community Programs and SafeChat through the **Mental Health Services for Vulnerable Populations Initiative**.

The work of the **Mental Health Services for Vulnerable Populations Initiative** aligns with Safe Horizon's commitment to working with young Black and brown men who have experienced harm and violence. One of SafeChat's main goals is to increase accessibility to needed services for young men of color through a specific microsite geared directly to young men of color. Research shows that young men of color are more likely to experience harm, yet Safe Horizon recognizes that boys and young men of color are not accessing our services at comparable rates. This funding increases our capacity to connect community members who have experienced harm, with a particular focus on young men of color, to our continuum of services, including counseling and mental health supports. Our Helpline and SafeChat serve as a first point of contact, linking to Community Programs for ongoing coordination within Safe Horizon and beyond. Our services are offered telephonically, remotely, and in-person at our Community Program offices, ensuring that folks have options. **We are seeking a restoration of \$150,000 in FY24 funding to support this essential healing work.**

#### **Mayor's Office of Community Mental Health: Crime Victim Assistance Program (CVAP)**

Safe Horizon believes that it is essential for New York City to have a strong network of mental health services, especially for victims and survivors of violence and abuse. Crime victims often have a variety of mental health needs in the aftermath of a crime or an incident of violence, and access to trauma-informed services can help a victim recover. We applaud the previous Administration for recognizing the need to strengthen the City's network of mental health services and for creating ThriveNYC, now the Office of Community Mental Health (OCMH). Safe Horizon's Crime Victim Assistance Program (CVAP) is a program of OCMH and the cornerstone of the NYPD's efforts to improve interactions with victims of crime. CVAP was modeled after our Domestic Violence Police Program (DVPP); a 30-year partnership with the NYPD that placed advocates specializing in helping domestic violence victims alongside police officers. CVAP has expanded DVPP services by placing two victim advocates in each of the NYPD precincts; one specializes in working with victims of domestic violence and the other serves victims of all other crimes. CVAP rolled out over several years as ThriveNYC grew and scaled its work. In summer 2018, CVAP officially became a citywide program, with advocates placed in all 77 precincts and 9 Police Service Areas, and now the Special Victims Division.

We know that violence, abuse, and crime can leave victims and survivors feeling confused, angry, isolated, and hurt. Survivors are often unaware of the services and resources available to them and to their families. CVAP advocates provide crisis intervention, immediate safety planning, referrals to community-based service programs, and advocacy to those victims and survivors who have turned to the criminal justice system for help. The sooner survivors' needs and concerns are addressed, the sooner survivors can feel safe, recover from trauma, regain a sense of control, and ultimately, if they choose to, participate in the criminal justice process if that is the process that feels right for them.

In FY22, CVAP provided services to over 18,000 domestic violence victims, over 16,000 crime victims, and 420 Special Victims Division clients.

### **Safe Horizon's Major Concerns About Involuntary Removals**

Safe Horizon testified at the February 6, 2023, City Council hearing on involuntary removals and the Mayor's mental health plan. We shared that throughout our history, we have partnered with law enforcement. Through those partnerships, we have worked with police officers and prosecutors to keep victims safe and hold those who cause harm accountable. We have advocated for policy and practice changes to make these systems more responsive to our clients. And we have prided ourselves on bringing greater respect, compassion, and self-determination to survivors involved in the criminal justice process through our client-centered approach to advocacy.

Yet the reality is that our law enforcement partners have also caused harm. Black and brown people, especially men and transgender women, are far more likely to be killed by the police and to experience violence at the hands of police officers. And they face bias and inequity in every aspect of the criminal justice system. Safe Horizon's mission is to provide support, prevent violence, and promote justice for victims of crime and abuse, their families, and communities. We believe that confronting and ultimately dismantling systemic racism is necessary to fulfilling our mission because systemic racism denies justice and is rooted in violence.

Too many of the victims and survivors we serve, and too many of our colleagues and loved ones have had encounters with police officers that were dehumanizing. We know that these experiences are a profound barrier to safety and healing. It is because of this history and this experience that we have major concerns with Mayor Adams' plans to have police officers involuntarily remove and hospitalize New Yorkers they deem too mentally ill to care for themselves, even if they pose no threat to others. The Administration is approaching the homelessness crisis with the mindset that unhoused New Yorkers are refusing support rather than seeing and understanding that our current systems responses are vastly inadequate. **What unhoused New Yorkers need is not an expanded police response but a massive investment in housing and long-term treatment and care.**

Our current mental health system is itself in crisis. Across our programs, we have clients who are seeking mental health services and supports. Unfortunately, the mental health system has been plagued by underinvestment and cannot currently meet the demand. The Administration's plan is to involuntarily hospitalize unhoused New Yorkers. People who are hospitalized are usually discharged from the hospital within 24 hours back onto the street with a referral to an outpatient program. These programs are not accessible when street homeless. This system was already lacking before the pandemic, but now even fewer emergency psych beds exist for those who would benefit. Forcefully hospitalizing folks and cycling them through the system will do more harm than good. In our experience, voluntary programs are more effective and generally much cheaper. We should be funding and expanding voluntary services rather than traumatizing already traumatized people.

We know that the NYPD's budget has continued to grow even when crime rates dropped dramatically over the last three decades, and that officers have been asked to respond to an ever-increasing number of societal issues that are better addressed by mental health clinicians, social workers, and outreach workers. At the same time, our city, state, and federal governments have not prioritized investing in programming that more effectively addresses underlying issues and root causes of violence and trauma. We are seeing this same dynamic playing out again – the City is turning to the police to address NYC's overlapping homelessness and mental health crises rather than prioritizing funding for housing and mental health.

Safe Horizon supports non-police responses to New Yorkers experiencing homelessness and mental health crises. Transferring these responsibilities would allow the police department to focus on incidents of violence where their presence is needed, while reducing the likelihood of harm to vulnerable New Yorkers. The Administration's plan charges NYPD to make assessments that require extensive training and expertise on mental health. We do not believe that we need to or should turn to law enforcement to respond to every incident of an individual in mental health crisis and/or substance use crisis. In most cases, an outreach team consisting of peers and behavioral health specialists can help safely stabilize the individual and more effectively connect them with voluntary services and care. Of course, this also requires that the City sustainably invest not just in outreach but in the community-based services, mental health treatment programs, and housing options that New Yorkers in crisis need to heal.

**Ultimately, unhoused New Yorkers need quality, safe, affordable housing and accessible mental health services. That is where we should be investing our resources.**

### **Conclusion**

As the City Council and the Administration sets the budget for the next fiscal year, it's imperative that our city expand, perfect, create, and invest in programming that provides healing and support to people who have experienced harm, violence, and trauma. When we invest in the safety, healing, and well-being of individual New Yorkers, we invest in the safety, healing, and well-being of New York City as a whole.

And it is essential that the City invest in the nonprofit human services workforce that we collectively rely on to support our safety net. We urge you and your colleagues to listen to providers and implement the three core asks of the #JustPay campaign.

Thank you again for the opportunity to submit testimony. We are available to provide more information and answer any questions you may have.

## **Safe Horizon FY24 Expense Funding Requests**



### **Speaker's Initiative – \$160,000 in \*new\* funding for Safe Horizon's Staten Island Rape Crisis Program (Application ID #148973)**

Safe Horizon operates Staten Island's only rape crisis program; however, since the pandemic it has become increasingly difficult to recruit volunteers to meet with survivors at hospitals, especially at night. City Council funding would support the salary of a fulltime social worker, as well as compensation for advocates' training and services. This support would allow our program to continue supporting survivors across Staten Island in the immediate aftermath of their assault.

### **Speaker's Initiative – Restoration of \$150,000 for SafeChat (#151418)**

SafeChat allows victims of all forms of abuse to engage in a one-on-one online chat through the Safe Horizon website and access services safely and confidentially. Funding supports the salary of a Live Chat Specialist, increasing our ability to respond in particular to young men of color seeking help.

### **DOVE Initiative – Restoration of \$12,010,000 gross (\$859,000 to Safe Horizon) (#151507)**

Currently, over 150 organizations across NYC use DOVE funding to address DV/IPV by providing legal services, crisis intervention, case management, outreach, education, & training. Safe Horizon oversees this project and ensures fiscal and programmatic compliance.

### **Initiative to Combat Sexual Assault – Restoration and Enhancement to \$1,000,000 (#151477)**

Supports Safe Horizon's five Child Advocacy Centers where, together with our on-site partners, we quickly investigate and respond to children who have experienced severe physical and/or sexual abuse.

### **Supports for Persons Involved in the Sex Trade – Restoration of \$456,697 (#151540)**

Allows our Streetwork Project to increase our engagement and response to the number of young people both in our drop-in centers and on the streets who are in crisis and involved in the sex trade.

### **Supportive Alternatives to Violent Encounters (SAVE) Initiative – Restoration of \$275,000 (#151563)**

Supports Safe Horizon's Domestic Violence Law Project in providing direct legal services to indigent victims of domestic violence in Family, Supreme, and Integrated DV Courts throughout the city.

### **Mental Health Services for Vulnerable Populations – Restoration of \$150,000 (#151590)**

Supports our Community Programs and SafeChat in connecting community members who have experienced harm, with a particular focus on young men of color, to our continuum of services, including counseling and mental health supports.

**Court-Involved Youth Mental Health Initiative – Restoration of \$140,000 (#151646)**

Allows Safe Horizon to create and provide training for interventions that help survivors identify trauma reactions, practice coping strategies, and address the impact of trauma that's so often at the root of behaviors that precipitate court involvement.

**Children Under Five Mental Health Initiative – Restoration of \$115,385 (#151679)**

Supports our work with infants and toddlers who are survivors of crime, as well as their families, through training of clinicians and staff in an attachment-based intervention that facilitates healing and supports healthy development.

**Initiative for Immigrant Survivors of Domestic Violence – Restoration and Enhancement to \$100,000 (#151715)**

Allows Safe Horizon's Immigration Law Project to provide full representation and consultations to young immigrant victims of domestic violence from across NYC.

**Immigrant Opportunities Initiative (IOI) – Restoration and Enhancement to \$100,000 (#151746)**

Supports Safe Horizon's Immigration Law Project and its ability to provide expert legal advice and representation to undocumented victims of crime, violence, abuse, trafficking, and torture.

**Viral Hepatitis Prevention Initiative – Restoration of \$35,060 (#151764)**

Allows Safe Horizon's Streetwork Project to increase our capacity to connect potentially Hepatitis C-affected clients to testing, medical care, treatment, and infection control services.

**Community Safety and Victim Services Initiative – Individual Member Awards (#153822)**

Supports Safe Horizon's client-centered trauma-informed response to victims and survivors in individual districts. Awards in FY23 supported our Family Justice Centers, Counseling Center, and Community Programs.

*For more information, please contact Michael Polenberg, VP of Government Affairs, at [michael.polenberg@safehorizon.org](mailto:michael.polenberg@safehorizon.org) or 212-577-7735*



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

*Testimony to the New York City Council Committees on Mental Health, Disabilities & Addiction*

Tuesday, March 21, 2023

Thank you Chair Lee and Chair Schulman for the opportunity to speak today.

I'm Fiodhna O'Grady and I am here representing The Samaritans of New York's suicide prevention center who for 40 years has operated NYC's only anonymous and **completely** confidential suicide prevention hotline in addition to our public education and suicide loss bereavement programs. We support the Committee on Mental Health's initiatives and ask that the City Council fund our Suicide Prevention Hotline restoration of \$312,000 and a \$50,000 enhancement for FY24 so we can provide the resources necessary (the hotline answered over 60,000 calls in FY23) to maintain this essential safety net for New Yorkers in crisis.

We all know that mental health is a critical issue facing our city. However, amidst the statistics and budgets, it is easy to forget that behind every number is an actual individual whose life is being impacted.

But that's not something we can forget at Samaritans. Every day on our hotline, our caring volunteers listen to the voices of hundreds of New Yorkers doing their best to cope.

From the 1.5 million calls we have answered from New Yorker's in crisis we have learned that suicide prevention is not a one-size-fits-all. People in distress will seek help from someone they trust, in the way that they feel most comfortable. We cannot dictate their behavior.

Despite massive injections of capital to create new programs and services, mental health in our city continues to decline. After each new worrying statistic is released, the city re-groups to develop a new, comprehensive strategy to tackle the growing problem. But from our experience, it is clear that it's not about having the "right" program; it's about having as many varied and diverse options and viable alternatives available so that everyone has the ability to access care that helps them feel safe. This is borne out by the most effective suicide prevention program to date in the US, implemented by the US Airforce that showed that suicide prevention interventions employing multiple strategies are particularly effective in reducing suicide rates.



Suicide prevention is a collective responsibility that requires action from individuals, organizations, and communities. We recognize that our programs and services are just one piece of a larger network of mental health and social programs working together to improve the lives of those in crisis. To that end, we embrace an interdisciplinary approach to suicide prevention, bringing together people from a spectrum of fields to address the complex factors that can lead to suicide. There is no single cause for suicide. Suicide is a complex act arrived through multiple pathways, factors and causes.

Our collaborations merge efforts for impact to build suicide -safer communities. Working together, we help create pathways to better identify challenges and opportunities, share best practices, resources, and build lasting partnerships.

Suicide is a barometer of our society. It tells us the quality of our lives, how we cope with problems, and how we help those in need. We cannot continue to ignore this crisis. Samaritans and other community-based programs are an essential element of this city's caring community, and we need your support.

We are grateful to the City Council and to this committee for its leadership in prioritizing mental health and for continuing to ensure that NYers have access to absolutely confidential, lifesaving services by funding our 24-hour hotline.

Thank you.





# Samaritans

## SUICIDE PREVENTION CENTER

FUND NYC'S SUICIDE PREVENTION HOTLINE

### Restore Samaritans' FY24 Speaker/Citywide Suicide Hotline Funding of \$312,000 (plus a \$50,000 Enhancement Request)



Suicides continue to rise in NYC & so does the demand for trusted support services.



Samaritans' hotline is the **ONLY** service in New York City offering **free, anonymous & completely confidential** emotional support & crisis response 24/7!



Samaritans is seeking \$362,000 for our Suicide Prevention Hotline (1) our annual request for restoration of our hotline contract (the \$312,000 (same as FY23) & (2) an enhancement request of \$50,000.

### SUICIDE IN NYC

- Every 16 hours, someone dies from suicide in New York City.
- Suicide is the **3<sup>rd</sup>** leading cause of death for New Yorkers aged 25-34.
- The suicide rate for Black females has been increasing since 2010.
- For AAPI people, suicide is the **3<sup>rd</sup>** leading cause of premature death & the **10<sup>th</sup>** actual leading cause of death in NYC.
- Unlike the rest of the country, in NYC youth suicide rates among Latina/o, Black, and AAPI individuals are higher than their white peers.
- Research shows that people access help when they have choices that make them feel safe.

#### ALL NEW YORKERS NEED & DESERVE THE SAME OPPORTUNITIES TO:

- **make decisions about their own health & wellbeing.**
- **access care & support.**
- **engage with programs and services that make them feel comfortable.**

### SAMARITANS CAN HELP

*In FY22 Samaritans responded to over 60,000 calls from New Yorker's in crisis.*

1

#### New Yorkers Need Options That They Trust

Samaritans' hotline acts as a **safe point of entry** to mental health services, especially for people of color, LGBTQ+ people, minors, undocumented people, and people living with mental health conditions or disabilities.

A caller's absolute anonymity ensures that no action will be taken without their consent.

2

#### Suicide Prevention Is Not One-Size-Fits-All

No single service can work for everyone, including 988. There is a significant proportion of at-risk populations and marginalized communities who are resistant to seeking help and are afraid or hesitant to engage with "officially sanctioned" programs and services.

Now, more than ever, Samaritans is taking a critical role in available services by providing a necessary counterbalance to the trend towards a solitary, government-run service.

3

#### Volunteers Expand Access to Care

The hotline is staffed by 80 professionally trained, caring, and motivated volunteers from across NYC's diverse communities.

24/7, these remarkable individuals provide emotional support & crisis response to Samaritans' callers. In doing so, Samaritans volunteers expand culturally competent mental health equity for their fellow New Yorkers.

In FY22, Samaritans' volunteers donated 30,000 hours of free labor worth approximately \$850,000. Their contribution makes Samaritans NYC's most cost-effective crisis service.

***The NYC Council has been the primary funder of Samaritans Hotline since 2012.***

By funding the hotline restoration of \$312,000 & enhancement of \$50,000 for FY 2024 the Council provides the resources necessary to maintain this essential safety net for New Yorkers in crisis.

# THE STATE OF SUICIDE + SUICIDE PREVENTION IN 2022

## Suicide Rates Increase After 2 Year Decline:

In September 2022 the CDC released preliminary data showing a 4% increase in suicide rates in 2021.

**The 47,646 reported suicide fatalities in 2021 is just 1% lower than the all-time high in 2018.**

## The Scope of Problem

- Suicide is the **leading cause of death** for Millennials (CDC, 2019).
- Emergency department visits for suicide attempts increased significantly for 12-17 year-olds (CDC, 2021).
- There was an 8% increase in suicide rates for males aged 15-34 which is **double the national increase** (CDC, 2022).
- The fastest-growing demographic for suicide risk is Black youth ages 10-19 with a **73% increase** in suicides since 1991 (APA, 2020).
- The pandemic has worsened pre-existing deficits in available mental health services for BIPOC, LGBTQ, veteran, essential workers, (SAMHSA, 2021).

## A Growing Call for Anonymous Crisis Services like Samaritans!

Samaritans provides one of the **ONLY** anonymous and completely confidential services in the country.

The service acts as a **safe point of entry** to mental health services. A caller's absolute anonymity ensures that no action will be taken without their consent.

The National Suicide Lifeline's rebranding into 988 has brought concerns around confidentiality, non-consensual interventions and carceral care to the foreground.

Non-consensual intervention or active rescue is the initiation of police intervention without a caller's knowledge.

Research shows that these practices actually **increase** rates of suicidality and **decrease** trust in crisis hotlines.

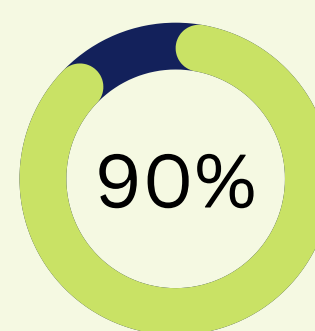
**People need (and deserve) to be able to access the type of care with which they feel comfortable.**

## Suicide prevention is not "one size fits all".

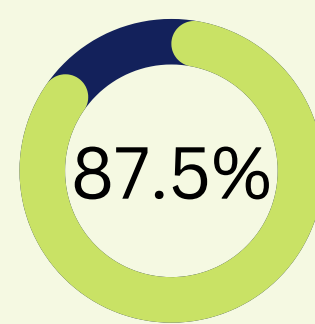
No one service can work for everyone, including 988, and there is a significant proportion of at-risk populations who are resistant to seeking help and are afraid or hesitant to engage with "officially sanctioned" programs.

**Now more than ever, Samaritans is taking a critical role in available services by providing a necessary counterbalance to the trend towards a solitary, government-run service.**

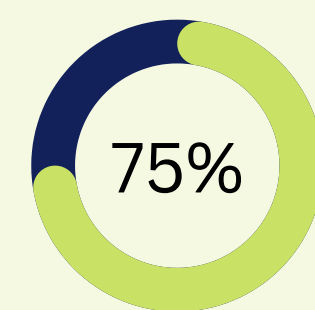
## TOP 3 CONCERNS AROUND CALLING A SUICIDE HOTLINE



**LIMITED  
CONFIDENTIALITY**



**POTENTIAL FOR POLICE  
INTERVENTION**



**LACK OF ANONYMITY**

*The 2022 Hotline Transparency Survey, conducted by the non-profit Mad in America, examined the biggest concerns people have when it comes to calling a suicide hotline.*

## WE NEED YOUR HELP TO KEEP UP WITH THE DEMAND FOR ANONYMOUS + CONFIDENTIAL SUPPORT.

# The United States Air Force Suicide Prevention Program



**U.S. AIR FORCE**

The United States Air Force Suicide Prevention Program (AFSPP) is a population-oriented approach to reducing the risk of suicide. The Air Force implemented 11 initiatives aimed at strengthening social support, promoting development of social skills, and changing policies and norms to encourage effective help-seeking behaviors.

