

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

of the

COMMITTEE ON MENTAL HEALTH, MENTAL RETARDATION,
ALCOHOLISM, DRUG ABUSE AND DISABILITY SERVICES

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September 21, 2012

Start: 1:19 p.m.

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HELD AT: Council Chambers
City Hall

B E F O R E:
G. OLIVER KOPPELL
Chairperson

COUNCIL MEMBERS:
Gale A. Brewer
Daniel J. Halloran II
David G. Greenfield
Ruben Wills

A P P E A R A N C E S

Fiodhna O'Grady
Director of Operations
Samaritans of New York

Dr. Rosa Gil
President and Founder
Communilife, Inc.

Dr. John Draper
Vice President
Crisis and Behavioral Health Technologies
Mental Health Association of New York City

CHAIRPERSON KOPPELL: Good

afternoon, ladies and gentlemen. I am Council Member Oliver Koppell, chair of the Council's Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services. We are here to discuss Resolution 1229-A, a resolution recognizing September as Suicide Awareness Month in New York City and calling upon government agencies and on governmental organizations to focus particularly on teen suicide. In New York City, approximately 474 people commit suicide every year, 56 of whom are actually young people between the ages of 15 and 24. It's actually estimated that as many as 150,000 New York teenagers attempt suicide every year. It's important that we as a city take steps to reduce the rate of suicide in New York City. We can do this by assisting those seeking help and ensuring that mental health services are available and affordable to those who need help. Research has shown that more than 90 percent of people who have died by suicide suffered from depression, other mental health disorders and/or substance abuse disorders. In New York City approximately

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2 200,000 youths age 9 to 17 suffer from a mental
3 health or substance abuse disorder. Those are the
4 ones most vulnerable to suicide. It is my hope
5 that the recognition of September as Suicide
6 Awareness Month will lead to increased attention
7 to this problem and more resources and services
8 for people suffering from mental illness. Let me
9 also remind every here—I think you probably know—
10 that this Committee has been very concerned about
11 this issue. We have held specific hearings on
12 suicide, focusing particularly on Latina and also
13 Asian peoples who commit suicide or attempt
14 suicide in larger percentages than the rest of the
15 general population. We have had a hearing on
16 suicide among veterans, and we have also provided
17 funding. I know we are going to hear from some of
18 the people, who provide services, and this Council
19 has been in the lead in providing funding for
20 suicide counseling and prevention, and I hope we
21 will continue to do that. So naming September as
22 Suicide Awareness Month is only part of this
23 Council's actions to respond to this issue. I'd
24 like indicate that we have been joined by
25 Councilman Halloran, a dedicated member of the

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2 Committee. We have also been joined by Councilman
3 Steve Levin, who I'm going to ask to speak in a
4 moment because he is the prime sponsor of this
5 resolution. I expect that other members of the
6 Committee are likely to join us shortly. I want
7 to thank the staff in helping to put the hearing
8 together. We have Jennifer Wilcox, who is our
9 counsel, Michael Benjamin, policy analyst, and I
10 also want to recognize Jaymon [phonetic] Sulu
11 [phonetic], who couldn't be here today, but he is
12 my personal counsel and works on all of the
13 Committee matters including this hearing, so with
14 that, I want to turn over the microphone to
15 Council Member Levin.

16 COUNCIL MEMBER LEVIN: Thank you,
17 Chair Koppell, and thank you very much for your
18 support of this resolution and your stewardship of
19 this Committee. In a meeting last year with
20 youths, teenagers from my district, I was asked by
21 them to sponsor a resolution to call for a teen
22 suicide awareness week. I promised them at that
23 time that I would do so and I am pleased that the
24 Committee on Mental Health, Mental Retardation,
25 Alcoholism, Drug Abuse and Disability Services is