**Multicomponent Interventions:** There is no single cause for suicide. Suicide is a complex act arrived at through multiple pathways, factors and causes. Research shows that suicide prevention interventions employing multiple strategies are particularly effective in reducing suicide rates. The United States Air Forces Suicide Prevention Program, which utilizes the multicomponent intervention model, was shown to be very effective in preventing suicide in the Air Force

**AFSPP's 11 initiatives include:** 1) Leadership Involvement, 2) Addressing Suicide Prevention in Professional Military Education, 3) Guidelines for Commanders on Use of Mental Health Services, 4) Community Preventive Services, 5) Community Education and Training, 6) Investigative Interview Policy, 7) Trauma Stress Response, 8) Integrated Delivery System (IDS) and Community Action Information Board (CAIB), 9) Limited Privilege Suicide Prevention Program, 10) IDS Consultation Assessment Tool, and 11) Suicide Event Surveillance System

**Outcomes:** A cohort of active-duty U.S. Air Force personnel exposed to the intervention between 1997 and 2002 was compared to a cohort not exposed between 1990 and 1996. The intervention cohort experienced risk reductions in the following areas when compared to the control cohort (Knox, 2003):

- 33% reduction for suicide
- 51% reduction for homicide
- 18% reduction for accidental death
- 54% reduction for severe family violence
- 30% reduction for moderate family violence

A follow-up study assessed the AFSPP's impact on suicide rates from 1981 through 2008, providing 16 years of data before the program's 1997 launch and 11 years of data after launch. Implementation of program components was measured at 2 points in time: during a 2004 increase in suicide rates, and 2 years afterward. Suicide rates in the Air Force were significantly lower after the AFSPP was launched than before, except during 2004. The study determined that the program was being implemented less rigorously in 2004 (Knox et al., 2010).

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For more information, go to: <https://www.airforcemedicine.af.mil/SuicidePrevention/>

Knox, K. L., Litts, D. A., Talcott, G. W., Feig, J. C., & Caine, E. D. (2003). Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the US Air Force: cohort study. *Bmj*, 327(7428), 1376. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/14670880/>

Knox, K. L., Pflanz, S., Talcott, G. W., Campise, R. L., Lavigne, J. E., Bajorska, A., ... Caine, E. D. (2010). The US Air Force Suicide Prevention Program: Implications for Public Health Policy. *American Journal of Public Health*, 100(12), 2457–2463. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2978162/>



# Understanding Suicide

## OVERVIEW

Suicide is a public health crisis on a global scale. Depression, a leading risk factor for suicide, is also the leading cause of disability worldwide.

After 2 years of decline, in 2021 there were 47,646 reported suicide fatalities in the US. Suicide rates increased for all people aged 10-74, and the national rate rose 4% from 2020.

### Key Statistics (US)

- Suicide is a leading cause of preventable death.
- It is estimated that someone dies by suicide every 11 minutes.
- There are 25 attempts for every completed suicide.
- Suicide is the leading cause of death for Millennials.
- The suicide rate for Black youth is rising faster than any other racial/ ethnic demographic (+73% since 1991).
- 45% of LGBTQ youth seriously consider suicide.
- Women attempt suicide at 3.5x the rate of men.
- Men die by suicide at 4x the rate of women.
- 55% of suicides involve a firearm.
- More people die from suicide than from car accidents.
- Almost twice as many people die from suicide than from homicide.
- 1 in 59 Americans have lost a loved one to suicide.
- A previous attempt is the strongest risk factor for suicide.

*Based on most recent available data from CDC WISQARS, SAVE & Trevor Project*

## UNDERSTANDING SUICIDE

1

### There is no single cause for suicide.

Suicide usually occurs when a person is in distress, overwhelmed, experiencing some form of mental health problem or personal crisis, and is struggling to cope.

2

### Suicide does not discriminate.

Suicide affects people of every age, race, gender, sexual identity, culture, and socioeconomic background.

3

### Suicide is an ambivalent act.

People who die by suicide are suffering, and their coping mechanisms are overwhelmed. Most people who are suicidal do not want to die, but they can't deal with their pain.

For the majority, feeling actively suicidal is temporary. Mental health support can help people manage suicidal feelings.

## SUICIDE CAN BE PREVENTED

**INDIVIDUAL:** As many as 70% of people who attempt suicide do something to let us know before they act. Learning the warning signs and risk factors for suicide, increasing protective factors like social support, and reducing access to lethal means can help save lives.

**SOCIETY:** Structural forces like racism and other forms of social inequity can increase suicide risk and hurt suicide prevention efforts.

Expanding access to community support and mental health services, particularly in marginalized communities, and increasing lethal means safety are critical steps to prevent suicide.

Culturally sensitive messaging and campaigns to raise community awareness help to break down taboos around mental health and suicide, and they also encourage individuals to seek out support and/or treatment.



**Expand  
Protective  
Factors**



**Increase  
Safety around  
Lethal Means**



**Campaigns  
to Counter  
Stigma**

# CDC Bi-Annual Youth Risk Behavioral Survey of NYC High School Students, 2019

## Seriously Considered Suicide and Actually Attempted Suicide (one or more times during the 12 months before the survey)

| Borough   | Considered Suicide by %   | Considered Suicide by % | Considered Suicide by % | Considered Suicide by % | Considered Suicide by % | Considered Suicide by % | Considered Suicide by % | Considered Suicide by % |
|---|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| CDC YRBS  |   |                         |                         | African American        | Asian                   | Hispanic                | White                   | Multiple Race           |
| 2019 Stats  | All   | Female                  | Male                    | Female & Male           | Female & Male           | Female & Male           | Female & Male           | Female & Male           |
| Citywide  | 15.6  | 17.4                    | 13.5                    | 16.8 & 14.5             | 18.4 & 14.6             | 18.5 & 13               | 13.3 & 10.7             | 18 both M/F             |
| Bronx   | 15.3  | 18.9                    | 11.7                    | 19 & 13.8%              | N/A & 10.9%             | 18.5 & 11%              | N/A                     | N/A                     |
| Brooklyn  | 15.6  | 16.6                    | 14.3                    | 18.1 & 14.6%            | 15.2 & 13.2             | 21.2 & 15.6%            | N/A                     | N/A                     |
| Manhattan   | 16.8  | 20.1                    | 12.3                    | 18.8 & 10.6%            | 17.9% & N/A             | 20.4 & 13.1%            | 17.5% & N/A             | N/A                     |
| Queens  | 14.7  | 15.4                    | 14                      | 11.2 & 15.6%            | 20.3 & 16.2%            | 14.7 & 11.9%            | N/A                     | N/A                     |
| Staten Island   | 16.4  | 16.2                    | 16.7                    | 21% both M/F            | 19% both M/F            | 18.3 & 20.3             | 14% & 9.1%              | N/A                     |
|   |   |                         |                         |                         |                         |                         |                         |                         |
| Borough   | Attempted Suicide by %  | Attempted Suicide by %  | Attempted Suicide by %  | Attempted Suicide by %  | Attempted Suicide by %  | Attempted Suicide by %  | Attempted Suicide by %  |                         |
| CDC YRBS  |   |                         |                         | African American        | Asian                   | Hispanic                | White                   |                         |
| 2019 Stats  | All   | Female                  | Male                    | Female & Male           | Female & Male           | Female & Male           | Female & Male           |                         |
| Citywide  | 9.2   | 9                       | 8.5                     | 9.9 & 10.7              | 7 & 6                   | 10.2 & 7.9              | 4.8 & 5.8               |                         |
| Bronx   | 11.8  | 12.1                    | 10.2                    | 11.4 & 9.5%             | 8.2 both M/F            | 13.4 & 10.6%            | N/A                     |                         |
| Brooklyn  | 8.9   | 8.6                     | 8.2                     | 11.9 & 9.6%             | 4.8 & 1.2%              | 9.2 & 7.3%              | 7.8 both M/F            |                         |
| Manhattan   | 8   | 7.6                     | 7.7                     | 8.5 & 10.8              | 4.8 both M/F            | 8.7 & 4.7               | 5.2 both M/F            |                         |
| Queens  | 8.4   | 8.5                     | 7.9                     | 6.7 & 10.5              | 8.7 both M/F            | 8.3 & 7                 | N/A                     |                         |
| Staten Island   |   | 9.4                     | 10.2                    | N/A                     | N/A                     | 13.9 & 13.5             | N/A                     |                         |
| Percentages with an & between them indicate female first and male after the & |   |                         |                         |                         |                         |                         |                         |                         |
| N/A   | < 100 respondents for the subgroup  |                         |                         |                         |                         |                         |                         |                         |
| Both M/F  | Statistics are for both males and females. <100 respondents for subgroup males and subgroup females |                         |                         |                         |                         |                         |                         |                         |

NOTE: These 2019 CDC NYC statistics are the latest available. 2021 NYC statistics will be available this Spring, 2023.



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BREAST CANCER SUPPORT SERVICES • FOUNDED 1994

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**FY 2024 Preliminary Budget Hearing**

**Health Committee**

**Hon. Lynn Schulman, Chair**

March 21, 2023

**Submitted on behalf of:**

**Anna Kril**

Founder & President

**Astoria/Queens SHARE-ING and CARE-ING, Inc.**

**(dba SHAREing & CAREing)**

45-02 Ditmars Boulevard

Suite 1016

Astoria, NY 11105

718 777-5766

[www.shareing-careing.org](http://www.shareing-careing.org)

Thank you Madam Chair and Members of the Committee. My name is Anna Kril. I am the Founder and President of **Astoria/Queens SHARE-ING and & CARE-ING, Inc. (dba SHAREing & CAREing)**. I am a two-time breast cancer survivor, having received a second primary breast cancer diagnosis in 2020 during the pandemic, 27 years after being first diagnosed.

On behalf of the Board and Staff of SHAREing & CAREing, I thank you for the Council's longstanding support of community organizations, including ours, which assist cancer survivors, their families and caregivers AND for your support of our funding under the Council's **Cancer Services** Initiative.

I, along with three other survivors, founded SHAREing & CAREing 29 years ago to address the needs of Queens women living with breast and/or ovarian cancer. It was our position then, and remains so today, that Queens residents should not have to leave the Borough for quality cancer treatment, care and support. Through the years, our reach has expanded and we now serve women and men with all types of cancer.

We are a one-stop, grassroots, community-based organization which provides **FREE** supportive services to Queens cancer survivors, their families, caregivers and community members. We strive to reduce fear and eliminate cultural barriers in order to promote early detection and treatment as well as to improve access to life-saving services.

Through our diverse programs and services, we assist approximately **4,000** individuals a year, providing bilingual cancer awareness and education, linkages to free or low-cost cancer screenings and treatment, patient navigation, case management, family support services, emergent needs assistance, community wellness programs, individual counseling facilitated by our licensed clinical social worker and peer led support groups. Additionally, we provide assistance with insurance matters, identifying and applying for

public entitlements/benefits, transportation to and from treatment, chemotherapeutic drug coverage, surgical camisoles, mastectomy bras, prosthesis and wigs.

We have strong relationships with our public and private hospitals and are unique in that our staff and volunteers have deep roots in diverse neighborhoods, including Spanish-speaking immigrant and Black faith-based populations. As such, we are trusted by many disparate Queens communities.

Over the course of the past two years, we have provided programming in **11 of the 14 Queens Council Districts** through our High School Outreaches, our Community Wellness Programs at Public Libraries, Senior Centers and other community venues in Queens, and through the provision of direct services to those living with cancer. And while the majority of those we serve reside in Queens, we have also assisted cancer survivors from other boroughs. **No one is ever turned away.**

The onset of the pandemic in 2020 changed our world and that of the city's most vulnerable populations including cancer survivors. The pandemic, and its resulting social and economic impact, which is still being felt today, triggered a significant amount of fear and concern among cancer survivors resulting in an increased demand for our services, specifically the need for individual and group counseling and emergent needs assistance. This increased demand has stayed constant through 2023 and shows no sign of slowing down.

**I am therefore asking that the Council support our request of \$250,000, an increase of approximately \$100,000 over our FY 23 allocation. If granted, this would be our first increase since the creation of the Cancer Services Initiative.** Increased funding by the Council will allow us to continue assisting those living and coping with cancer, providing them with comfort and hope.

On behalf of my Board and those we serve, I thank you.





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BREAST CANCER SUPPORT SERVICES • FOUNDED 1994

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**Audiencia presupuestaria preliminar para el año fiscal 2024**

**Comité de Salud**

**Lynn Schulman, Presidenta**

marzo 21, 2023

**Presentado en nombre de:**

**Rosa Sarmiento**

Navegante bilingüe en español y director del programa

**Astoria/Queens SHARE-ING y CARE-ING, Inc.**

**(dba SHAREing & CAREing)**

45-02 Ditmars Boulevard

Suite 1016

Astoria, NY 11105

718 777-5766

[www.shareing-careing.org](http://www.shareing-careing.org)

My name is Rosa Sarmiento. I am the Bilingual Spanish Navigator and Program Director for **Astoria/Queens SHARE-ING and & CARE-ING, Inc. (dba SHAREing & CAREing)**. I am also the wife of a cancer survivor and a Community Advisory Board Member of Elmhurst Hospital.

In my role as Navigator and Program Director, I have been focused on increasing SHAREing & CAREing's community outreach efforts in my community – the Spanish-speaking community - throughout Queens, educating them about cancer awareness and the importance of yearly and timely cancer screenings.

As an immigrant myself, I understand the fears and uncertainties that new arrivals to our city may experience, especially those that are undocumented. I, working with our staff and volunteers, have strived to build trust, reduce fear and eliminate cultural barriers in order to promote early detection and treatment as well as to improve access to life-saving services.

Over the past two years, I have assisted many Spanish-speaking survivors apply for public benefits, have helped secure access ride and other transportation services, have linked survivors with surgical camisoles, mastectomy bras, prosthesis and wigs and have authorized emergent needs assistance for medical bills, rent, utilities and food. I have also organized a Spanish-speaking support group as well as art-therapy workshops.

Attached to my written testimony are letters from some of the people SHAREing & CAREing has helped.

Since the onset of the pandemic, the demand for our services has significantly increased, especially the need for emergent needs assistance and individual and group counseling. This need has stayed constant through 2023 and shows no sign of slowing down.

I am therefore asking that the Council support our request of \$250,000, an increase of approximately \$100,000 over our FY 23 allocation. This funding will allow us to continue our outreach efforts among the Spanish-speaking populations of Queens and will allow us to continue assisting those living and coping with cancer, providing them with comfort and hope.

Thank you.

INGRID

WOODSIDE, NY 11377

August 10, 2022

Shareing & Careing  
45-02 Ditmars Blvd, Suite 1016  
Astoria, NY 11105

Dear Anna and Rosa,

I am writing to you both because I would like to thank you and your organization Shareing & Careing for providing me with assistance during my breast cancer treatment. Anna and Rosa, I want to specifically thank you for your time, your kind words and inspiration, and helping me navigate this difficult time in my life. Your assistance has lifted a heavy burden from my shoulders which will allow me to continue on my road to recovery.

When I was diagnosed in November of 2021, as devastating as the news of having breast cancer was, I had no idea what to expect. I quickly learned that this was going to be one of the hardest journeys of my life and as the reality of this diagnosis began to sink in I began to realize that life as I knew it was going to change not only for me but for my entire family.

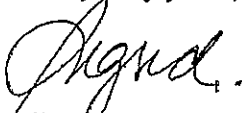
Prior to my diagnosis I was a full time employee for a small accounting firm in Carle Place, New York where I have worked for 23 years. I was the sole financial provider for my family which includes my husband, my son and myself. I was also the sole caretaker for my husband for the past 30 years. He has battled Multiple Sclerosis and is wheelchair bound and unable to care for himself. In December of 2020, he suffered a massive heart attack and currently in heart failure. My son has had to take leave from his graduate program to help care for his father while I underwent surgery for double mastectomy on February 14, 2022 and my current chemo treatments.

I am currently out on short term disability recovering from my surgeries and treatments. My income has been significantly reduced and have had to make difficult financial choices. I had hoped to be back at work at least part-time but I developed several complications and haven't been able to return to work. My goal is return as soon as I am physically able.

It is Organizations like Shareing & Careing and people like Anna and Rosa that makes it possible for me to take a deep breath and focus on my recovery and for this I am truly grateful to you all.

With deep gratitude THANK YOU!!!

Very truly yours,

  
Ingrid

Aug 11 - 22

To

Shareing & Careing

This letter is to thanks for the big help you did to my self.

Financial assistance paying for the Prosthesis that was denied by my health Insurance.

Thank you for the information and references and thank you for helping me for the transportation.

At this present time I have no income; I was desperate and your organization is helping me and giving me a new life.

Sincerely

Sonia  
Rocha-Suarez

November 2022

Dear  
Anna,

Thank You very  
much for the food.

It is greatly  
appreciated. You are  
a generous and

Warm person.

Happy Thanksgiving!

Love,

Carol

N.Y. DEC-3-22

Thank  
You

TO SHARING  
CARING

THANK YOU  
VERY MUCH FOR A  
WONDERFUL TIME--  
THE ARTS & CRAFTS THERAPY WORK  
WAS "MARVELOUS"  
THANK FOR LOVE  
FINANCIAL GIFT.

Melby

①

I Nicole 20 daughter of Maria  
would love to give thanks to SHAREing  
& CAREing for giving my mother the  
attention and support that she needs in  
her fight with breast cancer.

12/20/22

Thank you SHAREing & CAREing for the  
financial help to cover the rent and other  
basic needs.

Maria

- Paciente de

Cancer



Dear  
Nana,

I would like to thank you, Rosa,  
& Xiomara for inviting me and  
for your great organization.  
You are all angels and bringing  
smiles into everyone's hearts!

God Bless  
& Happy Holidays  
Love  
Jorajk

THANK YOU

Gonzalez: soy paciente  
de cancer cervical. le doy gracias  
a Shareing and Careing por la  
ayuda financiera y transportación  
por el pago de mis cuentas medic  
as  
y otros pago de food  
Gracias a L. Jean, Anna y a Rosa  
por darme la ayuda que necesito

ENGLISH TRANSLATION:

I'm a patient of cervical cancer. I thank to Shareing and Careing for the financial help and the transportation, payment for medicines and other payments such as food.

Thanks to L.Jean, Anna and Rosa for giving me the help that I need.

para todos los  
colaboradores de esta  
hermosa organización  
mis respetos y mis  
mas sinceros agradecimiento  
por la invitación que en  
sábado muy benévolo

Leiz Olmeda

mi nombre es Jose Sanchez  
GRACIAS a Shopping y Coperto  
POR la ayuda financiera  
allí que estoy en tratamiento  
POR el CONCEPTO del Plan  
ROSA me ayudo con  
Access Ride y información  
del Seguro Social

Jose Sanchez

English  
Translation

My name is Jose Sanchez

Thank you for the financial assistance

As this time I'm in Kidney Cancer  
treatment.

Rosa helped and advocated with  
Access ride and information with Social  
Security

Jose Sanchez

## Admin

---

**From:** Valentina ( <[redacted]@gmail.com>  
**Sent:** Thursday, February 16, 2023 10:39 PM  
**To:** Admin  
**Subject:** Giovany z Letter

Buenas noches, soy paciente de cáncer de estómago etapa 4. Por consecuencia de esta enfermedad no pude continuar trabajando, por lo cual tengo dificultades económicas. Gracias a quienes donan a Shareing and Careing, pude pagar el mes de arriendo de 1.500 dólares (mil quinientos dólares) que no podía pagar. Especialmente, agradezco a Laura Jean y Mery quienes fueron muy amables y serviciales, fueron un gran apoyo en este momento difícil y de incertidumbre.

Gracias por su solidaridad y empatía.

## English Translation

Good evening, I'm a patient with stage 4 stomach cancer. Therefore, this sickness do not allow me continue Working and I have Economic problems.

Thanks to whoever donate Shareing and Careing I was able to pay for the rent of \$1,500 (One thousand five hundred dollars) that I could not pay for it. Specially, thanks to Laura Jean and Mary for their kindness, they were a great support in this difficult time.

Thank you for your empathy.

Translation by: Rosa Sarmiento  
Bilingual Spanish Navigator  
Shareing and Careing.

## Admin

---

**From:** Xiomara <t.....22@gmail.com>  
**Sent:** Monday, March 13, 2023 4:33 PM  
**To:** Admin  
**Subject:** Thank You

Just wanted to say thank you so very much for helping me financially with the Mamo, sonogram and co-pays to deal with my breast issues.

Gratefully yours

Xiomara

*Dear Admin  
Sharing a picture  
just wanted to  
Thank you for  
much for helping  
me with my  
breast issues  
I truly appreciate  
your help & support.*

A simple word of thanks  
is being sent to you  
to tell you you're appreciated  
for everything you do.

*Many Thanks*

*Sincerely  
Xiomara*

Gracias a Shareing & Careing  
Thank you Shareing and Careing  
mi nombre es Elisama Duran

My name is Elisama Duran  
y estoy en tratamiento de Cáncer  
and I'm in breast Cancer treatment  
de Seno y necesito ayuda para  
and I need help  
pagar la renta y mis otras  
to pay for rent and other  
necesidades. Para mí y mi familia  
needs for myself and my family

gracias a Rosa y Sra. Ana.

Thanks to Rosa and Ms. Ana.

quien me ayudaron al momento de  
who help me at the time of

mi Quimioterapia en el Hospital  
my Chemotherapy at Elmhurst Hospital  
Elmhurst.

Elisama

Care-ing & Share-ing 🍷

"Trust in the Lord with all of thine heart; and lean not unto thine own understanding. In all thy ways acknowledge him, and he shall direct thy path."

Proverb 3: 5-6

This organization is and has been a BEACON to people like me and we are extremely grateful for your wholistic support in all areas of our lives.

May you continue to grow from strength to strength as you forge ahead with new and innovative ways to keep survivors ~~at~~ informed and educated.

I greatly appreciate your thoughtfulness in gifts, calls and <sup>Kind</sup> thoughts/words.

Stay Ever Blessed  
Kaye





## South Asian Council for Social Services – Testimony – Health Committee

3/21/2023

Good morning, Council Member **Schulman** and other members of the Health committee. I am Sushmita Diyali, Senior Manager –Health Services at South Asian Council for Social Services (SACSS). Thank you for this opportunity today to share with you a glimpse of how some of our healthcare access programs impact the wellbeing of immigrant New Yorkers.

SACSS is a community-based organization located in Flushing, Queens. Our mission is to empower and integrate underserved South Asian and other immigrants into the economic and civic life of New York. All our programs are free and are provided by culturally competent staff that speaks 19 languages, 12 South Asian and Spanish, Mandarin, Cantonese, Haka, Malay, Haitian and French Creole and Spanish.

Majority of the clients we assist not only lack access to comprehensive healthcare services but are also unaware of the services that they can get. Their limited English proficiency only creates more barriers for them. There exists a lot of fear and misinformation around healthcare services, which often leads community members in making decisions such as terminating their benefits out of fear of becoming a public charge.

Managed Care Consumer Assistance Program (MCCAP) is one of the key initiatives of the City Council. This initiative has enabled our staff to assist clients and help them understand and navigate the healthcare system. Throughout the pandemic we ensured that our clients continued to be assisted with vital services in the areas of healthcare – assisted them understanding their coverage, find a doctor who speaks their language, access hospital financial assistance programs, connect seniors with Medicaid and Medicare, access prescription drugs and other services.

Take the case of Ms. Tabasum, 72 years old, she lost her SSI benefits due to a miscommunication with Social Security Administration. This automatically disenrolled her from Medicaid. She tried reaching out to Social Security but no luck, concerned and helpless, she tried to ask her doctor but could not find assistance. Just to let you know

that she has multiple chronic pre-existing conditions and takes more than 5 prescription drugs. On Saturday September 24th, 2022, Tabasum was on main street flushing where she saw SACSS staff distributing flyers in Bengali, Hindi and Urdu, which read if you need help with your health insurance contact MCCAP. Right-a-way she asked if we could help her getting her insurance back. Our MCCAP advocate worked with the client, prepared and submitted her HRA Medicaid Access Health application, called her doctor to get a new order on prescriptions, requested the pharmacy to provide the client with a week's supply. Within two weeks the client heard back HRA that her Medicaid coverage has been restored. We also made sure that she got back her SSI, our social worker also enrolled her for SNAP benefits and introduced her to SACSS' Senior Center where she found new friends. On that day we not only had our MCCAP advocates reaching out to people in Flushing, but we also had our outreach workers from Access Health in Jackson Heights and Immigrant Health initiative in Queens Village conducting outreach and educating clients on accessing healthcare services in New York City.

Initiatives such as MCCAP have provided a much-needed relief to immigrant communities. It supports CBOs such as SACSS that provide services that improve both physical and emotional health of vulnerable populations. As part of MCCAP, we will continue to assist and connect New Yorkers with essential health related services. We would request the esteemed City Council to increase the FY 2024 funding of MCCAP to \$2.3 million.

**Written Testimony**  
**Cultural Institutions Group**  
**Testimony to the Committee on Mental Health, Disabilities and Addiction**  
**March 20, 2023**

Good afternoon, Chairman Lee and members of the Committee. I am Dina Rosenthal, Executive Director of the Staten Island Children's Museum (SICM) in Staten Island. I am here today to represent the Cultural Institutions Group and the many organizations that are a part of the cultural fabric of New York City.

Thank you for this opportunity to testify—and thank you, as always, for your unwavering support of Culture in New York City. Because of your efforts this year and last year in working with the Department of Cultural Affairs you ensured that there would be no loss to education programs, community engagement initiatives, or world-class exhibitions, performances and events at our institutions. Chairman Lee, Speaker Adams, Chairman Ose, the Borough Delegations, we owe an enormous debt of gratitude to each of you for advocating on our behalf.

We know the Council is very familiar with the challenges our organizations face every time there are impending reductions in our budgets. So today, I would like to re-focus the conversation on the positive and stress that - simply put - Culture is an integral part of the quality of life of the city and that Culture is its own small business sector with significant economic impacts and that we strive to be an accessible employer and producer of inclusive programs for all New Yorker's.

The Staten Island Children's Museum is a community institution whose mission is to nurture the creativity and curiosity natural to all children, to recognize and celebrate different learning styles, and to demonstrate vividly that learning can be exciting and fun. It is a welcoming place where our diverse community is included, enabled, and empowered to learn, explore and play. One of the people that makes SICM so special is Jackie Bouquio. Jackie is a woman with Down syndrome who has worked in various departments of the Museum for more than 20 years. She currently is a play facilitator who helps lead field trips for school groups and coordinates special craft making in the Walk in! Workshop. Jackie is incredibly friendly, knowledgeable, funny and a wonderful ambassador for the Museum. Its heartening for children with Down syndrome to see themselves reflected in our long-term workforce. Also, Jackie helps show how similar people with differences can be to our young audience. She is a favorite with our visitors who enjoy catching up with her on each visit. Today, March 21st, is a special day as it is World Down Syndrome Day. SICM recognizes the accomplishments and potential of people with Down syndrome and other disabilities. It is essential to acknowledge that everyone has unique talents, abilities, and contributions to make to society, regardless of their abilities. We celebrate the inclusion, acceptance, and celebration of people with Down syndrome and all disabilities.

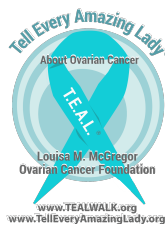
This includes the staff at "The café" at SICM, which is run as part of a day rehab program by On Your Mark, an organization serving people with intellectual and developmental disabilities on Staten Island. These young adults learn life skills through grocery shopping, planning the menu, preparing simple dishes, handling register transactions, cleaning the café area, and restocking the condiments and utensils. Any profits they make support their enrichment activities. Our visitors

appreciate the opportunity for their children to interact with this friendly group of dedicated workers.

Additionally, once a week when the museum is closed, it is a site for a community work-based learning program with the Hungerford School, for students with significant challenges such as Autism Spectrum Disorder, cognitive delays, emotional disabilities, and sensory impairments. Hungerford students assist our Operations team in cleaning our exhibits. With the guidance of their teacher and paraprofessionals, they wipe down the frequently handled toys and exhibit components, clean windows, vacuum and mop. These tasks help them build practical skills they can use in the workplace. They also interact with our staff who are glad to have the extra help.

We were proud to be a recipient of the 2017/2018 Department of Cultural Affairs, Create NYC Disability Forward Fund to create programs specifically for neurodiverse children and their adult caregivers. In partnership with the Staten Island Museum and the Staten Island Zoo, a monthly series of cultural outings and hands-on art experiences for children, teens and young adults with autism spectrum disorder (ASD) were created. The organizations worked with Staten Island social service providers to ensure the programs were developmentally appropriate. A positive outcome of this project was the establishment of Sensory Bags, tool kits for children with ASD for visiting cultural institutions such as SI Children's Museum. Each kit (assembled in a backpack) includes toys and equipment that support young children (ages 3-5) in learning and self-regulation. The items assist children to calm down, channel their energy and focus during their visit to the Museum. The items also help develop their fine motor skills, tactile exploration, and hand-eye coordination.

I hope I have demonstrated why Culture is no less essential to the economic and social vitality of our city and to the New Yorkers we serve and employ – and to the quality of life in our city. We respectfully ask for full restoration and baselining of the \$40M added at Adoption in FY23, as well as an additional \$10M to help us build audiences and create equity across the sector. Anything less poses a reduction to our local economy, businesses and more importantly the quality of life for all New Yorkers. We recognize that the Council has impossible decisions to make in deciding how to allocate City resources and we sincerely thank you for your leadership and commitment to Culture. Thank you.



March 20, 2023

Dear Committee on Health Members of New York City,

Tell Every Amazing Lady About Ovarian Cancer Louisa M. McGregor Foundation also known as T.E.A.L.® was founded by two sisters in 2009 following one sister's (Louisa) diagnosis of ovarian cancer with the purpose of addressing the needs of women and girls everywhere in the fight to overcome ovarian cancer. At the time, the sisters were surprised by the lack of disease-specific events and support networks available in New York City. As a result of the absence of ovarian cancer education, women lacked the awareness, support options, and ability to diagnose early: all factors incredibly vital to women in order to overcome the disease. Tell Every Amazing Lady® was founded as a volunteer-driven not for profit whose mission includes all the things Louisa was searching for including educating the public, supporting survivors, wellness resources, and promoting scientific research.

Tell Every Amazing Lady.® has grown from a foundation started by a family to a thriving community based organization with the support of our Governing Board, Advisory Board, and Scientific Advisory Board reaching millions worldwide about this important women's health issue by creating public awareness campaigns like opening the New York Stock Exchange, and lighting New York City buildings and monuments the color teal during National Ovarian Cancer Awareness Month every September. Back in 2015, in the heart of Brooklyn, Tell Every Amazing Lady ® opened the first of it's kind- an ovarian cancer community center where it hosts educational and wellness workshops and activities for ovarian cancer survivors, their families, and the general public.

Tell Every Amazing Lady's® focus remains on the unique pressures of being a woman, and the fact that women's health is often neglected. T.E.A.L.® also aims to connect with women to support, uplift, and educate them so they can have freedom from pain and stress, and know their bodies in order to advocate for their overall health. Gender disparities within our healthcare system have led to some jarring statistics in areas related to women's reproductive health.

Ovarian cancer is the most lethal of gynecologic cancers and is often caught at late stages. In fact only 15% of cases are caught before the cancer has spread. This is due largely in part to the fact that **there is no 100% accurate screening test for ovarian cancer.** There are mammograms to screen for breast cancer or colonoscopies to screen for colon cancer, **however there is no test like this that exists for ovarian cancer.** One major common misconception is that when women are going to their obgyn and receiving a pap smear they believe they are being screened for ovarian cancer. But this is not true since the pap smear is a screening for cervical cancer. 200,000 women are diagnosed with ovarian cancer each year and 125,000 women worldwide die from ovarian cancer each year. **1 in 75 people born with ovaries are at risk for ovarian cancer.** Ovarian cancer is often considered a death sentence because symptoms are vague and subtle, often resembling more common and benign conditions, making it difficult to diagnose. Since the pandemic late stage cancers are on the rise due to postponed screening and delayed doctor appointments but this is even more escalated when it comes to women's cancers that are already difficult to detect.

Our life-saving services educate the public about women's health, including the risk factors and symptoms of ovarian cancer. All women benefit from knowing the signs and symptoms of this disease and whether they could be at risk, due to its often-subtle symptoms and its lack of an effective and universal screening test. With no medical screening test currently available, our programs provide the only tools available to the public in order to fight ovarian cancer. Our services are critical to women's health.

Along with knowing the signs and symptoms of ovarian cancer, genetic testing is another way to be informed about a family's risks of ovarian cancer which could help reduce late stage cancers. Ovarian cancer is genetically linked to other cancers including but not limited to breast cancer, colon cancer, and endometrial cancer. T.E.A.L.® helps to promote the importance of understanding one's personal risk of ovarian cancer which includes being aware of one's family history of cancers. Our resources extend to those who have a family history of breast, ovarian, colon cancer to offer them resources surrounding the importance of genetic testing.

Throughout the year, T.E.A.L.® actively engages with the community to provide information about ovarian cancer and to address this important women's health issue through health fairs, symposiums, and lectures at schools, universities, community centers, and hospitals. T.E.A.L.® prints educational material to distribute throughout various communities. T.E.A.L. connects with local and national media to get the message out across as many channels as possible. This includes online awareness campaigning using our website, social media channels, and email blasts. Some other examples of services we offer are free weekly meditation and nutrition workshops for the general public and customized survivor support for a woman going through cancer.

T.E.A.L.®'s premiere event, the Annual Brooklyn T.E.A.L.® Walk/Run, from which the foundation owes its inception, began in 2009. This event celebrates the courage of ovarian cancer survivors and the strength of the families who've been touched by the disease while spreading awareness to the public. T.E.A.L.® Walk/Run™ events make a direct impact on our society by addressing this important women's health issue and demonstrating the power and unity of many individual communities coming together in the larger fight against ovarian cancer.

Beyond ovarian cancer education, Tell Every Amazing Lady® provides information on inclusive women's health, covering topics from head to toe, such as mental health and stress relief, bone health, hormones, nutrition, genetics, and risk-reducing and preventative knowledge about cancer, including ovarian cancer. T.E.A.L.® aims to educate the public about women's health in general, as well as reproductive health and the risks of developing cancers specific to women, including ovarian cancer. T.E.A.L.® also provides support to cancer patients and survivors, as well as family and caregivers affected by cancer.

**We are seeking funding for our general awareness and survivor programming but also a much-needed pilot program that we are developing which aims to address barriers surrounding women's access to routine gynecologic care as well as annual screenings.** Through the use of polling and community needs assessments T.E.A.L.® hopes to identify these barriers and use the data we have found throughout our needs assessment to develop an initiative to give women the knowledge, skills, confidence and resources to sustain better health behaviors and understand the importance of routine screenings and gynecologic care. We would like to poll women to learn if they have ever been to an OBGYN appointment and if so when was the last time they have gone, so we can assess and improve on the results.

**We want to make a difference in improving the women's health barriers in NYC and we need your help in order to do so.**

Sincerely,



Pamela Esposito-Amery  
Co Founder & CEO



**NYC Council Hearing on Mental Health Services for Youth  
March 24, 2023**

Thank you for the opportunity to submit written testimony and to advocate for increased mental health support for young people in need. My name is Lynnette. I'm a Licensed Master Social Worker and the Chief Program Officer at The Door, where I provide management and oversight of The Door's expansive and holistic programming, which includes The Door's Counseling Department.

The Door was established in 1972 with the innovative vision of meeting young people where they are and providing them with comprehensive and integrated services to meet their complex needs and enable them to reach their full potential. We serve up to 11,000 youth annually across our four NYC locations: our main site in SoHo, which houses both our adolescent health center and our counseling center, our supportive housing sites on the Lower East Side, and our satellite youth center in the South Bronx. At The Door, youth between ages 12 and 24 can access everything from health care and education to mental health counseling and crisis intervention, legal assistance, high school equivalency and college preparation services, career development, housing support, arts, sports and recreational activities, and nutritious meals – all for free and in a diverse, caring, and supportive environment.

Mental health support at The Door is grounded in these same principles of holistic, youth-centered care. We provide a range of options for young people to get the care they need, from individual psychotherapy and psychiatry appointments to mental health supports embedded within our medical center, drop-in center, career services, arts and recreation, and legal services center. In the last year, we engaged close to 1,000 young people in our continuum of mental health services, encompassing nearly 6,000 individual contacts. Staff at The Door build strong relationships that increase trust and reduce barriers to access, and we create a safe and non-judgmental space for young people to tell their stories.

The Covid-19 pandemic stopped the world in its tracks, interrupting our routines and structures in an unprecedented way. Young people missed out on significant developmental milestones, from high school graduations to moving away from home for the first time. They were increasingly isolated for their physical safety but to their mental and emotional detriment, while simultaneously struggling to develop their independence in emerging adulthood. For those who had left unsafe home environments, many were forced back into those spaces and the dangerous dynamics they had worked hard to separate themselves from. For those who were unhoused or without family ties, the pandemic added additional fear and anxiety to an already dire state of crisis. Activities like classes, groups, sports, and arts, and support systems at schools and in communities, which were previously used to cope when challenges arose, were suddenly inaccessible, and existing mental health symptoms were exacerbated. As we shift from the acute pandemic into a more hybrid phase, young people are having to relearn what it means to move through the world and are navigating these mental health symptoms, sometimes for the first time. This mental health crisis, along with a promising trend of reduced stigma in discussing mental health issues, has exponentially increased demand for mental health services at The Door and at agencies across the city.

Increased demand has come up against another significant consequence of the pandemic: widespread provider burnout and the “great resignation.” Mental health providers have experienced many of the same traumas, losses, and sustained stressors as our clients while taking on the vicarious trauma of those they support every day. This has led to high rates of turnover, difficulty filling vacant positions, and experienced providers leaving the field for jobs with more flexibility and higher pay. Given this decreased capacity and increased demand, we have seen more and more young people come in with mental health needs going unmet. For those who are approaching age 24, when we can no longer serve them at The Door, or who need a level of care beyond the scope of our programs, referral options are alarmingly limited—with waitlists up to 6 months for an intake appointment or clinics that are closed to new clients altogether. While we do what we can to infuse mental health support in each of the services provided at The Door, it can often feel like we are trying to do it all, and we struggle to connect our young people to an opaque and complex system outside of our walls.

I truly appreciate the focus being put on this issue and urge these committees to advocate for increased capacity building across youth-serving programs. This could mean infusing mental health providers and funding into workforce training, education, and case management programming, or encouraging stronger linkages between providers to more seamlessly transition clients to the support they need. It also means increasing funding to support mental health providers themselves, allowing for more comprehensive professional development, burnout prevention, and compensation that better aligns with their value.

Sincerely,  
Lynnette Ford, LMSW, MA  
Chief Program Officer  
The Door – A Center of Alternatives





## **Preliminary Budget Hearing - Mental Health, Disabilities and Addiction**

### **NYC City Council: FY24 Budget Hearing**

March 21, 2023

By: Bridget McBrien, Government Relations Director

Thank you Chair Schulman, Chair Lee for the opportunity to submit written testimony to the Council.

The Jewish Board of Family & Children's Services is among the city's largest human services organizations, annually serving 40,000 children and adults in all five boroughs, through 75 program sites. Broadly speaking, our programs serve three populations: those with mental health challenges, those who have experienced abuse and/or neglect, and those with developmental disabilities.

The Jewish Board provides a lifeline for New Yorkers with a network of mental health clinics serving 18,000 New Yorkers of all ages, religions, socioeconomic levels, and ethnic backgrounds. Despite Jewish Board's scope, its clinics consistently have a backlog of clients waiting for services. In 2022, nearly 1,600 of enrolled clients waited daily to commence clinical services, with wait times often exceeding three months. These delays are due to an incredible workforce shortage.

In the past year, The Jewish Board has seen a surge in need for mental health care services, particularly for young people in crisis. During a recent quarter, more than half of the emergency calls received at our central intake number were regarding children under 21 years old who were considering or had attempted suicide. In 2022, clinicians responded to more than 400 individuals experiencing an immediate mental health crisis in the community and our clinics monitored an additional 400+ individuals experiencing suicidal ideation. The Jewish Board also provides services to 375 children annually in 11 New York City public schools and in a specialized clinic called "OnTrack" for adolescent youth who are experiencing the first onset of psychosis seen in schizophrenia and other serious mental illnesses. In 2022, 46% of our counseling center clients were children under the age of 18.

The Jewish Board serves all New Yorkers, across all 5 boroughs and in every Council district. Of the 35,337 people recorded in our Electronic Health Record during calendar year 2022, 27% identified as Black or African American, 35% identified as Hispanic, 30% identified as White, 4% identified as Asian, and 5% identified as Other or More than One Race.

The customary gap we see between government funding and actual program costs leads our clinics to operate on an annual \$6 million program deficit. The gap in reimbursement rates from government health plans and commercial insurance companies creates significant and unsustainable deficits in all our counseling centers. As the largest provider of community mental health services in New York City, we are especially at risk from this type of business model and have consolidated two community counseling centers in the past five years because of these financial difficulties. The Jewish Board accepts a wide range of insurance options for clinical services, including a sliding scale for those without insurance. No one is turned away because of an inability to pay. In 2022, 53% of our clients were insured through Medicaid/Managed Care Medicaid, 12% through Medicare/Managed Medicare, 21% through commercial insurance, and 4% in HARP plans (for chronically ill people with serious behavioral health conditions). Many constituents working in civil service or unionized positions have



commercial insurance plans and find mental health access can be very difficult to obtain for themselves or their children.

Past Council support has ensured mental health counseling is available to all New York residents, regardless of insurance status. We have been funded in several initiatives, thanks to your leadership, including:

- Speaker's List for our Riverdale community behavioral health clinic;
- Developmental/Behavioral Health initiative to provide mental health housing to high-need patients leaving hospital psychiatric care and to hold specialized group therapy to elderly and high-need Queens residents;
- Wrap-Around Support for Transitional-Aged Foster Youth initiative to start a youth mental health center in Manhattan and conduct outreach to foster youth in Manhattan-area schools.