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2 taking up this resolution today. On December 27th,
3 2011, Amanda Diane Cummings, 15 years old, of
4 Dongan Hills, Staten Island killed herself after
5 experiencing bullying at school. Her death was a
6 shock to the Staten Island community and to this
7 city as a whole, who could not understand why a
8 girl with so much promise would choose this path
9 and why and what signs were missed and what would
10 have prevented such a tragedy. Unfortunately teen
11 suicides are not as all as rare as we would like
12 or that we would expect. In fact, suicide among
13 youths ages 15 to 24 is the third leading cause of
14 death for this age group and what is even more
15 shocking is that a recent report show that 10
16 percent of New York City public high school
17 students reported attempting suicide in the past
18 year and that 3 percent reported an attempt that
19 required medical care. The risk to Latina youth
20 and LGBTQ youth in the city is particular
21 pronounced and we must work harder to curb these
22 incidents. It is time that we started treating
23 teen suicide as the public health crisis that it
24 is. These deaths are both needless and
25 preventable. They rend families and communities

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2 apart and leave everyone with questions that are
3 unanswerable. I believe that recognizing
4 September as Suicide Awareness Month in New York
5 is an important step towards addressing these
6 tragedies and I hope that this resolution, which
7 calls on increased attention to teen suicide can
8 further highlight the ways that the city can make
9 teens aware of the services that are available to
10 them and for the mental health community to reach
11 at risk kids before it's too later. I want to
12 thank you, Chair Koppell, for your leadership on
13 mental health issues as well as my colleagues in
14 particular James Oddo of Staten Island and our
15 minority leader for supporting this resolution. I
16 also want to thank speaker Quinn and her staff,
17 particularly Jennifer Wilcox, counsel to the
18 Mental Health Committee and - - for their hard
19 work. Thank you, Mr. Chair. And also—sorry—I
20 also want to thank all the advocates that are in
21 the room today and all of those that work in this
22 field. You do yeoman's work and I admire and
23 value your service. Thank you.

24 CHAIRPERSON KOPPELL: Thank you
25 very much. Council Member Halloran, did you want

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2 to make any comment? It is indeed, it's
3 particularly tragic when we hear of these
4 incidents, and more recently an incredibly
5 promising young woman who just enrolled at
6 Columbia University. On the first day she was
7 here at New York committed suicide, and we all
8 know that many colleges suffer from suicides
9 particularly NYU has experienced suicide, so this
10 is a very important subject and it's a terrible
11 thing obviously to lose those lives and of course
12 it mars the families for the rest of their lives
13 when they lose a member of the family to suicide,
14 especially a young member. We have been joined by
15 Council Member Ruben Wills. Welcome, and we now
16 would hear—we have only a few witnesses. I'm
17 going to call them up, ask them to restrict their
18 prepared remarks to five minutes. Because we only
19 have a few, we will call them up individually.
20 First is Fiodhna O'Grady from the Samaritans.

21 FIODHNA O'GRADY: Hello?

22 CHAIRPERSON KOPPELL: Just wait one
23 minute until the—

24 FIODNNA O'GRADY: Shall do.

25 [pause]

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2 CHAIRPERSON KOPPELL: Please
3 proceed.

4 FIODNNA O'GRADY: Good afternoon,
5 Chair Koppell. Thank you very much for the
6 opportunity for speaking. Council Member Levin,
7 thank you for proposing this. Council Member
8 Ruben Wills and Halloran, thank you for being
9 here. The Samaritans of New York, the city's only
10 community based organization devoted to suicide
11 prevention, which operates the city's 24 hour
12 suicide prevention hotline wants to thank the City
13 Council Committee on Mental Health for their
14 ongoing support and the opportunity to speak
15 today.