We hope the Council may consider a new initiative to bolster the mental health workforce of community-based organizations. Our clinical waitlist is a direct result of the workforce crisis impacting the nonprofit and behavioral health field. Our direct care staff is unionized by DC 37 and many clinicians are employed on a fee-for-service basis, allowing them to select the best schedule for their work lives. While the Jewish Board employs more than 2,048 people across all of our programming, we have more than 159 open positions for clinicians and 267 additional positions for all other types of staff. Our vacancy rate therefore is 20%, although some individual programs have much higher rate of 30-35%. Through private philanthropy dollars, this year the Jewish Board is starting a Social Workers Residency program, a three year commitment to provide training and mentorship to new social workers. Such innovation is needed to combat the inflationary and competitive pressures available to the experienced workforce needed for our work.

### **We also join our colleagues in calling for the City to Invest in Human Services Workers with a 6.5% Cost-of-living Adjustment**

We want to thank the Council for supporting the sector with a \$60M workforce investment and for being vocal champions of the #JustPay campaign. Unfortunately, the investment last year was much delayed, with providers waiting 6 months or longer for guidance, and the investment fell short of the 4% COLA the Council had included in budget negotiations. Therefore, as we ask for a 6.5% COLA this year, we also ask the Council to ensure it is included in the budget as a "cost-of -living adjustment" and not some other named initiative. Providers have to be able to rely on the budget documents and percentage to enact wage changes, while waiting for money to flow from the City.

We believe a 6.5% COLA would cost an estimated \$200 million and would help workers just keep pace with inflation. Our workers are critical to healthy communities, and our organizations struggle to attract and retain staff, which means that communities suffer when we are unable to fully staff programs.

For an organization like The Jewish Board with both New York State and City contracts, a COLA on par with the State budget is imperative to ensure our workforce is not further harmed by salary inequities simply due to the type of contracted program they work in. It is important to lift human services workers' wages, comparable to government and the private sector, as the human services sector has the



fifth-lowest average pay among large employing industries in the city. We know a COLA is not permanent solution to closing the gap in pay and compensating workers for years of underfunding. Unfortunately, increased staff turnover has increased since the pandemic, as our staff leave for jobs in the tele-mental health field or to join government.

I can be reached at [bmcbrien@jbfcs.org](mailto:bmcbrien@jbfcs.org) for any questions. Thank you.



**Committee on Mental Health, Disabilities and Addiction**  
*Preliminary Budget Hearing - Fiscal Year 2024*  
March 21, 2023

**Testimony of**  
**The Lesbian, Gay, Bisexual & Transgender Community Center**  
***New York, NY***

**THE LESBIAN, GAY, BISEXUAL &  
TRANSGENDER COMMUNITY CENTER**  
**208 W 13 ST NEW YORK, NY 10011**

T. 212.620.7310  
F. 212.924.2657  
gaycenter.org

# THE CENTER

Thank you for the opportunity to provide testimony regarding the proposed Fiscal Year 2024 budget as it relates to issues within the oversight of the Committee on Mental Health, Disabilities and Addiction.

New York City's LGBT community formed The Lesbian, Gay, Bisexual and Transgender Community Center (The Center) in 1983, in response to the AIDS epidemic, ensuring a place for LGBTQ people to access information, care and support they were not receiving elsewhere. Now the largest LGBT multi service organization on the East Coast, The Center sees more than 6,000 weekly visitors and hosts over 400 community group meetings each month. The Center has a solid track record of working for and with the community to increase access to a diverse range of high-quality services and resources, including our substance use recovery programming for adults and youth; HIV/AIDS programming; youth programs; and our families and opportunities work.

## **The Center's services**

The Center fosters a welcoming environment where everyone is celebrated for who they are. We offer the LGBTQ communities of NYC advocacy, health and wellness programs; arts, entertainment, and cultural events; recovery, parenthood, and family support services. In addition, The Center has made racial equity a keystone element of our approach to community building.

- **Counseling and support groups:** The Center provides short-term individual counseling and referral services, as well as hosts a range of support groups for our transgender and gender nonconforming communities. Both individual counseling and groups offer support around a variety of topics, including gender identity and expression, emotional challenges, substance use and recovery, and aim to build peer support networks.
- **Employment support:** Despite legal protections in New York State, the effects of discrimination continue to place trans and gender nonconforming communities at extremely high rates of poverty, unemployment, underemployment and homelessness. The Center provides services to directly combat this inequality, including individual career coaching support, case management, events focused on career exploration, legal workshops and networking opportunities.
- **Health insurance enrollment and linkage to care:** The Center is a designated navigator agency for the NY State of Health, the health insurance marketplace for New York through the Affordable Care Act. We provide information and education on the options available, and help individuals, families, small businesses and their employees enroll in New York State Medicaid, The NY Essential Plan, Child Health Plus and Qualified Health plans. We also help connect individuals to TGNCNB affirming medical and behavioral healthcare as needed.

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# THE CENTER

- **HIV prevention, testing, and linkage to care:** We offer counseling for individuals, groups, couples and families, plus a variety of events, speakers and informal social gatherings for positive people and their loved ones. This includes HIV & AIDS education, anonymous testing, counseling and support, partner notification, and linkage to medical treatment including PEP, PrEP, and antiretroviral medications.
- **Legal services:** The Center partners with community-based legal providers to provide TGNCNB community members with drop-in assistance around gender-affirming access to healthcare, insurance, employment issues, housing, name and gender marker changes, public benefits and more.

## **On Mental Health, Disabilities, and Addiction**

We understand that mental health, and increasing access to culturally competent mental health services, are of critical importance to LGBTQ+ communities and ranks amongst the highest needs.

The Center's professional and peer providers provide a safe, open-door environment with access to services free of judgment and in a sex-positive atmosphere. The Center's broad array of services for the LGBTQ+ community includes individual counseling, closed groups, open groups, drop-in groups, groups for partners, groups for families, patient navigation, connection to health insurance, HIV testing, mental health counseling, substance use outpatient treatment, monthly legal clinics, immigration support groups, interpreters, and countless social events—all provided on-site 365 days a year. The Center offers a holistic menu of social and health services to NYC's LGBTQ+ communities through programs and services, including youth and adult substance use treatment, recovery support including the new youth clubhouse, youth substance use prevention, youth leadership and engagement programming, HIV prevention programming including testing, family and career development, as well as adult mental health services.

For over three decades, The Center has worked to ensure that the LGBT community of New York City has access to the highest quality and most diverse range of services and resources. Though we are living in a time of unprecedented social, legal and political acceptance of the LGBTQ community, there is still much work to be done on a local and state level to ensure that our community members can successfully combat the social and economic injustice they face daily. Thank you to the Committee for the opportunity to provide this testimony today on an issue of great importance city-wide. We look forward to continue working with you to ensure New York City's future as a safe space for all New Yorkers.

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590 Avenue of the Americas  
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[www.nyfoundling.org](http://www.nyfoundling.org)

**Testimony of Melanie Hartzog  
President and CEO of The New York Foundling**

**To the New York City Council Committee on Mental Health, Disabilities, & Addiction  
Preliminary Budget Hearing on March 21, 2023**

As President and CEO of The New York Foundling, one of New York City's largest and longest-serving nonprofit providers of human services, I am pleased to partner with City leaders to strengthen mental health care and healing for our community. First and foremost, I'd like to thank Chairwoman Lee and the committee members for their unwavering commitment to ensuring that everyone who needs it can access mental health care.

Experts in child health agree that our nation faces a "national emergency in child and adolescent mental health." Adolescent depression and suicide attempts, already increasing before 2020, spiked during the pandemic, with a 50% increase in emergency room use for suicide attempts by adolescent girls. Too often, young people who could benefit from mental health care go without it because of cost or accessibility, face months-long wait lists for care, or find the type or level of care they need is not available.

I know that New York City leaders share our concerns about the mental health crisis. Mayor Adams recently released an ambitious three-pillar mental health plan with a focus on reducing overdose deaths, expanding support for people with severe mental illness, and addressing the mental health needs of children and families. We appreciate that his administration is elevating this issue to the forefront.

As a leading provider of community care to children and families, The Foundling has been on the front lines of combatting this crisis. Since the start of the pandemic, our community-based Article 31 clinic in East Harlem has seen a surge in demand for trauma-focused care, in-home intensive family therapy, and psychiatry; many youth are referred from hospitals in serious mental health crisis. Our clinic has continued to address rising community needs by providing high-quality mental health treatment—including evidence-based and intensive home-based treatment—regardless of insurance status or ability to pay.

There is not enough funding available to address this timely and critical need for children and families. Increased investment in community-based mental health care is vital to responding to the emergency and achieving the goals that Mayor Adams outlined in his mental health plan. With increased funding for children's mental health, 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—increasing access to services that have been proven to prevent homelessness, joblessness, substance use, and crime well into adulthood.

We look forward to working with City leaders to address the mental health crisis and ensure that everyone who needs can access mental health care in New York City. Thank you for your time.



### Testimony to NYC Council

Committee on Health Jointly with Committee on Mental Health, Disabilities and Addiction  
FY24 Preliminary Budget Hearing  
Submitted by Supportive Housing Network of NY  
March 21, 2023

Hello Chair Lee, and members of the New York City Council General Welfare committee. My name is Joelle Ballam-Schwan, and I am the Associate Director of Engagement and Communications at the Supportive Housing Network of NY. The Network is a statewide membership organization representing the nonprofit developers and operators of supportive housing, a proven affordable housing model with wraparound support services for individuals and families with a history of homelessness who face additional barriers to obtaining and maintaining housing on their own. We are here today to with recommendations for how the City Council and the administration can improve outcomes for current and future residents of supportive housing, and the nonprofit human services sector. For this testimony we will focus on the recommendations outlined below.

#### Reimagining the NYC 15/15 Initiative

In 2015, New York City announced a new supportive housing initiative: NYC 15/15, a promise to create 15,000 units of supportive housing over 15 years. The 15,000 units were to be split evenly between new development of congregate, single-site residences, and scattered site units rented on the private market with mobile case management services.

Now in its seventh year, the city is almost halfway to its goal, with about 44% of total units having been awarded. However, according to a presentation given in 2022 at the Network's annual conference, the Human Resources Administration (HRA) reported the awards are not equally distributed among congregate and scattered site as originally intended. Instead, seventy percent of all congregate units have been awarded, compared to only 17% of the projected scattered site units, thus leaving the City with a surplus of un-awarded scattered site units. Due to this reality, we believe that the administration's recent pledge to accelerate production of the remaining units<sup>1</sup> will face significant challenges; nonprofits are simply not applying for scattered site contracts. Without a drastic change to the NYC 15/15 initiative, the City will not meet its target. We recommend the City immediately **redistribute three quarters of the un-awarded scattered site units into three groups: congregate (adding to the single-site stock) preservation of older stock, and "non-traditional" scattered site (identified units in city-owned affordable housing with homeless set-asides).**

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<sup>1</sup> [www.nyc.gov/assets/home/downloads/pdf/office-of-the-mayor/2022/Housing-Blueprint.pdf](https://www.nyc.gov/assets/home/downloads/pdf/office-of-the-mayor/2022/Housing-Blueprint.pdf)



**Problems with Traditional Scattered Site**

While the scattered site model is an important response to addressing homelessness, it is a difficult model to sustain. For a variety of reasons, including fluctuations in the private rental market, and staff burnout and turnover, nonprofits are hesitant to apply for traditional scattered site contracts. Moreover, the social services rate for NYC 15/15 scattered site is only \$10,000, compared to \$17,500 for the congregate program. While the justification for the discrepancy is the cost of security in congregate programs, the rate does not take into consideration the complexity of operating a scattered site program, including increased travel, navigating resources in various neighborhoods, and relationship management with multiple landlords. ***The City should immediately increase the service rate for scattered site contracts to \$17,500 per unit, and explore ways to meet unit targets while preserving older housing stock.***

**NYC 15/15 Acceleration as Preservation**

Of the approximately nearly 450 single-site supportive housing residences in New York City 160 with a total of 10,000 apartments opened before the year 2000 and many of those were only moderate rehabs of much older buildings. Many of these buildings need significant capital investment to continue to provide safe and healthy living environments for their tenants and to meet the City and State's ambitious mandates to reduce carbon emissions from buildings. Service and operating budgets must also be increased to modern standards after decades of stagnation. Some of these older buildings have combined service and operating contracts as low as \$2,400 per unit per year, compared to NYC 15/15 which boasts \$17,500 just for services with additional funding for rental assistance close to the Fair Market Rent (FMR) standard. ***The City should immediately reallocate a portion of the NYC 15/15 capital, services and operating funding to holistically preserve these supportive housing units.***

Preservation of these older single-site residences is critical not just because the City cannot afford to lose a single unit of supportive housing but also because it furthers fair housing goals. Many of the older supportive housing residences are converted hotels in wealthier Manhattan and Brooklyn neighborhoods, where new development is costly and rents are high. Existing supportive housing provides racial and economic integration in these neighborhoods that would be extremely difficult to recreate.

**Complete Reallocation of Un-Awarded NYC 15/15 Scattered Site Units**

Due to the current reality, the Network recommends that the un-awarded units be divided equally among the following models:

- ¼ of the remaining units should be allocated to new development of traditional congregate sites, with nonprofits applying through normal channels via HPD and HRA.
- ¼ of the remaining units should be allocated to traditional scattered sites, with nonprofits applying through normal channels via HRA. The City should increase service rates for these scattered site units to \$17,500 to match congregate service rates.

- ¼ of the remaining units should be allocated for preservation of older congregate residences with little or no service funding. The City should dedicate a flexible preservation fund for services and operating, to pair with capital resources.
- ¼ of the remaining units should be allocated for non-traditional scattered site, with HPD identifying appropriate city-funded affordable housing residences with homeless set-asides (e.g. ELLA + SARA). The City should increase service rates for these scattered site units to \$17,500 to match congregate service rates.

#### Streamline the NYC 15/15 Review and Approval Timeline for Nonprofits

Currently, nonprofits applying for NYC 15/15 services contracts are waiting up to a year before their approvals are in place. For congregate awards, this causes significant delays, as the Department of Housing and Preservation (HPD) requires these approvals before moving forward with capital financing.

***Creating a streamlined application and approval process for nonprofits with contracts in good standing could help cut down the review timeline.*** Importantly, the city should also ensure sufficient staffing in the appropriate departments, and provide any additional resources necessary to streamline the NYC 15/15 application and approval process.

#### Expand the Eligibility for NYC 15/15

Eighty-five percent of NYC 15/15 units are targeted to people experiencing chronic homelessness, which follows HUD's definition<sup>2</sup> of chronic homelessness. HUD defines chronic homeless as an individual living on the street or in shelter for at least 12 months, who also has a disabling condition such as substance dependency or behavioral health condition. HUD's current definition prevent jail or prison stays longer than 90 from being counted toward homeless time, therefore excluding thousands of people with justice involvement from accessing supportive housing. An analysis of city jails' length of stay data conducted by the Corporation for Supportive Housing (CSH) stated that the average jail stay is 222 days, making it likely that most individuals would not qualify as "chronically homeless" once they leave. ***To ensure people with justice involvement have access to permanent, supportive housing, the administration should expand the eligibility of requirements of NYC 15/15 to allow jail or prison stays longer than 90 days to be counted as time homeless.***

#### Improve the Justice Involved Supportive Housing Initiative

The Justice Involved Supportive Housing Initiative (JISH) is a product of former Mayor de Blasio's Taskforce on Behavioral Health and Criminal Justice System. With a \$130 million commitment to reducing the number of people with behavioral health needs cycling through the criminal legal system, JISH was designed for individuals with high jail and shelter usage. Different from our recommendation to expand the definition of "chronic homeless" for individuals leaving long stay in jail or prison, eligibility for JISH does not require chronicity, however does require an individual have at least four shelter stays, four periods of incarceration in one year, and a behavioral health diagnosis.

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<sup>2</sup> "Here's What You Need to Know About HUD's New Chronic Homelessness Definition." National Alliance to End Homelessness website, 16 December 2015, <https://endhomelessness.org/heres-what-you-need-to-know-about-huds-new-chronic-homelessness-definition/>

JISH builds upon the Frequent Users Systems Engagement (FUSE) piloted by CSH and the City approximately 12 years ago. The frequent user cohort is created through a data match between the NYC Departments of Corrections (DOC) and the Department of Homeless Services (DHS), and overseen by the Department of Health and Mental Hygiene (DOHMH). Therefore, referrals from DOCS into supportive housing were supposed to move quickly. However, due to the chronic underfunding, issues with the scattered-site model and other model design problems, JISH units remain unoccupied and a new RFP for JISH 2.0 has had no applicants in the four years since its release.

Several listening sessions with current and potential JISH providers resulted in the following recommendations to improve the initiative:

1. ***Increase JISH service rates to at least \$25,600 to serve high-needs population***
2. Amend "jail stays" to include arrests/contacts with the criminal legal system
3. Prioritize JISH population for vacancies in existing supportive and licensed housing
4. Allow referrals from multiple sources, including:
  - a. MOCJ Reentry Transitional Housing and Hotels<sup>3</sup>
  - b. Mental Health Courts
  - c. Alternative to Incarceration / Supervised Release Programs
  - d. Internal referrals from existing JISH providers

#### #JUSTPAY HUMAN SERVICES WORKERS

We are proud members of the [#JustPay campaign](#), which is a racial equity and gender justice campaign committed to ending the government exploitation of human services workers by demanding employees under contract with the City and State be paid fairly for their labor. Chronic underfunding of our sector has led to a staggering staff vacancy rates within the supportive housing workforce. When our employees, who are predominantly women of color (serving predominantly Black and brown residents) are underpaid communities suffer. To address this crisis, we ask the City to immediately adopt three core reforms:

1. Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts. ***For FY 24, the COLA should be at least 6.5%***
2. Set a living wage floor of no less than \$21 an hour for all City –funded human services workers.
3. Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.

#### Invest in Mobile Treatment Teams (IMT) for Supportive Housing Residents

The City has been contracting with nonprofits to provide supportive housing for more than 30 years. In most cases, these older contracts are underfunded, and rates have not kept up with the service needs of

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<sup>3</sup> MOCJ intends to put 950 transitional units online, and 3 MOCJ hotels are active with about 600 people who are experiencing homelessness

the population. Meanwhile, the State has been steadily disinvesting in community-based mental health housing that provides a higher level of care than supportive housing and includes services like medication management and psychiatric services. Because of the pandemic, the mental health and substance use services that our community needs have only intensified, and underfunded and understaffed supportive housing programs struggle to keep up. ***The administration recently announced a plan to invest in IMT to serve 800 more individuals. The City must expand this program and dedicate teams specifically for residents in supportive housing.***

#### Fully Fund the CCIT-NYC Mental Health Crisis Response Model

We are also proud members of the [Correct Crisis Response Today NYC \(CCIT-NYC\)](#) coalition fighting for a peer-led non-police mental health crises response. The city should fully fund a truly non-police mental health crisis response. The City should allocate \$190 million to fund the model proposed by Correct Crisis Intervention Today – not the current pilot B-HEARD with well-over 80% of responses continue to be handled by police. The CCIT-NYC model is peer-led, operates 24/7, utilizes a number other than 911 like 988, has independent emergency medical technicians, fast response times, is community operate and culturally response, non-of which are represented in B-HEARD.

Thank you again for the opportunity testify regarding these crucial investments into supportive housing and resources for current and future residents. We welcome questions.

Rabbi Bill Plevan

City Council Testimony – Committee on Health

March 21, 2022

Good afternoon, I am Rabbi Bill Plevan, a proud lifelong resident of Manhattan and I am testifying today on behalf of Tirdof: New York Jewish Clergy for Justice, a project of T'ruah: The Rabbinic Call for Human Rights & Jews for Racial & Economic Justice.

With the holiday of Passover just two weeks away, I want to recall the Biblical prophet Elijah. Towards the end of the Passover Seder, it is customary to open our doors to welcome the prophet Elijah into our homes. According to Jewish lore, when Elijah returns it will be time for the Messiah, time for redemption for everyone.

Elijah's story in the Bible also tells us that he suffered from great despair and loneliness as he wandered in the wilderness searching for a safe place. Today, there are many New Yorkers who not only lack adequate housing, but also struggle with mental illness that compounds their harrowing journey as unhoused people in New York. Today I ask you to acknowledge their needs and devote adequate resources to the best programs that will truly help the most vulnerable New Yorkers. I ask you to Invest in mental health services that have proven track records of centering dignity, self-determination, and social connection and helping people living with serious mental illness to recover, such as respite centers, mobile treatment teams, and Community-based Recovery Programs.

The NYPD should also cancel its Mental Health Co-Response **Teams** that are costing the city \$5.7 million dollars without meaningfully providing people in crisis with real public health based alternatives. These co-response teams are an example of NYPD's expansion into social service roles that they should not be in and instead this money should be directed to fill important gaps in mental health services, especially crisis services such as respite centers and street-based teams that focus on people living with serious mental illness.

Thank for your time and service to this city, and thank you for helping all people find redemption and safety by welcoming them home.

Law enforcement officers die by their own hands at a higher rate than they die in the line of duty. We have developed a prevention program peer to peer to address law enforcement suicide – TTMPT, Inc. – Talk To Me Post Tour (P)rocessing. Our mission statement is as follows:

Police officers can be exposed to more traumas in a single tour than most civilians experience in a lifetime. Left unattended, the tension and stress that result from being bombarded by these traumas can have devastating effects. This can lead to difficulties with personal relationships, alcoholism, suicidal thoughts, and unintentional overreactions on the job.

Our program, offering anonymity, confidentiality and security, is a comprehensive plan for early identification and remediation of critical stress in law enforcement personnel specifically designed to eliminate or reduce future instances of adversarial contacts and to restore positive relations among law enforcement officers and the communities they serve.

**TESTIMONY: UJA-FEDERATION OF NEW YORK**

**New York City Council Budget and Oversight Hearings on the Preliminary Budget for Fiscal Year 2024**

**New York City Council Committee on Health  
Honorable Lynn C. Shulman, Chair**

**New York City Council Committee on Mental Health, Disabilities and Addiction  
Honorable Linda Lee, Chair**

**Submitted by:  
Faith Behum, UJA-Federation of New York**

**March 21st, 2023**

Thank you Chairpersons Shulman, Lee and members of the Committees on Health and Mental Health, Disabilities and Addiction for holding this hearing and for the opportunity to submit testimony. My name is Faith Behum and I am a Senior Advocacy and Policy Advisor at UJA-Federation of New York.

Established more than 100 years ago, UJA-Federation of New York is one of the nation's largest local philanthropies. Central to UJA's mission is to care for those in need—identifying and meeting the needs of New Yorkers of all backgrounds and Jews everywhere. UJA has more than 50 thousand engaged donors in the New York area, supports an expansive network of nearly 100 nonprofit organizations serving those that are most vulnerable and in need of programs and services, and allocates over \$150 million each year to strengthen Jewish life, combat poverty and food insecurity, nurture mental health and well-being and respond to crises here and across the globe.

**Invest in a Cost-of-Living Adjustment (COLA) for Nonprofit Human Services Providers**

UJA is a member of the #JustPay campaign, which is dedicated to increasing wages for human services workers. UJA is grateful for the \$60 million investment in the human services workforce the Council included in the FY23 enacted budget. Unfortunately, nonprofits waited six months or longer for guidance on how to appropriately deliver this money to their employees. The \$60 million investment also fell short of the 4% Cost of Living Adjustment (COLA) the Council included in their budget response.

UJA is requesting the Council to include a more substantial investment in the human services workforce in the form of a 6.5% COLA, specifically naming this as a cost-of-living adjustment in the budget. An investment labeled as a COLA in budget documents with a designated percentage will allow nonprofit providers to implement wage changes while waiting for funding from the City--something they were unable to do with the \$60 million investment in FY23. The 6.5% COLA will cost an estimated \$200 million and will assist workers trying to manage rising inflation costs.

In every nonprofit in UJA's network, finding and retaining qualified staff is consistently indicated as one of the main challenges facing organizations. Low salaries make it difficult to attract and retain qualified employees. Nonprofit employees often leave to work in similar positions in government or private industry due to the higher salaries that are offered. The 6.5% COLA would help nonprofits increase wages to be comparable to

what individuals receive in government and private sector positions. Nonprofits cannot continue to have a positive impact on their communities without staff to lead these efforts. **An investment of \$200 million to implement a 6.5% COLA in FY24 must be made to maintain vital human services throughout New York City.**

### **Maintaining Investments in Mental Health Initiatives**

UJA's nonprofit partners receive funding through a number of mental health initiatives including Autism Awareness, Geriatric Mental Health, Court Involved Youth Mental Health, Opioid Prevention and Treatment, Developmental, Psychological and Behavioral Health, Children Under Five and Trauma Recovery Centers. UJA submits the following recommendations that will allow UJA's nonprofit partners to continue to serve these populations through FY 24:

#### **1) Maintain funding at \$3.3 million for the Autism Awareness Initiative**

The Autism Awareness Initiative (AAI) funding allows eight of UJA's nonprofit partners to provide wraparound services to autistic children and youth in afterschool, weekend, and summer programs. It also supports trainings for parents, guardians, and caregivers of children with autism. Most importantly, these supports and trainings are largely offered to individuals with autism and their families who are not eligible for services through the Office of People with Developmental Disabilities (OPWDD). In many cases, this is one of the few supports these individuals, and their families can access in the community.

During the height of the COVID-19 pandemic, when many activities outside of school were cancelled, UJA's nonprofit partners continued to provide virtual or in-person programming to children and youth. The wraparound afterschool and summer programs funded by the AAI, focused on assisting participants to develop intellectually and socially. More importantly, they provided a familiar social outlet for children during an isolating time. Providers worked with the communities they served to understand if individuals were more comfortable with in-person, virtual or a combination of both types of programming and families appreciated the flexibility.

In the past year, programming has transitioned to more in-person opportunities. One of the nonprofits in UJA's network uses AAI funding to oversee a daily afterschool program for children with autism and a pre-employment program for adults with autism. The afterschool program focuses on increasing the social, communication, and adaptive daily living skills of participants. This program also supports the parents of the children who attend by providing daily in-person updates on their children's progress and having longer conversations on a weekly or biweekly basis depending on the family's needs. They also refer parents to other services and help them access OPWDD services if they are eligible. The pre-employment program is a weekly group session for young adults between the ages of 23-35 who are on the Autism Spectrum. It focuses on building participants' strengths helping them to raise their self-esteem and confidence, foster their employment and social skills, and expose them to new potential career paths.

Programs funded through the AAI provide a social and educational outlet for individuals with autism and also support parents and caregivers of these individuals. UJA urges the City Council to maintain funding for the Autism Awareness Initiative at \$3.3 million in FY24.

#### **2) Maintain funding for the Geriatric Mental Health Initiative (GMHI) at \$3,405,540 million in FY 24.**

The GMHI supports organizations to provide individual and group counseling to older adults in non-clinical settings such as senior centers, Naturally Occurring Retirement Communities, and food pantries, while also supporting in-home services for homebound elderly. The GMHI also provides financial support for in-home services such as psychiatric evaluations and counseling, services that are often not covered by insurance companies or reimbursed poorly. By offering these services in a non-clinical setting, providers are able to adapt services to the needs of communities without stigma. Older adults have also benefitted from case



management services funded by the GMHI, helping them to get connected to additional social supports like SNAP.

Programs have remained flexible, switching between providing in-person and/or virtual services, taking into account the health and safety of the communities they serve. Loneliness and social isolation continue to impact older adults. One of the nonprofits in UJA's network provide older adults counseling, case management, referrals to outside services, and support groups. Programs are designed to address older adults' unique needs to prevent medical emergencies, reduce social isolation, increase safety at home, and improve quality of life. Wraparound services allow this provider to address acute needs in the population they serve as well as the root causes of mental health issues. Providers recognize the continued and increased need for these services in their communities. Maintaining funding for this program in FY24 would allow our nonprofit partners to continue to connect older adults with the mental health services they require to live fulfilling lives in the community.

### **3) Maintain funding for the Court Involved Youth Mental Health Initiative at \$3.4 million in FY 24.**

The Court-Involved Youth and Mental Health Initiative is a citywide initiative that assesses risk for mental health concerns and connects court-involved youth with nonprofits. The initiative also provides family counseling and respite services to families of court-involved youth. These services are essential for preventing entry and re-entry into the juvenile justice system. At-risk youth often lack access to mental health services, family counseling, or other supports that will keep them from juvenile detention. This initiative addresses lack of access to these important interventions through best practices in support services and referrals.

JCCA, one of UJA's nonprofit partners, receives funding through the Court-Involved Youth and Mental Health Initiative. The JCCA's "Second Chances" program is for youth between the ages of 12 and 17 who have mental and/or behavioral health needs and do not have health insurance, are court-involved or have behavioral indicators for court involvement. The program provides free mental health/counseling services, educational support and substance abuse referrals, family support services, and advocacy. Second Chances also serves young people who recently migrated to the United States regardless of their immigration status.

Since FY20, JCCA has overseen an eight-week program titled, "Make it Work" using funding from the Court Involved Youth Mental Health Initiative. The program is offered in three cycles per year. It prepares a cohort of twelve to fifteen at-risk youth for career exploration and critical work-readiness skills through projects such as resume-writing, interview prep, job etiquette, and work assignments. Youth also build confidence and belong to a productive peer group. The Make It Work program is so successful, JCCA consistently has a waitlist of young people wanting to participate. A maintained investment in the Court Involved Youth Mental Health Initiative in FY 24 would support agencies like JCCA to continue to provide services and supports to youth who are court involved.

### **4) Maintain funding for Developmental, Psychological and Behavioral Health at \$2,255,493 in FY 24**

This initiative supports a range of programs and services that address the needs of individuals with substance use disorder, developmental disabilities, and/or serious mental illnesses and their families and caregivers. One of UJA's nonprofit partners oversees two programs with the funding they receive through this initiative. One of the programs provides housing and services to ten people with serious mental illness who are transitioning from inpatient psychiatric hospitalization into a less restrictive setting. The second program is at a clinic where adults with mental illness and older adults receive mental health treatments in a group setting. The clinic provides services to approximately 900 individuals annually. A continued investment in this initiative in FY 24 will help prevent higher rates of homelessness and ensure those with serious mental illness avoid hospitalization.

## **5) Maintain funding for Opioid Prevention and Treatment Initiative at \$3,500,000 in FY 24**

Opioid Prevention and Treatment supports neighborhood-based prevention and treatment efforts related to opioid abuse. JCCA receives funding through the Opioid Prevention and Treatment Initiative. JCCA uses this funding for the Keshet Opioid Prevention and Treatment program to target Jewish Orthodox and Bukharian youth between the ages of 14 and 19 in Queens who are at-risk for or engaging in opioid abuse. Youth in this community have experienced high rates of depression. The Orthodox and Bukharian community has seen a spike in marijuana use due to the legalization of marijuana, as youth self-medicate to relieve anxiety, which can become a gateway drug with teenagers. As a result, JCCA is providing youth with preventative measures to teach them about risks of using marijuana substances. The Keshet Opioid Prevention and Treatment program focuses on empowerment to support those who are suffering and prevention for those at risk of developing an opioid addiction.

All participants complete the CRAFFT Screening, a clinical assessment designed to screen for substance-related risks and problems in adolescents, as part of the standard intake process. Additionally, general information through substance abuse awareness nights is offered to all youth in the Keshet afterschool program. Individuals who are identified as at-risk, or currently dealing with substance use related issues will participate in a ten-week program, offered separately to female and male participants, to focus on opioid prevention approaches as well as recovery-oriented tools, resources, and supports to address substance use. In order to maintain social distancing, the program size was reduced from groups of twelve to eight youth that each meet at different days and times. The smaller groups were found to be particularly effective, leading JCCA to maintain the smaller size for participants.

Programs like the Keshet Opioid Prevention and Treatment continue to be needed throughout New York City. In 2021, there were 2,668 overdose deaths in the City compared with 2,103 in 2020.<sup>1</sup> For the fifth year in a row, fentanyl was the most common substance involved in overdose deaths, present in 80% of overdose deaths in 2021.<sup>2</sup> UJA is requesting that the City Council maintain funding for this Initiative in FY 24 at \$3,500,000 to support providers responding to the opioid epidemic in their communities.

## **6) Maintain funding for Trauma Recovery Centers at \$2.4 million in FY 24**

Trauma Recovery Centers was a new mental health initiative in FY 23. Trauma recovery centers were created to provide trauma-informed healing support to survivors of violent crime from underserved communities. The Jewish Community Council of Greater Coney Island (JCCGCI), a nonprofit in UJA's network, was named as the Trauma Recovery Center for Brooklyn. UJA requests that funding for Trauma Recovery Centers be maintained at \$2.4 million in order for JCCGCI to continue to develop this important resource for Brooklyn residents.

## **7) Maintain funding for Children Under Five at \$1.7 million at FY 24**

The Children Under Five Initiative funds community-based outpatient mental health clinics that provide mental health treatment to children aged five years and younger. The Young Men's and Young Women's Hebrew Association of Washington Heights and Inwood (Washington Heights Y), a nonprofit in UJA's network, uses this funding for a part-time mental health practitioner who works with children and staff in their pre-school program. The practitioner observes children in their classrooms and identifies those who need additional supports and services. They work directly with families to develop strategies to address developmental concerns and provides support when children are being evaluated for outside services. Pre-school staff also work with the mental health practitioner to develop classroom modifications that benefit all children in the program. Lastly, the mental health practitioner trains staff on social, emotional, and developmental issues and develops support plans for students when challenges arise. UJA requests that the City Council maintain funding for the Children Under Five Initiative so Washington Heights Y and the other agencies who receive this funding can continue to provide these important services.

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<sup>1</sup> <https://www.nyc.gov/assets/doh/downloads/pdf/epi/databrief133.pdf>

<sup>2</sup> Ibid.

### **Expand School-Based Mental Health Clinics**

With children facing a mental health crisis, it is critical that the City invest now to bolster the existing school-based mental health clinics (SMHCs) and to bring SMHC into 100 new schools. Each SMHC should receive \$75,000 in annual operating support to maintain and expand on-site mental health services for children. SMHCs provide on-site mental health services to children during the school day, including psychiatry, medication management, family peer support, youth advocacy, and counseling. SMHC staff work closely with school staff to identify children in need and coordinate services. SMHCs work to engage the whole family and can serve family members at their community location. SMHCs provide crisis mental health services, ensuring children receive a compassionate response when they are in need and reducing the use of suspensions, detentions and punitive measures. Currently, most funding comes from Medicaid, which does not adequately cover the range of services provided. With this investment, the City can expand the service to one hundred new sites and bolster the services at existing sites, while leveraging Medicaid dollars to maximize the City's resources. **UJA requests the City Council invest \$28.5 million to strengthen and expand school-based mental health clinics throughout the city.**

### **Baseline Funding for the Mental Health Continuum**

For the past two years, the City has allocated \$5 million for an innovative model called the Mental Health Continuum, an integrated system of targeted and intensive supports for students with significant mental health needs. This model includes school partnerships with a number of external partners, including NYC Well, professionals for crisis response, and training for school employees. Through a partnership between the Department of Education, New York City Health + Hospitals, and Department of Health and Mental Hygiene, this model aims to meet the needs of students with significant mental health challenges in fifty schools with the highest rates of NYPD interventions, suspensions, and chronic absenteeism. **To fully implement and sustain the Mental Health Continuum, UJA requests the City baseline \$5 million for the program.**

### **Conclusion**

UJA-Federation of New York respectfully urges your consideration and support of these vital programs that assist New York City's most vulnerable and the organizations that serve them. Thank you for your time and if you have any questions please contact me at behumf@ujafedny.org or 212-836-1338.



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**Testimony of United Neighborhood Houses  
Before the New York City Council**

**FY 2024 Preliminary Budget Hearing:  
Committee on Health  
Council Member Lynn Schulman, Chair  
Committee on Mental Health, Disabilities, & Addiction  
Council Member Linda Lee, Chair**

**Submitted by Tara Klein, Senior Policy Analyst  
March 21, 2023**

Thank you for convening today's Preliminary Budget hearing. United Neighborhood Houses (UNH) is a policy and social change organization representing 46 neighborhood settlement houses, including 40 in New York City, that reach over 765,000 New Yorkers from all walks of life at 770 locations. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers. UNH leads advocacy and partners with our members on a broad range of issues including civic and community engagement, neighborhood affordability, healthy aging, early childhood education, adult literacy, and youth development. We also provide customized professional development and peer learning to build the skills and leadership capabilities of settlement house staff at all levels.

UNH members provide a wide variety of mental health and substance abuse services to their communities, such as Article 31 mental health clinics, Article 32 substance abuse treatment programs, PROS programs, Geriatric Mental Health, and many others. Through these services, settlement houses have established themselves as critical partners in the City's long-term recovery from the COVID-19 pandemic. The pandemic has resulted in enormous new mental health needs, including across-the-board increases in anxiety, depression, isolation, and grief. It is more critical than ever that the City invest in mental health services.

This testimony will focus on several key recommendations for the FY 2024 budget, including:

- Restore all funding for the Council's Mental Health Initiatives at \$25.2 million, and rebrand the Geriatric Mental Health Initiative
- Create a new \$3 million Youth Mental Health Council Initiative
- Invest \$28.5 million to expand school-based mental health clinics
- Support human services workers with a 6.5% cost of living adjustment and considering prevailing wage legislation
- Address the backlog of Comprehensive Background Checks for early childhood and youth programs at DOHMH

### **Restore \$25.2 Million in Funding for Council Mental Health Initiatives**

In FY 2024, UNH recommends the City Council restore funding to all nine of the previously-funded DOHMH Mental Health Council Initiatives, including: Autism Awareness; Children Under Five; Court-Involved Youth Mental Health; Developmental, Psychological, & Behavioral Health; Geriatric Mental Health (GMHI); LGBTQ Youth; Mental Health Services for Vulnerable Populations; Opioid Prevention and Treatment, and last year's new addition of Trauma Recovery Centers – totalling \$25.2 million in funding. Twenty UNH members provide services through City Council Mental Health initiatives.

We greatly appreciate the Council's long-standing support for these programs that bring mental health services to vulnerable populations in their own communities. Year after year, these initiatives provide crucial funding to nonprofit providers to offer mental health services in non-clinical community settings, including community centers, senior centers, and early childhood programs. Despite the fact that the funding must be restored each year by the Council instead of being on more stable multi-year contracts, the funding is flexible and allows providers to best meet their hyper-local needs through creative solutions to distinct mental health challenges. Further, while many mental health programs were baselined by the City as part of the 2015 ThriveNYC initiative, these Council initiatives continue to be important because several of the Thrive programs changed scopes of services and were structured in a way that prevented existing providers from applying. For example, many settlement houses were excluded from applying to serve as host sites for the DFTA Geriatric Mental Health Program (DGMH) due to rigid selection methodology.

After a devastating FY 2021 where many of these initiatives were significantly cut due to the poor economic outlook related to COVID-19, in FY 2022 these initiatives were restored and many were increased above previous levels, allowing new sites to access services and supporting much-needed increases for existing programs. FY23 generally maintained this funding, with some adjustments, while funding a new initiative of Trauma Recovery Centers. The CBOs that were selected to run these trauma centers are still working to get up and running as of March 2023. **It is crucial that the Council at a minimum restore all of this funding in the FY 2024 budget (\$25.2 million total).**

Specific funding levels in FY23 that must be maintained in FY24 include:

|   |   |
|---|---|
| Geriatric Mental Health Initiative                | \$3,405,540 (18 settlement houses receive this funding) |
| Children Under Five                               | \$1,787,000 (2 settlement houses receive this funding)  |
| Autism Awareness                                  | \$3,316,846 (3 settlement houses receive this funding)  |
| Developmental, Psychological, & Behavioral Health | \$2,255,493 (2 settlement houses receive this funding)  |
| Court-Involved Youth Mental Health                | \$3,425,000 (1 settlement house receives this funding)  |
| Mental Health Services for Vulnerable Populations | \$3,933,000 (1 settlement house receives this funding)  |
| Opioid Prevention and Treatment                   | \$3,500,000   |
| LGBTQ Youth Initiative                            | \$1,200,000   |
| Trauma Recovery Centers                           | \$2,400,000   |

### ***Geriatric Mental Health Initiative***

UNH is a long-time supporter of the Geriatric Mental Health Initiative (GMHI). GMHI funds mental health services in community spaces where older adults gather, such as senior centers, NORCs, and food pantries. GMHI increases the capacity of community-based organizations serving older adults to identify mental health needs, provide immediate mental health interventions, and refer clients for further psychiatric treatment when necessary. By placing mental health services in nonclinical settings, GMHI providers are able to improve access to mental health services in the community, and providers can adapt their programs to meet the needs of the community they serve without stigma. GMHI currently supports 35 organizations, 18 which are UNH members.

Even before the COVID-19 pandemic hit, the aging services network expressed an overwhelming demand to expand mental health services for older adults, especially at senior centers and NORCs and in multiple languages. Given patterns of increased demand since the start of the pandemic, we are thrilled that the Council funded a significant expansion to this program in FY22, allowing the program to reach 13 new sites and supporting long-needed increases for existing providers.

While contract registration and payment have been delayed – a systemic problem across human services contracts across the City that must be addressed – providers report very positive results from this new funding. One newer GMHI recipient uses the funding across their aging services programs to screen, identify, and refer seniors to mental health services. A staff member notes: “I was pleased with the amount of data we were able to obtain from the screenings. It has helped us enhance current programming. For example: our Senior Companion Program has added onsite activities for their senior volunteers to have more interaction and engagement with their peers.” Another newer recipient notes that they used the funds to bring on a bilingual worker, and trained case workers across their senior centers to conduct mental health and substance abuse screenings. In their first year in FY22 they screened over 400 older adults. A long-time GMHI recipient used their funding increase to strengthen individual and group mental health programming, and to expand training opportunities for staff and clients. They note that “COVID-19 and the subsequent variants posed challenges in shifting to remote services, however, GMHI was successful in engaging and supporting clients with no service gaps in counseling, groups, or other services.” Given the vast success of this program, we urge the Council to restore full funding to GMHI of \$3,405,540 in FY 2024.

It is important to note that this program is different from the DFTA/NYC Aging Geriatric Mental Health Program, which contracts with 4-6 large borough based providers to send mental health clinicians into 88 Older Adult Centers. Due to frequent confusion between these two similar but distinct programs, we urge the Council to rename GMHI to Older Adults Mental Health Initiative or a similar variation this year. Notably, participation in the DFTA program is bound by space requirements and other State licensing rules, reinforcing the need for this community-based and flexible initiative.

### ***Children Under Five***

The Children Under Five (CU5) initiative provides early childhood mental health services to infants, toddlers and pre-school aged children and their families in community-based settings. The program allows organizations to work with children to develop psychosocial and educational skills, as well as to cope with trauma resulting from witnessing or experiencing domestic violence, sexual abuse, or physical or mental abuse. Using a trauma-informed lens, providers are able to provide screening and clinical evaluation, individual, small group, and child-parent psychotherapy, and consultation to pediatricians, teachers, and child welfare workers. For years, CU5 providers have been testing new interventions and models of providing care, greatly contributing to the City’s understanding of the most appropriate ways to treat this population. Their expertise is essential in both working on complex cases and in putting forth new treatment options. CU5 currently supports 13 organizations, including two UNH members. This program could serve a key role in meeting the mental health needs of recent asylum seekers.

CU5 underwent a large expansion in FY22, increasing the number of providers from 4 to 13 citywide and offering increases to existing providers. UNH members had been requesting such increases for many years. In FY 2024, the program should be restored at \$1,787,000.

### ***Autism Awareness***

The Autism Awareness Initiative supports wraparound services for children with Autism Spectrum Disorder (ASD) at 39 organizations across New York City, including 3 UNH member organizations. Services offered include after-school programs, summer camps, social skill development, and weekend programming, as well as supportive services for families and caregivers of children with ASD. These programs often fill crucial gaps in services, such as extended support beyond State services under the Office of People with Developmental Disabilities Services (OPWDD), weekend and summer programming, and supports for young adults who have aged out of the OPWDD system but still need support around vocational and life-skills coaching. Autism Awareness providers also offer family support and coaching, so that parents of children with ASD have resources to care for their children, and supports for themselves to prevent against caregiver burnout. In FY 2024, we ask the Council to restore Autism Awareness at \$3,316,846.

### ***Developmental, Psychological, & Behavioral Health***

Developmental, Psychological, & Behavioral Health supports a range of programs and services that address the needs of individuals with substance use disorder, developmental disabilities, and/or serious mental illnesses, as well as the needs of their families and caregivers. The funding may support medically supervised outpatient programs, transition management programs, Article 16 clinics, psychological clubs, recreation programs, or other behavioral health services. This initiative reaches 18 organizations including two UNH members. In FY 2024, the Council should restore the Developmental, Psychological, & Behavioral Health initiative to \$2,255,493.

### ***Court-Involved Youth Mental Health***

The Court-Involved Youth initiative supports programs that help identify teenagers with criminal justice involvement who require mental health services. The initiative provides assessments, family services, counseling, and respite services, and connects participating youth and families with additional services. This initiative supports 23 organizations including one UNH member. In FY 2024, the Council should restore the Court-Involved Youth Mental Health initiative at \$3,425,000.

### ***Mental Health Services for Vulnerable Populations***

The Mental Health for Vulnerable Populations initiative supports community-based behavioral health programs that provide a range of programs, services, trainings, and referrals to support vulnerable and marginalized populations, including people who may be HIV-positive, suicidal, schizophrenic, or have developmental disabilities, as well as broader population groups such as children and youth, immigrants, homeless individuals, and at-risk seniors. This program received an increase in FY23, and currently supports 47 organizations including one UNH member, and should be restored at \$3,933,000 in FY24.

### **Create a \$3 Million Youth Mental Health Council Initiative**

During the first few months of the COVID-19 pandemic, 1 in 600 Black children and 1 in 700 Latinx children lost their parent or caregiver to the pandemic in New York State, more than double the rate of white children. More than half of those parent deaths were in the Bronx, Brooklyn, and Queens. Losing a caregiver is associated with a range of negative health effects, including lower self-esteem, a higher risk of suicide, and symptoms of mental illness. According to pediatricians, addressing the impact of family death on young people will “require intentional investment to address individual, community, and structural inequalities.” Beyond grief, the learning loss and isolation has had an extreme impact

on young people. In late 2021, the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA) declared a National State of Emergency in Children's Mental Health; and the Surgeon General followed suit by declaring a Youth Mental Health Crisis.

Given these growing mental health needs among young people, we propose using approximately \$3 million in new Council Initiative funds to create a new Youth Mental Health initiative. This new initiative would provide flexible mental health services for youth programs run by CBOs – such as Beacons, Cornerstones, COMPASS/SONYC, and others—with a focus on out-of-school time. Programs would be able to hire mental health professionals who are trained to engage young people, lead structured group activities, or test other innovative, tailored solutions to youth mental health needs – much in the same way the Geriatric Mental Health Initiative functions for older adults. These funds could also offer supports for youth workers when dealing with mental health crises, or creating proactive programming for mental health wellness. Notably, there was an under-allocation for the new Trauma Recovery Centers initiative in FY23 of about \$450,000, and we urge the Council to invest additional funds to build a substantive initiative of about \$3 million.

### **Invest \$28.5 million in School-Based Mental Health Clinics**

The City currently has 280 school-based mental health clinics, which feature community-based providers who operate satellite sites of their licensed Article 28 or 31 clinics in schools. Providers can offer group and individual therapy, clinical treatment, diagnosis, crisis mental health services, support for teachers, family support, and more. These clinics work to improve overall school wellness. They integrate with broader community-based services to support whole families, and seek to reduce punitive measures for children experiencing mental health challenges.

The City should make a robust, \$28.5 million investment in expanding school-based mental health clinics in the FY 2023 budget. This funding would support the creation of 100 new sites over the next two years (due to the time it takes for city procurement, state licensure, and securing space and staff) costing \$150,000 per program. It would also provide increases of \$75,000 per program to the existing 280 providers. Notably, staff retention at existing school-based clinics is a challenge due in large part to a lack of pay parity between community-based providers and DOE-employed professionals, including school social workers.

While clinics receive funding by billing health insurance, this is insufficient because insurance does not cover school wellness activities like mental health education and training; Medicaid does not cover services to children without a diagnosis; and commercial insurance often does not cover the service at all, or pays a rate that is so low that it covers only half of the cost of service. Further, because school-based clinics can bill insurance, which the DOE largely cannot, an investment in clinics will result in an infusion of state & federal dollars into schools, and ultimately cost the City less than hiring a DOE school social worker.

Mayor Adams expressed support for building more school-based mental health clinics in his March 2023 [Care, Community, Action mental health plan](#), though he does not specify whether these clinics would be run by CBOs or directly by schools or DOHMH. We support the Mayor's intention and urge any investments to be steered toward community based organizations who have a strong record of running these types of programs.

### **Invest in the Human Services Workforce**

While it is crucial to examine mental health needs in our City and the programs that address these needs, we must ensure that the workers providing these services are supported. Low wages for



community based mental health services have contributed to a staffing crisis, and without increased budgets in government contracts to cover wage increases, nonprofits will be unable to recruit and train the next generation of mental health workers, setting future New Yorkers up for significant barriers to accessing services.

More broadly, human service workers as a sector are grossly underpaid. A recent analysis by UNH found that human service workers face similar economic insecurity as the participants in their programs; in our report, [\*The Need to Strengthen the Economic Security of the Settlement House Workforce\*](#), we note that government funding decisions and chronic underinvestment in human services have led to poverty-level wages for essential frontline workers at settlement houses.

Low wages, exacerbated by burnout from the COVID-19 pandemic, have led to chronically low staffing levels at human services organizations. Our settlement house members report more, longer vacancies, higher turnover, and significant challenges recruiting in a competitive labor market. Insufficient staffing has made it increasingly difficult for nonprofits to serve New Yorkers, leading to under-enrollment and program closures – such as the recent announcement of the closure of Sheltering Arms – which then leads to budget reductions and a vicious cycle that harms New Yorkers seeking services.

For years, the human services sector has warned of a staffing crisis citing low wage levels. Over the last two years, the City ignored a COLA request and instead issued a one-time bonus for our workforce that was equivalent to less than 1%, and a “contract enhancement” that led to contract-by-contract increases of between 1.5 and 2.5%. This investment is wholly insufficient to have a meaningful impact on the nonprofit workforce. Even with an annual 5% COLA, for most frontline workers starting at or around minimum wage, five years of raises would still mean an hourly wage of under \$20. Coupled with inflation and the City’s tendency to extend contracts without any cost escalators or budget modifications, this salary problem will only be solved by a significant investment in the workforce.

**Create a Prevailing Wage Schedule for Human Services Workers:**

For these reasons, UNH supports Introduction 510 (Stevens), which would establish prevailing wage schedules for human service workers, require agencies to include sufficient funding to cover those wages in contracts, and track implementation of those wages by human service contractors; and we know that this legislation would need to pass through the budget process to be effective. While prevailing wage schedules are an imperfect tool to address the current conditions faced by human service workers, it is a significant improvement from the status quo. This process to design a true prevailing wage system is arduous and will require careful analysis, but we cannot afford to continue ignoring the need. For years, the government at every level has asked nonprofit partners to do “more with less.” This dynamic has pushed our sector to a real breaking point, and our workforce has suffered the consequences.

**Include a 6.5% COLA for Human Services Workers:**

Given the gravity of the human services staffing crisis, we are also supportive of a 6.5% Cost of Living Adjustment (COLA) for this workforce in FY 2024, in alignment with the JustPay campaign. We also ask the Council to ensure it is included in the budget as a “cost of living adjustment” and not some other named initiative so providers can rely on these funds being stable and recurring.

## **Address the Backlog of Comprehensive Background Checks for Early Childhood Education and Youth Programs**

Since September 25th, 2019, New York State Office of Children and Family Services (OCFS) has required NYC DOHMH to perform new extensive background checks for staff and volunteers in after-school and early childhood education that are listed below:

- A NYS criminal history record check with the Division of Criminal Justice Services; (new)
- A national criminal record check with the Federal Bureau of Investigation; (new)
- A search of the NYS sex offender registry; (new)
- A database check of the NYS Statewide Central Register of Child Abuse and Maltreatment (SCR) in accordance with 424-1 of the Social Services Law;
- A search of the national sex offender registry using the National Crime and Information Center  
\*\*\*Required at a later time (new)

If the individual being cleared has lived outside of New York State in the last five years, they will also have to undergo background checks in every other State where they have lived. This includes:

- Each state(s) criminal history repository; (new)
- Each state's sex offender registry or repository; (new)
- Each state's child abuse or neglect registry. (new)

Providers and advocates strongly support rigorous background checks for all staff and volunteers, and we rely on our partners in government to process background checks quickly and efficiently so that programs can operate.

However, DOHMH has not been able to complete the background checks in a timely manner and many prospective staff members in after-school and early childhood education programs are unable to work due to pending clearances. In February 2020, the backlog led New York State Office of Children and Family Services to provide some relief through a temporary rule change that allows staff members to work provisionally if they have been cleared through the State Central Register of Child Abuse and Maltreatment (SCR) and if they are supervised for 100% of the time that they are in contact with children by a staff member who has been cleared.

While this measure has helped tremendously, it is not an ideal way to operate a program. It is difficult to ensure full program coverage if a staff member with a pending clearance must constantly work with a cleared staff member. Furthermore, delays have been so bad that some organizations have had to close classrooms or programs because of a lack of cleared staff. This also leads to retention issues; staff who must wait for months for a clearance will often find other work where they can start right away. All of this negatively impacts the children and youth who attend early childhood and afterschool programs throughout the City, as well as their parents who cannot rely on steady childcare as they try to work.

DOHMH has messaged to providers that they are in the process of clearing the backlog of background checks, and as part of that process, have asked providers to send their pending background checks to a new email address. Unfortunately, CBOs are now reporting that there is a new backlog with that process. Providers are also still held accountable for not having sufficient numbers of cleared staff through regular DOHMH inspections, which leads to fines and other punitive measures for CBOs over background check backlogs not within their control. DOHMH is authorized to hire 40 new employees and is also working on automating the background check system, including through a recently launched pilot with select early childhood providers. However, DOHMH has not communicated a concrete timeline to providers for when the new system will be online, and this process must be expedited. All of this negatively impacts the children and youth who attend early childhood education

and after-school programs throughout the City as well as their parents who cannot work if they do not have access to reliable, steady childcare.

Early childhood and youth programs must have pre-cleared staff who can start working in programs quickly to ensure a continuity of care. The City must clear the backlog of staff awaiting clearances and work quickly to develop processes to quickly clear prospective staff members. Having additional staff and resources at DOHMH to process these clearances quickly would help address the backlog issues.

Thank you. To follow up, please contact me at [tklein@unhny.org](mailto:tklein@unhny.org).

<sup>2</sup> Care, Community, Action: A Mental Health Plan for NYC. March 2023.

and its possibilities. I'd also like to elevate what could make this plan even stronger.

The plan mentions expanding school-based clinics, but fails to mention Medicaid's flexible, preventative Children and Family Treatment and Support Services (CFTSS).<sup>3</sup> To overlook this program would be a tragic, missed opportunity. CFTSS provides multi-tiered, wraparound mental health services to youth and families where they are. Many community-based organizations (CBOs) across the city are already designated and providing these services. While the satellite clinic model in schools certainly needs revamping and expansion, CFTSS is a promising model we've seen success with; we've recently established an innovative, district-wide partnership with school District 1 thanks to supplemental funding through Trinity Church Wall Street.<sup>4</sup> Moreover, we've seen an increase in referrals for family therapy at home, classroom push-ins, and peer services which are components that clinics haven't historically offered. Leveraging CFTSS could be a game-changer for amplifying the current conditions of services offered by partnering CBOs providing CFTSS with city agencies such as the DOE and DYCD.

Secondly, every day I grow more concerned about our workforce crisis and the conditions our workforce operates within. For example, we've strategically embedded mental health staff within after-school programs. Recently, a participant turned to one of our staff in the minutes after a suicide attempt because she knew our staff could help. Our staff took this teenager to the ER where she wasn't admitted. It was only after her second ER visit for suicidality, one week later, that she was admitted. While I'm thankful we're onsite in community locations, there are many preventative mental health programs like ours that are being forced to operate like crisis or case management programs due to the acute needs of our communities. This is not sustainable.

I am concerned about the increase of youth in crisis who don't have that go-to person. I worry about wait lists and asylum-seekers who can't find a Spanish speaking social worker. And I'm concerned about constantly feeling like I must choose between sacrificing our bottom line or perpetuating cycles of burnout.

To sustain our mental health workforce the city must:

- Provide an 8.5% Cost of Living Adjustment (COLA) and at a minimum fund a 6.5% COLA. In 2021, the National Association of Social Workers Code of Ethics was revised to include the statement that "social workers should take measures to care for themselves professionally and personally."<sup>5</sup> How can social workers engage in the self-care required to be effective if they are struggling to meet their basic needs? It's critical that the city fosters and supports an environment of care for our essential workers.
- Increase flexible funding and rates for services.

<sup>3</sup> [Children and Family Treatment and Support Services](#)

<sup>4</sup> [NYC Community School District 1 to offer mental health services to all district families this fall](#). NYNMedia. September 7<sup>th</sup>, 2022.

<sup>5</sup> [Highlighted Revisions to the Code of Ethics](#). NASW. 2021.



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- Find ways to collaborate more efficiently across agencies and organizations in acknowledgment of how we're all inundated. For example, we're often receiving referrals for students who are already seeing a DOE counselor or social worker. These DOE staff are also overwhelmed. Could training or reform in how DOE mental health staff operate enable us all to work together much more efficiently and effectively?
- And lastly, train community members as peers and have them augment our workforce. I join calls from CCIT-NYC<sup>6</sup> to have peers lead the response to mental health crisis calls so that they're handled effectively, without police.<sup>7</sup> According to a recent data brief, B-HEARD teams only responded "to approximately 68% of all calls routed to them."<sup>8</sup> A peer-led approach will reduce harm, build trust, create more jobs for our communities, disrupt ongoing cycles of crises, and strengthen representation.

Thank you for the opportunity to present testimony. If you have further questions, I can be reached at [bdigangi@universitysettlement.org](mailto:bdigangi@universitysettlement.org).

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<sup>6</sup> [Correct Crisis Intervention Today \(CCIT\) NYC.](#)

<sup>7</sup> [Saving Lives, Reducing Trauma: Removing Police from New York City's Mental Health Crisis Response.](#) NYLPI. 2021.

<sup>8</sup> [B-HEARD: Transforming NYC's Response to Mental Health Emergencies](#)

Christine Henson Testimony

New York City Council Committee on Mental Health, Disabilities and Addition

Preliminary Budget Hearing

March 21, 2023

My name is Christine Henson. I am the mother of Andrew Henson, who has autism and limited speech abilities. When he was 16, Andrew was assaulted by the NYPD. Since then, I have been afraid for Andrew's life.

I'm here to call on the City Council to pass a new city budget that cuts the almost 6 million dollars the mayor wants to give to NYPD co-response teams and eliminates the mayor's dangerous involuntary removal directive. On top of this, the city must stop investing in the BHEARD program because it continues to deeply involve the NYPD in mental health response. Instead – money needs to go to programs and services that will truly increase safety and wellness for New Yorkers who struggle with autism, other disabilities, or mental illnesses.

In 2018, I was at a meeting with Andrew's principle. I requested that Andrew get a speech evaluation, which she arranged for us. The school called an ambulance to transport us to BronxCare for the evaluation. Almost two dozen officers come with it.

When we got out of the ambulance, Andrew told me he wanted something to eat. I was going to take him to get food but the EMT grabbed Andrew. Within seconds officers rushed over and piled on top of him.

I saw Andrew's body go limp while five officers held his arms behind his back. They twisted his neck and forced his knees and his face onto a bench. They ignored my screams that he has special needs.

My son needed care that was gentle and voluntary. Instead, he was force against his will and criminalized. He has been mistreated by the NYPD multiple times since and every time he is re-traumatized. This is true for many New Yorkers like Andrew – every time they come into contact with police, they are re-traumatized.

This shows that pairing the NYPD with mental health workers is a bad combination. The purpose of the NYPD is to arrest and criminalize people, not care for them. As long as police are involved, people like my son will never be safe. This is also why BHEARD is not the answer. Under BHEARD almost 80% of mental health calls are still going to the NYPD.

Also – with the mayor's involuntary removal directive, my son and others like him are in even more danger.

We need a budget that expands voluntary services that treat people with dignity, not one that continues to empower the NYPD to brutalize people who are vulnerable and disappear them from the streets.

We need programs in our schools and communities that truly prioritize those who are delicate and in need of assistance. That means passing a budget that removes the NYPD from being involved with people like Andrew and instead funding programs that are led by and for people with the same struggles as my son, especially people from Black, Latinx and other communities of color.

Thank you.



**Testimony for New York City Council Committee on Health (Jointly with the Committee on Mental Health, Disabilities and Addiction)**

**Tuesday, March 21, 2023**

**By Elton Santana, Peer Educator, Health People**

Hello, my name is Elton Santana, and I'm a diabetes self-management educator at Health People. I've been working with our community for almost 5 years, and along with my co-peer leaders and everyone at Health People, we are asking for help from our officials to take action, because we all know the statistics are alarming. And different studies have shown that 10,000 PLWHA deaths alone, occurred, according to a 10 year study, and that those who have been diagnosed with diabetes died at 3 times the rate, but I am one of those people who is HIV positive and who has diabetes, and who has been fortunate enough to be able to learn and show our community that we can reverse our condition. Overall people with HIV/AIDS in different studies had diabetes and whose rates went up to double those of the general population.

I remember when I was at a Zoom meeting with Chris Norwood, and Eric Adams, before he was elected our mayor. He shared how he was dealing with diabetes, and that of his loved ones. And he was able to greatly improve his condition. So, my mayor please take action to make sure our community knows we care and are ready to show people with diabetes what we, the Peer educators have learned, and declare diabetes an emergency.

Thank you.



Good day members of the Health Committee  
my name is Jack La Torre, retired NYPD  
lieutenant and cancer survivor. I am also  
a member of the NYC organization of  
Public Service Retirees (for Benefit  
Preservation).

The last time I gave in-person  
testimony was on January 9<sup>th</sup> of this  
year and I was joined by over 200 fellow  
NYC municipal retirees.

The Committee on Civil Service and  
Labor heard our plea and did not change  
Administrative Code 12-126 and we are very  
thankful for that.

I come before you again today to  
speak out against Aetna's contract  
proposal.

Before I list the reasons for my  
request allow me to state the following:

- 1) Eric Adams, when running for mayor,  
said the Medicare Advantage Plan seemed  
like a "bait and switch." He was right!
- 2) The City of New York could implement a  
Medicare Advantage Plan for new hires  
only as they will know what their  
health coverage will be from day one.  
Those of us who joined city service did  
so with the clear understanding that  
traditional Medicare will be there when  
we retired. Changing horses in mid-  
stream should be a non-starter.

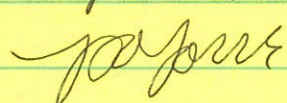
By coincidence, today is my birthday  
and thoughts of needing assisted living  
services are far from my mind but  
not so for many others.



Aetna will not provide the appropriate support for assisted living, home care and skilled nursing without prior authorization, if they do so at all. Who determines what should be authorized? What are Aetna's guidelines?

Stony Brook Hospital in Suffolk County is not in the Aetna network. What other hospitals in the 5 boroughs of NYC and Nassau, Suffolk, Putnam, Rockland, Westchester and Orange counties are also not in the Aetna network?

In May 2013 I was diagnosed with Acute myeloid Leukemia. Thanks to the sacrifice of NYPD Detective James Zadroga, we got the Zadroga Act passed which allowed me to have a successful bone marrow transplant through the WTC Health Program. Would the Medicare Advantage Plan Aetna is bringing before you today have provided anywhere near the level of urgent medical care and psychological comfort as the WTC Health Program?

Signed,  


JACK LA TORRE

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Brooklyn NY 11220

cell: 718 503 4163

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**To:** Members of the NYC Council Health Committee

**From:** Lizette Colón- retired in January 2023 after serving 41 years as a Counselor at Hostos CC/CUNY

**Subject:** Call to R-E-S-P-E-C-T and Honor the City's commitment to the NYC Retirees by protecting our earned healthcare benefits

**Date:** March 21, 2023

As City Council members, you all know why we are here today and what is the quest of all of us NYC retirees: we need you to really, really stand with us and protect our earned rights. We will not accept half answers, second thoughts, sympathy or understanding for the so-called austerity measures in a city that has plenty of money accompanied with the wrong priorities. We demand that you, along with all the other City Council members, finally have the will and the integrity of real public servants safeguarding the well-being and the health of every single one of the residents in your Council districts. Those same residents that elected you. The ones that believed in your promises-especially the elderly. Many of us, who after serving the city so well and who are now in our golden years have to be in the streets, in City Hall, enduring the cold weather, in zoom meetings, attending meeting after meeting, trying to figure out how to combat this surreal nightmare, fighting for something that is ours: promised and earned healthcare benefits. So many of them, who have had to use the last two years of their retirement to organize themselves against these degrading and oppressive proposed measures by our Mayor and the so-called union leaders of the Municipal Labor Council. The great majority of the retirees have done that while dealing with serious illnesses, life threatening conditions and/or taking care of their loved ones. Many of the elected officials have allowed the retirees' well-being to be deeply affected by pretending to have no power; hoping that somehow or somebody else would deal with this nightmare in the name of a big lie: saving money to the city.

Let's say it one more time: Medicare Advantage programs do not save money. Medicare Advantage programs simply provide second class medical services. Medicare Advantage is not the answer. We are old, but not dumb. By imposing the Aetna plan, with the promise of "possibilities", you are telling us loud and clear to go along with Mayor Adams' and the MLC's narrative, which is equivalent to say 'that's the best we can do. Trust us and fall in the trap of no return'. As retirees we are telling you loud and clear: we are not fools and we are not going that route. We want what we deserve: traditional Medicare, which could definitely be improved but should not be replaced by a privatized Medicare program. In plain and simple words, we want to keep the care we have. We do not want your Aetna plan. And more important: we are not giving up.

Shame on Mayor Adams, shame on all the elected officials who are not publicly standing with us, shame on the so-called union leaders who have stayed in the periphery waiting to see what will happen to our seniors, who used to be members of their unions, but now they are disposable for the behind door bargaining deals of NYC cheap and underpaid contracts. Beware: they start with us retirees and eventually will also affect the actives.

NYC Council Health Committee Members: Stand firm with us, NYC Retirees and Municipal Employees, fully protecting our earned healthcare rights. Protect Medicare. We are counting on you.

Lizette Colón  
355 8th Ave. Apt. 17D NY NY 10001

*Mary Brown, Health People Peer Educator, testimony to  
New York City Council, March 21, 2023*

**To the world, Diabetes is an enemy, that if we don't have the financial and support of the community, many people will continue to die from diabetes**

**We are in a diabetes emergency crisis as we speak. That is important for all politicians to not only grasp about diabetes, but what is doing to children and adults**

**It is effecting eye sights, limbs, and feet that is leading to amputations by the millions, world-wide.**

**How much longer is it going to take for you to realize that not only COVID and other strains is taking lives, but in complications with diabetes is worse.**

**Diabetes is the deadliest disease that can be a complication with other deadly underlying illness.**

**We can continue to educate the community and be a helping hand to help people lower their A1C, sugar levels and to healthy eating. But we cannot do this without funding. This is where all politicians should step in. Including our NYC Mayor.**

**WE NEED HELP NOW!!!**

### 3/21/2023 Testimony for NYC Hearing on Aetna Medicare Advantage Contract

My name is Michael Antwerp.

I taught in NYC public schools for 6 years, and then taught and administrated in NY State public schools for 20 more years. I am married to a NYC teacher retiree, and receive my healthcare plan under her.

I'd like to make these 10 summarized points:

1. The City's obligation was determined by NYS Supreme Court and Appellate court, such that retirees should not be paying for their supplemental premium if they chose not to engage in the MAP. In addition, this premium is only 6/10 of one percent of the city operational budget, which is extremely cost effective, yet yields a popular and highly effective benefit.
2. Viable solutions as recommended by the Professional Staff Congress, healthcare economist Barbara Caress, Barbara Bowen, and measures like self insurance, welfare fund consolidation, and placing all union members into the same drug plan to achieve dramatic buying power can save the City at least \$500 million dollars a year. The Aetna Medicare Advantage does not and should not have to be an option at all. Please reach out and have a formalized meeting with Marianne Pizzitola of the NYC Organization of Public Service Retirees, and she and respective parties will show you how this can be achieved.
3. The Aetna Medicare Advantage plan is allowed to deny and delay treatment, which puts elderly patients in harm's way, increases their risks, and has resulted in increased illness and even death. While about 70% of all types of prior authorization will be removed for the first two years, there are still about 30% of other types that will remain in place, which can harm patients. In addition, there is nothing to stop Aetna from restoring some or all of the 70% after the two years pass. This stands to increasingly harm patients, therefore. This is a trademark difference between Medicare Advantage and traditional Medicare. Please don't allow these two unions, the Mayor, and the MLC to subject retirees to this heinous stress and risk! Remember that Advantage plans are out to make money, even if it means putting patients' health at risk.
4. Advantage plans are fraudulently rated. They puff up their star rating system by finding illnesses and conditions that do not clinically exist, such as occasional garden variety depression or headaches. Then, they inflate their rating system when the symptoms lessen or disappear, claiming that their health insurance was a factor. MAPS also do not pay out to doctors in a timely manner. As reported by the federal government, 13% of all MAP claims from doctors have been denied payment from insurance companies. And MAPs are a way to further privatize this federal public common.
5. Retirees took lower paying jobs, and have sacrificed their time, labor, health and in some cases, even their lives. This is a slap in the face to 911 responders, their spouses and partners, and their widows and widowers, who rely on solid healthcare at this point in their lives. An Aetna MAP will not deliver that reliable healthcare.
6. There are tens of thousands of retirees who have small pensions, such as \$35,000, \$25,000, \$15,000 or less a year. For those as such who cannot afford to opt out, It will affect women and retirees of color. There are tens of thousands of retirees who live on a small pension and cannot afford the choice of paying almost \$200 a month plus copays to keep themselves safe in traditional Medicare.

7. NYC should not be partnering with Aetna, which was known, in fact, to have insured slaveholders. See: <https://www.washingtonpost.com/archive/politics/2000/03/09/in-aetnas-past-slave-owner-policies/faa58ed3-51ba-44e6-b59f-c36ae181e093/>
8. What is draconian about this Aetna Medicare Advantage plan is that retirees residing in all but 4 or 5 states will not be able to rejoin traditional Medicare in case they decide to leave the Aetna program and attempt to opt out to buy their own supplemental plan. This is true if a patient develops a pre-existing condition under any Medicare Advantage plan, leaves the plan, and then attempts to buy their own supplemental plan, to which they are subject to physical exam and can be turned down due to that pre-existing condition. In this situation, a patient is permanently trapped in the Medicare Advantage plan for the rest of his/her life, having to risk whether or not Aetna will grant coverage for treatment and do so in a timely manner, per the patient's doctor's decision.
9. The Aetna MAP is not accepted by all service providers, clinics, hospitals, and Centers for Excellence and specialty centers. This restricted network alone harms patients.
10. Aetna is untrustworthy and is under investigation and scrutiny many times over by the federal government and some states. See, just to name a few:

<https://www.healthcaredive.com/news/oig-audit-targets-aetnas-medicare-advantage-plans-as-government-cracks-down/604515/>

<https://www.aao.org/eye-on-advocacy-article/florida-lawmakers-call-cms-aetna-investigation>

<https://www.fiercehealthcare.com/payer/cms-to-sanction-aetna-for-part-d-drug-mishaps>

<https://www.insurancebusinessmag.com/us/news/life-insurance/aetna-under-fire-after-shocking-testimony-by-former-medical-director-91994.aspx>

<https://www.cnn.com/2018/02/11/health/aetna-california-investigation/index.html>

I look to you as one of the last bastions of protection for civil services and retirees, who have acted in none other than good faith, and who are now being deceived and abused by the Mayor, the MLC, Michael Mulgrew, Robert Linn, Renee Campione, Claire Levitt Henry Guarido, and Harry Nespoli.

This should not be the legacy that NYC government leaves for its municipal worker retirees, and your decision will have far reaching consequences for elections and civil servants in this cohort and for generations to come.

I beseech you to do the right thing, and continue to allow retirees to keep their benefits as they are, and without any changes. The retiree healthcare benefits cost the City very little money.

Best,  
Michael Antwerp



**My name is Michele Rayvid. I am a retired educator and a member of the United Federation of Teachers.**

**I worked for the City of New York for nearly 40 years with the understanding that I would be entitled to Traditional Medicare once I retired and turned 65, and that the City would bear the cost of my Medigap plan, less than 20% of my total healthcare costs. Now the City wants to renege on that promise. However, a promise is a promise. Why should more than 200,000 retirees, like myself, be coerced into abandoning our excellent health coverage for a substandard Medicare Advantage Plan, valued at \$7.50 a month, because of a misused Health Insurance Stabilization Fund, that was supposed to be there for medical costs, but was used for purposes other than the healthcare of its workers?**

**Furthermore, we all know about Medicare Advantage. The press has certainly exposed the corruption, the upcoding and the fraud that these private for-profit insurance companies have gotten away with, due to the powerful insurance lobbyists that have strong support in Congress. It is a known fact that Medicare Advantage plans deny care in order to reap profit. Medicare Advantage represents a diminution of my present medical benefits. Furthermore, most of my healthcare providers have stated that they have no intention of accepting any Medicare Advantage plan.**

**It is unconscionable that the City would choose to put a greater priority on union contracts than on the health and well-being of the thousands of vulnerable retirees who spent most of their lives working tirelessly for the City. This is especially unconscionable since the City presently has 8.3 billion dollars in reserves, the highest level in its history, representing 11.2% of the City funded expense budget and it has 4.5 billion dollars in its Retiree Health Benefit Trust fund, which supports healthcare benefit obligations to retirees. Surely, this 4.5 billion dollars can be used to help finance the Municipal Labor Health Insurance Stabilization fund for the next few years.**

**I am calling on you, City Council members, to use your voice and your power to do what is right for your elderly and your disabled constituents. I urge you, City Council members, to stand up and protect those disenfranchised retirees who have no voice. Let your voice speak for them. Do not let the fate of more than 200,000 retirees be decided by two union leaders and a Mayor who all refuse to explore any other cost savings options.**

**A promise is a promise. Do the right thing.**

**Thank you.**

OPEN STATEMENT ON MENTAL HEALTH, DISABILITIES  
AND ADDICTION MATTERS AFFECTING THE EAST HARLEM TRIANGLE  
COMMUNITY

WE ARE THE RESIDENTS LIVING IN THE EAST HARLEM TRIANGLE COMMUNITY.

SOME OF US HAVE LIVED HERE SINCE THE OPENING OF 1775, AK HOUSE, JACKIE ROBINSON DEVELOPMENT IN 1980, AND MORE CURRENT PROPERTIES BUILT SUCH TWEEMILL HOUSE AND ALICE KORNEGAY SENIOR HOUSING DEVELOPMENT SINCE THE 1990'S. THE POPULATION ESTIMATE 6,768 +, NOT "COUNTING WORKERS WHO TRAVEL TO AND FROM OUR COMMUNITY. I SAY THIS BECAUSE YOU NEED TO ENVISION AND EXPERIENCE THE HARDSHIPS AND EXPOSURE EVERY DAY TO THE ILLS THAT COME WITH MENTALLY ILL, HOMELESS, ADULT ADDICTS WHO CRAVE THIS LIFESTYLE. THEY WON'T CHANGE, THEY ARE COMFORTABLE IN THEIR WAYS AS LONG AS OUR CITY AND STATE OFFICIALS

PROVIDE FUNDING AND CHARITABLE ORGANIZATIONS WHO CONTRIBUTE SIZABLE DONATIONS FOR TAX EXEMPT REASONS DON'T CARE AND HAVE NO CLUE WHAT WE GO THROUGH EVERY SINGLE DAY...CHILDREN, FAMILIES AND WORKERS. YOU WANT A SOLUTION, REDUCE OR RID OUR NEIGHBORHOOD OF DRUG/ METH PROGRAMS. SEND THE NEEDLE EXCHANGE PROGRAM BACK TO THE BRONX WHERE THEY ORIGINALLY CAME FROM. WHY ARE WE A DUMPING GROUND FOR ALL THESE ILLS! WE ARE OVER SATURATED, THE CITY/STATE OF NEW YORK DID THIS TO US; THEY APPROVED FUNDING TO NYS OASIS, NYS DEPT.OF HEALTH. SAME AGENCIES WITH THE CITY OF NEW YORK. WE COULDN'T GET MAYOR ERIC ADAMS TO WALK OUR STREETS OR MEET WITH THOSE WHO LIVE HERE, BUT HE MANAGED TO VISIT THE FREE NEEDLES PROGRAM DIRECTLY ACROSS FROM 1775 HOUSES WHERE 10 PEOPLE WERE SHOT/KILLED, HOME INVASIONS, SEVERAL RAPES, NUMEROUS ROBBERIES, UPS, FEDEX,UPS,FEDEX, AMAZON DELIVERY PEOPLE ROBBED AND BEATEN, DRUGDEALERS SHOOTING AT EACH FOR TERRITORIAL RIGHTS IN OUR NEIGHBORHOODS. WE CAN'T GET THIS MAYOR TO MEET WITH US. THE OUR ELECTED OFFICIALS SIMPLY IGNORE US AND THESE PROBLEMS. CRIME IS OUT OF CONTROL AND THE VERY PEOPLE YOU TALK ABOUT - MENTAL ILL, DISABLED AND DRUG ADDICTS CONTRIBUTE TO THESE PROBLEMS.

OUR AGENCIES PROVIDING SERVICES ARE: ADDIE MAE COLLINS DAYCARE, ABC SOCIAL SERVICES, EAST END SNAP CTR., MARIE DICKSON & WILLIE MAE GOODWIN ADULT DISABILITY RESIDENCE, THE FISHER SCHOOL AND ALICE KORNEGAY PARK, P.S.30/31, BOYS & GIRLS CHOIR OF HARLEM AND MANY OTHER CBO'S IN THE IMMEDIATE AREAS. OUR PROXIMITY FROM 124 ST-131 STREET THIRD AVENUE TO PARK AVENUE. RESIDENTS / WORKERS WALK OUR STREETS WITH THESE FEARS EVERYDAY.

WHAT TO DO: CALL ON OUR ELECTED OFFICIALS (IF THEY GIVE A DAMN) TO ENFORCE OUR RIGHTS TO SAFETY. GET VOLUNTEERS OF AMERICA (VOA) EXODUS HOUSE, ALL METHODONE PROGRAMS, HOMELESS SHELTERS IN OUR AREAS WHO ARE OBLIGATED TO PROVIDE GREATER MONITORING OF THEIR CLIENTS, ENFORCE CURFEWS AND IF THEY DON'T DO THEIR JOBS, GET RID IF THESE PROGRAMS.

THESE PROGRAMS AREN'T JUST ABOUT GETTING A PAYCHECK, ITS ABOUT DOING THE JOB; BEING CREATIVE, INSIGHTFUL, PROGRESSIVE, VISIONARIES FOR MAKING NECESSARY CHANGES TO IMPROVE THE QUALITY-OF-LIFE SERVICES FOR ALL.

START BY REDUCING DRUG PROGRAMS IN EAST HARLEM, EXPAND POLICE PRESENCE EVERYWHERE IN EAST HARLEM BECAUSE WE ARE ON FIRE. SAVE OUR YOUTH/FAMILIES BY OPENING NEW RECREATION CENTERS, SPORTS CENTERS, AFTER-SCHOOL PROGRAMS. WATCH THE IMPROVEMENT IN OUR COMMUNITY WHEN YOU ELIMINATE THE NEGATIVES FOR THE POSITIVES. WE HAVE THE RESOURCES; OUR LIVES ARE VALUABLE. YOU SEND BILLIONS OVERSEAS BUT YOU GIVE US NICKLES TO SURVIVE ON. THANK YOU FOR LENDING AN EAR.

DERRICK TAITT,PRESIDENT  
COMMUNITY ASSOCIATION OF THE EAST HARLEM TRIANGLE

-Miriam Lopez

## Office of Labor Relations Hearing on the Aetna Contract

Tuesday, March 21, 2023 10:00am

Contact info: Rockledge Avenue, Ossining, New York 10562, [co.rachelx@gmail.com](mailto:co.rachelx@gmail.com)

My name is Rachel Cohn and I have been retired since 2013. I worked for the City of New York for 34 years. I, along with so many others, strongly oppose the City of New York and the Municipal Labor Committee's decision to involuntarily transfer retirees and their dependents from Traditional Medicare and Medigap insurance plans to Aetna Insurance Company's for-profit and inferior Medicare Advantage plan. This amoral and reprehensible change will result in a catastrophic diminishment of the healthcare coverage that the NYC municipal retirees currently receive, despite the repeated and misleading tales of the heads of the UFT and DC37, Claire Levitt and Renee Campion.

In October 2018 I inadvertently learned about the plan to switch retirees to a Medicare Advantage plan. I called the UFT retiree health benefits division and Joe Wohl, now a retired executive of the UFT, returned my call. Mr. Wohl said that he is on the OLR committee. He stated that there will absolutely not be a Medicare Advantage plan or any changes to health care other than requiring new hires to go on HIP for 365 days and some medical procedures would become ambulatory. The UFT on payroll union representatives have misrepresented the facts about the Aetna CONY Plan just as they did for the previous plan. The lying had already begun as early as October 2018, when Joe Wohl did not answer my questions honestly. The UFT Retired Teacher facebook page administrator, Susan Pulice, consistently removes posts or comments that pose anything contrary to the official Michael Mulgrew line. Why has the UFT position demand that the truth be hidden about the Medicare Advantage plan?

I object to the Mayor wanting to make budget cuts on the backs of the elderly. I object to the MLC wanting to make save money on the backs of the elderly. As former employees, we do not have the power to sit at the table with unions and negotiate our fate. Retirees in their 60s, 70s, 80s, 90s and beyond should not be forced into a for profit Medicare Advantage Plan that exists solely to make money for the insurance company.

We worked, often without a contract, to make settlements, even keeping NYC from bankruptcy in the 1970's. We should be accorded the dignity and respect that previous union leaders and administrations sought to provide to those who gave decades of their lives to make NYC function.

The Aetna contract provides the option to offer NYC municipal Medicare eligible retirees a Medigap/ Traditional Medicare Supplemental plan at no cost to retirees. This option is one of three outlined and priced in the Aetna agreement. Do not break with more than half a century of commitment to free, publicly funded municipal retiree health insurance. I ask that you rethink your rush to profit driven privatized health insurance on the backs of the municipal retirees.

Respect the most vulnerable, the elderly, who have been given no say in the matter, by continuing to provide the free Traditional Medicare based coverage that we worked for, paid into, and were promised by people with integrity and ethics.

**Testimony for New York City Council Committee on Health (Jointly with the Committee on Mental Health, Disabilities and Addiction)**

**Tuesday, March 21, 2023**

**By Sandra Marin, Peer Educator, Health People**

Hello. Thank you, Council Members. My name is Sandra Marin. I'm a Lifestyle Coach at Health People. I'm a grandmother in the South Bronx raising four grandchildren. I've lived in the South Bronx my whole life.

I've seen what diabetes has done---how it's made so many people sick. For me, I was lucky. I had pre-diabetes but I weighed more than 250 pounds. I didn't know what to do so I tried to put that out of mind.

But one day, I was outside a community center and some ladies from Health People came up to me and asked me if I wanted to go in some classes which would help me pull back from diabetes and lose some weight. I didn't really believe them but I thought I'd give it a try. It's called the National Diabetes Prevention Program. I lost more than 100 pounds myself and I really learned how to have better food for my family and grandkids so they wouldn't have the problems I did.

But most important, when I contracted Covid, I had already lost all that weight. That helped me. I know in the South Bronx around me it was overweight people---grandparents---who never had a chance when they got Covid. Hundreds of them left behind grandkids who needed them.

I have also taught other people the Prevention Course---but what really hurts me is that we can't get funding to do this all the time---even though all the big public health people know this prevention course works. People stop me on the street all the time and say---when are the next classes? I want to go---and I have to say I don't know. That really hurts me.

I really pray the Council will help---and fund the Diabetes Neglect Must Stop Initiative---so that all over the city, we can have the education and classes that people need so much.

Thank you.

CC health budget hearing for Health Committee:

My name is Sarah Shapiro. I worked for NYC for 27 years as a teacher. I retired in July 2021 and I am now a member of the Cross-union Retirees Organizing Committee.

Some of us have been on the streets, meeting City Council members, writing emails, educating City Council members about what public Medicare is and how Medicare Advantage plans do not mirror it. We are tired but we will not give up. Our decades of service to this city matter. And we will not settle for subpar health benefits with prior authorizations, a limited network of providers, delays and denials of necessary medical treatments.

The Federal Center for Medicare Services dropped Aetna's rating from 4.5 to 3.5 for 2023. Why? CVS Health, owner of Aetna, also admitted that they were being investigated for fraud by the Justice Department. Aetna CEO, Mark Bertolini, was compensated \$27.9 million in one year! And to top it off, Karen Lynch, CVS/Aetna President was paid a \$7 million salary, and took in a total compensation of \$20.38 million in 2021. Why would anyone choose Aetna, one of the earliest insurance companies that made profits off the slave trade? We may be old, but we're not stupid. We reject this subpar criminal enterprise. We deserve better!

The City is now saying they will only offer us Medicare Advantage or we will have no health benefits. Is this the way you treat your retirees? This means that we will lose our premium-free Medigap plan (Senior Care which picks up the 20% that Medicare does not cover), our Medicare reimbursement, our Medicare Pt D drug coverage and insurance coverage for our dependents.

If we want to keep our quality healthcare, we will have to pay thousands of dollars a year to pay for these coverage plans on our own. Do you know how that makes us feel? Some are in cancer treatment right now and wondering how they are going to pay for this. Some are in long term facilities for Alzheimers or dementia that only accept Medicare. What are they supposed to do?

All the while, the City is proceeding with their plan to dump us into a Medicare Advantage plan. You heard us at the last hearing. Some of us sat there for 10 hours waiting to testify. You heard about the PSC proposal to explore long term solutions to help defray rising healthcare costs. What has the council done with that information? Where is the commission to explore this?

Just yesterday I heard that there is an Option C in the Aetna Contract which allows for the City to offer retirees a premium-free Medicare supplement plan. Why weren't we

ever told about that? Did you know that? If it's in the Aetna contract then the City can still give us our Medicare Pt B supplement. Will you look at the Aetna contract and check into this? Why is the City and the MLC hiding this fact?

Now we have legislation in the City Council initiated by Council member Amanda Farias. Are you supporting her? Are you pushing to make sure this bill is moving forward? If you haven't, I would urge you to contact her and offer your help. Make sure this bill is not being bottlenecked or stalled by those in the City Council who are more beholden to their contributors than the voters.

My last message to you is we retirees vote in large numbers. We are paying attention. We pledge to support those of you in your reelection campaigns who are standing with us to preserve our healthcare. For those of you who are more interested in your careers and your big contributors, we pledge to do everything in our power to ensure that you are not reelected to office. We voters don't need elected officials who do not listen to the People. That is our promise to you. Will you make a promise to us that you will fight against the City's plan to switch us into a privatized Medicare disadvantage plan? I hope so.

Sarah Shapiro  
Cross-union Retirees Organizing Committee  
sarahmorah@gmail.com

Testimony of Sue Ellen Dodell before the Health Committee on March 21, 2023:

My name is Sue Ellen Dodell, I am a lawyer, and have worked for the City since 1979, as an Assistant Corporation Counsel, the Deputy General Counsel to three Comptrollers, and General Counsel to the Campaign Finance Board. When I worked for the Comptroller's Office, I sat on the City's pension boards and represented the Comptroller on the Franchise and Concession Review Committee. Since my retirement from the Campaign Finance Board in 2017, I have worked as a per diem hearing officer for the Office of Administrative Trials and Hearings.

I am concerned about the effect on the City's budget of the contract that the City is about to enter into with Aetna for a Medicare Advantage Plan for City retirees. The plan is inferior to traditional Medicare because it reduces retirees' access to necessary medical care and will have grave consequences for the Health Department's budget.

City retirees will be forced to delay necessary care, resulting in an increased reliance on urgent care facilities, emergency rooms, and Medicaid. As you conduct today's budget hearing and think about the effect of the Aetna plan on City residents' health, consider that even doctors who are "in network" with Aetna do not have to remain in the Aetna plan, and their withdrawal from the plan will virtually ensure that public Health Department clinics and hospitals in New York City will be forced to serve these patients. This increased demand on City-run clinics and hospitals will greatly impact the City's budget.

Further, because the care received by City retirees in the Aetna plan will be inferior to traditional Medicare, it will result in increased costs to the City when retirees and others covered in the Aetna plan will need to seek treatment at City Health Department clinics and H & H hospitals.

I urge you to support the legislation sponsored by Council Member Farias, which would continue to provide retirees with a robust Medigap plan.

Thank you.



Good afternoon, Council Members

My name is Victor Herrera. I am a leader and a member with Freedom Agenda and the Treatment Not Jail coalition and several advocacy organizations but most importantly I am a directly impacted constituent with trauma-based health issues. I am here today to advocate for more community-based services and resources for mental health. I have been advocating for the impacted community since my own experience with structural oppressive institutions, namely incarceration and shelters that exacerbate mental illness concerns targeted communities.

I'm here to call on this City Council to pass Res 0156-2022, a resolution calling on the New York State Legislature to pass, and the Governor to sign the Treatment Not Jail Act (S.1976A – Ramos /A.1263A - Forrest), which would amend the law that establishes drug diversion courts to allow individuals with mental health issues to get access to the treatment they need, as well. This bill would shift the presumption from incarceration to community support and stop the revolving door of criminalization, incarceration destabilization, and inevitably, rearrest. This legislation is good for everyone. Those who suffer from underlying mental health and substance use issues will finally get the services they need to get better and get back on their feet. Communities will be safer – studies show treatment courts like the ones we are proposing cut rearrest rates in half (whereas jail increases the rates of recidivism). Judges will have more discretion to look at each case on a case-by-case basis to determine what is best – not just for the individual who stands before them, but also what is in the best interest of the public. Even the DAs will benefit – this will reduce their caseloads and ease their discovery obligations.

Our city already has mental health courts, but they are critically underfunded and institutionally impossible to get into. In 2021 in Manhattan, 33,140 adult New Yorkers were arrested. Only 21 – 21! – of all these individuals were allowed into the Manhattan Mental Health Court. Meanwhile, 52% of the population at Rikers is flagged for mental health (not that they get any mental health attention in that pit of suffering, neglect, and violence). And last week, the NYC Comptroller Brad Lander released new data on the demographic trends at Rikers which showed that the portion of the population suffering from what is termed “serious mental illness” has skyrocketed in recent years and now constitutes 20% of the population. That is about 1,500 individuals with serious mental health needs who are being tortured and abused in a human rights abyss, rather than getting the treatment they desperately need.

The Treatment Not Jail Act would allow these individuals to petition the court on a case-by-case basis to consider admission into treatment courts, these structured, highly effective methods of off-ramping people from the criminal legal system and safely connecting them to the services they need.

And NYC has excellent services. We have innovative programs that work and create more safety than sending people to Rikers ever could, we just have to fund them to scale. I have been able to participate for 7 plus years in Intensive Mobile Treatment provided by the Center for Urban Community Services IMT. The cost to provide this community-based treatment is almost nothing compared to half a million dollars per year to keep someone at Rikers.

We are counting on the City Council to use every ounce of your power to push for a budget that finally responds to the needs of our communities and pass **Res 0156-2022**, which would signal to the NYS legislature the urgency of passing statewide legislation to expand access to treatment courts for those with mental health issues through the Treatment Not Jail Act. I know that if the funds are not provided for what my community needs, it is not because there was not enough money, but because elected officials put a law enforcement union ahead of people in need.

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FY24

Preliminary Budget  
Hearing – Health  
Committee Jointly with  
Mental Health, Disabilities  
& Addiction Committee

**Honorable Lynn Schulman  
and Honorable Linda Lee,  
Chairs**

*Submitted by Rachael Gazdick, CEO*

Thank you Chairs Schulman and Lee and Members of the Committee for the Council's long standing support of **New York Edge (NYE)**.

I am here today to ask that you continue that support by prioritizing our FY 24 citywide funding requests. This year we are seeking, for the first time, **\$250,000** under the Council's ***Social & Emotional Supports for Students*** Initiative.

We are also seeking \$1.2M under the Council's ***After-School Enrichment*** Initiative, an increase of approximately \$200,000 over our FY 23 allocation. **This would be our first enhancement in 15 years.**

New York Edge was created 30 plus years ago at the suggestion of the New York City Council to provide free wrap-around summer camps for youngsters attending summer school. At that time such camps, which provided sports and arts activities as well as academic help, did not exist. With the Council as its partner, New York Edge was at the forefront of the movement to provide free summer camp programming to our city's youth.

**From these beginnings, we have grown into the largest provider of after-school and summer programming in New York City, serving 30,000 youth in over 100 schools throughout the five boroughs. Core components of our programming include:**

- **STEM Education**
- **Social Emotional Learning and Leadership**
- **Visual & Performing Arts**
- **Sports, Health & Wellness**
- **Academics and College & Career Readiness**
- **Summer Programs**

SEL is integrated into every element of what we do. Our model for aiding social emotional learning includes robust academic and personal wellness support, and trauma-informed strategies. We blend the critical elements that support an appreciation of cultural diversity with the core SEL competencies of self-awareness, self-

management, relationship skills, social awareness, social capital and decision-making into all academic curriculum and extracurricular activities. **We are, as identified by Mosaic by ACT, the largest after-school provider in the nation offering SEL supports.**

Through its partnership and support, the Council is helping young New Yorkers discover their interests, their passions, and their joys, building pathways to careers and trades that will provide financial security throughout their lives – and in the process creating connections to each other, to teachers, mentors, and their communities. **Together, we are creating New York City’s next generation of doctors, mechanics, chefs, writers, engineers, entrepreneurs and SO MUCH MORE.**

My team and I are proud to serve New York City’s K-12 students of all ages, races, ethnicities and socioeconomic backgrounds. The student population served by New York Edge is **90% or more African American or Hispanic**, with an approximately equal number of males and females. **More than 85% come from low-income households eligible for Title 1 free or reduced-price lunches.** Our offerings are culturally relevant programs, tailored to students’ needs and interests, and rooted in social-emotional learning.

NYE programs are making a world of difference in the lives of thousands of young people across the city and our impact is felt among Principals, Parents and Students:

#### **Among Principals**

- More than **90%** say that New York Edge effectively supplements their schools with skill-based enrichment activities;
- Nearly **95%** say that New York Edge successfully maintains a safe and orderly school environment;
- **100%** would recommend New York Edge to other schools.

#### **Among Parents**

- Nearly **100%** say that their children enjoy the programs and are very interested in the activities;

- **96%** say their children have learned about managing emotions and making responsible choices from New York Edge;
- **98%** see New York Edge as contributing to their children's learning;
- **99%** would recommend New York Edge to another parent.

#### **Among Students**

- **94%** enjoy New York Edge's programs;
- **84%** believe that New York Edge has helped them do better in school.

**Council citywide funding under the After School Enrichment Initiative enables us to enrich and expand our school year and summer programming throughout the city and has allowed us to develop and implement unique and engaging programs such as our student led podcast, *FORMATIVE*, our Student Book Publishing Initiative and our *Heart for Art* program (a partnership with the Van Gogh Museum in Amsterdam), designed to inspire children in communities with limited access to cultural education with the art and life story of Vincent van Gogh.** Our programs run before or after the school day, year-round (including Saturdays, over the summer, and holiday periods).

Funding under the ***Social & Emotional Supports for Students*** Initiative will enable us to support our current SEL programming providing high quality, evidence-based social and emotional learning assessments, curriculum and resources to all of our partner schools, the students we serve and their families.

New York Edge, its students, and families are extraordinarily grateful for the past 30 plus years of support from the New York City Council. We are now looking to you to meet the needs of the next generation of young people by supporting our FY 24 citywide funding requests. **These funds will enable us to keep providing youth throughout the city with the edge they need to succeed!**

Thank you.

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
☐ in favor ☐ in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: William Plevay  
Address: West End Ave NY, NY

I represent: Tirdot

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
☐ in favor ☐ in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Sandra Marin  
Address: St Ann's Ave

I represent: Health People

Address: 552 Southern Blvd Brk, NY 10455

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_  
☐ in favor ☐ in opposition

Date: 3/9/23

**(PLEASE PRINT)**

Name: Rosa Carmiento  
Address: 22-03 1st Ave 2nd floor NYC

I represent: Adena/Queens Shalom-Careless, Inc

Address: SAME

**Please complete this card and return to the Sergeant-at-Arms**



**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/2023

(PLEASE PRINT)

Name: Anna Gril

Address: 45-02 Ditmars Blvd Ste 1106, Astoria 11105

I represent: Astoria/Queens SHAREing, CAREing

Address: DBA, SHAREing, CAREing

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. BUDGET Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/2023

(PLEASE PRINT)

Name: MARCOS STAFNE

Address: \_\_\_\_\_

I represent: GALLOP NYC

Address: 88-03 70<sup>th</sup> ROAD, FOREST HILLS NY 11375

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/23

(PLEASE PRINT)

Name: SCOTT DALY

Address: NYJTL

I represent: NEW YORK JR. TENNIS & LEARNING

Address: \_\_\_\_\_



**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Miritha Sorbino

Address: General Council

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Dr. Robert Weinert

Address: Assistant Commissioner and

Deputy Chief of Staff

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Dr. Jason Graham

Address: Chief Medical Examiner

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Yvonne Williams

Address: Executive ACCO

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/23

**(PLEASE PRINT)**

Name: Elton Santana

Address: Howard Ave

I represent: Health People

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/23

**(PLEASE PRINT)**

Name: Alice Bulkin

Address: 14 Wall St NY 10004

I represent: Citizens' Committee for Children

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms



**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: MARINDA VAN DALEN

Address: 151 W. 30 ST

I represent: NEW YORK LAWYERS FOR

Address: THE PUBLIC INTEREST

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Karina Albistegui Adler

Address: \_\_\_\_\_

I represent: New York Lawyers for the Public Interest

Address: 151 W. 31<sup>st</sup> St, NY 10001

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/2023

(PLEASE PRINT)

Name: Arvind Sooknanam

Address: Kingsland Avenue, Bronx

I represent: Fountain House

Address: 425 W 97<sup>th</sup> Street, New York

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/23

(PLEASE PRINT)

Name: Jody Rudin

Address: \_\_\_\_\_

I represent: Institute for Community Living (ICL)

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 03-21-23

(PLEASE PRINT)

Name: JACK LATORRE

Address: Bergen Place

I represent: NYC Retirees

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Nadia Chait

Address: 4 West 125th Street

I represent: CASES

Address: \_\_\_\_\_

Please complete this card and return to the Sergeant-at-Arms



**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/23

(PLEASE PRINT)

Name: Euphyn Graham-Nwagwu

Address: West 26

I represent: CCIT NYC

Address: 17 Battery 201

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/23

(PLEASE PRINT)

Name: (Kimberly Blair)

Address: 307 W 58th St, 8th floor, New York, NY

I represent: NAMI-NYC

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

*Appearance Card*

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Sharlee Panatte

Address: Sterling Elmont NY 11003

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Ashwin Vasan

Address: Commissioner

I represent: \_\_\_\_\_

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/2023

(PLEASE PRINT)

Name: Michelle Morse, Chief Medical Officer,

Address: Deputy Commissioner for Center for Health

I represent: Equity

Address: NYC Health Dept.

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/2023

(PLEASE PRINT)

Name: Corinne Schiff, Deputy Commissioner

Address: for Environmental Health

I represent: \_\_\_\_\_

Address: NYC Health Dept.



**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Emiko Otsuho

Address: Chief Operations Officer +

I represent: Executive Deputy Commissioner

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Celia Dunn

Address: Deputy Commissioner of Disease

I represent: Chloral

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Jonathan Gittes

Address: Assistant Commissioner

I represent: of Bureau for Alcohol,

Address: Drug Prevention and  
treatment

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Janie Nechies

Address: Assistant Commissioner

I represent: for Bureau of mental health

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/2023

**(PLEASE PRINT)**

Name: Christina Cheng Chief Program

Address: Officer

I represent: NYC Health Dept.

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

**(PLEASE PRINT)**

Name: Alweijia Xia

Address: Assistant Commissioner

I represent: of Finance

Address: \_\_\_\_\_



**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3-21-23

(PLEASE PRINT)

Name: Maria Almonte-Weston

Address: 520 8th Ave, NY NY 10th fl

I represent: Center for Justice Innovation

Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/23

(PLEASE PRINT)

Name: Matthew Thompson

Address: 225 Varick St., 4th Fl. New York, NY 10014

I represent: Legal Action Center

Address: 225 Varick St., 4th Fl., New York, NY 10014

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/2023

(PLEASE PRINT)

Name: FIOCHNA O'GRADY

Address: \_\_\_\_\_

I represent: The Samaritans of New York Inc

Address: 61 Gramercy Park N. NY 10010

Please complete this card and return to the Sergeant-at-Arms

# THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. budget Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/23

(PLEASE PRINT)

Name: Jordyn Rosenthal

Address: \_\_\_\_\_

I represent: Community Access

Address: \_\_\_\_\_

# THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21

(PLEASE PRINT)

Name: Joelle Ballam-Schwan

Address: Engert Ave Brooklyn

I represent: The Supportive Housing Network of NY

Address: 247 W 37 St, NYC

# THE COUNCIL THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Chris Norwood

Address: Health People

I represent: \_\_\_\_\_

Address: Bronx

Please complete this card and return to the Sergeant-at-Arms



**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: \_\_\_\_\_

(PLEASE PRINT)

Name: Mary Brown  
Address: Alexander Ave. Bx, N.Y. 10454  
I represent: Health People  
Address: 552 Southern Blvd

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 3/21/2023

(PLEASE PRINT)

Name: Donald Nesbit  
Address: 125 Barclay St NY NY 10007  
I represent: Vice President, Local 372, DC37  
Address: \_\_\_\_\_

**THE COUNCIL  
THE CITY OF NEW YORK**

**Appearance Card**

I intend to appear and speak on Int. No. \_\_\_\_\_ Res. No. \_\_\_\_\_

☐ in favor ☐ in opposition

Date: 03/21/23

(PLEASE PRINT)

Name: C. Virginia Fields  
Address: 215 W 125 St NY, NY 10027  
I represent: National Black Leadership Commission on Health  
Address: \_\_\_\_\_