16 As a founding member of the
17 National Council on Suicide Prevention, the
18 primary force behind National Suicide Prevention
19 Day, September 10th and an organization that has
20 contributed to and is acknowledged in the new U.S.
21 Surgeon General's national strategy on suicide
22 prevention, Samaritans applauds the Council's
23 resolution to declare September Suicide Awareness
24 Month in New York City. Samaritans was one of the
25 groups that worked closely with Surgeon General

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2 Satcher back in 1998 in the development of his
3 call to action to promote suicide awareness of the
4 United States--the first time suicide was formally
5 identified as a national public health problem,
6 and we have seen firsthand over the past dozen
7 years, the benefits that arise out of official
8 recognition of a problem that most people are
9 hesitant to talk about, let alone address
10 directly. It was the original call to action the
11 lead to initial government funding for suicide
12 prevention research and awareness campaigns and
13 that strongly encourage states and municipalities
14 to adopt strategic suicide prevention plans. In
15 New York State, this provided the impetus for
16 groups and organizations from all over the state
17 as disparate as Samaritans, AARP and the
18 University of Rochester and Columbia to
19 collaborate of advancing suicide prevention
20 resulting in a lobbying effort that led then New
21 York State Office of Mental Health Commissioner
22 Stone to place suicide on the state's public
23 health agenda. Working with the national council,
24 we have seen the tremendous impact that our
25 national suicide prevention day Take Five to Save

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2 Lives campaign has had in promoting the need for
3 suicide awareness, prevention and effective
4 responses to those at risk. In fact, partnering
5 with Facebook the Take Five campaign has reached
6 over six million people around the world and last
7 year National Suicide Prevention Day and Take Five
8 were used as the backdrop by the U.S. Secretaries
9 of Health and Human Services and the Army to
10 announce new initiatives to address this serious
11 issue. So the positive impact of a New York City
12 suicide prevention day and the countless ways it
13 can be utilized to promote action and awareness
14 about the many health, social and cultural
15 problems connected to suicide cannot be
16 overstated. As an organization that has been
17 advocating for suicide prevention in this city for
18 30 years and a group that has responded to over
19 one million calls from New Yorkers in crisis on
20 our 24 hour hotline and have heard their pain and
21 distress, we thank the Council for making this
22 resolution to declare September Suicide Prevention
23 Month in New York City. Samaritans also
24 recognizes the importance of focusing on our
25 youth, especially with the biannual CDC surveys

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2 that document the threat of suicide to students in
3 our public schools, but we would suggest that
4 since you are declaring the entire month with
5 suicide the fourth leading cause of death of those
6 15 through 34 and 6th of those 35 to 44 year olds
7 in New York City that the Council consider
8 appending the last statement of the resolution to
9 read something like, "to focus on teen suicide
10 prevention as well as other high risk groups
11 across the lifespan, such as returning veterans,
12 young and middle aged males, those with mental
13 disorders, members of the GLBTQ community, et
14 cetera." Whatever your decision, Samaritans
15 supports the City Council's efforts wholeheartedly
16 and look forward to working with you in the future
17 to make suicide prevention month a significant
18 annual event in New York City. Thank you.

19 CHAIRPERSON KOPPELL: Thank you for
20 your statement and more generally, thank you for
21 all of the work you do in this area. We
22 appreciate it and we know how important it is to
23 the people of the city, particularly obviously the
24 people who contact you and get some immediate
25 counseling, which is critical. So often attempts

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2 at suicide are merely calls for help, not really
3 an intention to end life. We appreciate what you
4 do to try and respond to those people.

5 FIODHNA O'GRADY: And thank you.

6 CHAIRPERSON KOPPELL: Does anyone
7 else have anything they want to add? No. We have
8 been joined by Council Member Gale Brewer. Thank
9 you for being here, and we will now hear from Dr.
10 Rosa Gil from Communilife.

11 DR. ROSA GIL: Good afternoon. I
12 want to thank Councilman Koppel, chair of the
13 Mental Health Committee, for holding this public
14 hearing to designate September as Suicide
15 Awareness Month in New York City and call upon
16 government and non-government agencies to focus on
17 teen suicide prevention. We recognize and we
18 appreciate that Council Member Brewer, Levin,
19 Wills and Halloran are here today. Thank you.

20 My name is Rosa Gil, and I am the
21 president and CEO and founder of Communilife, a
22 health and human services organization that
23 provides cultural and competent mental health
24 social services and support, affordable housing
25 for persons living with HIV, AIDS and mental

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2 illness. Each year more than 2500 New Yorkers
3 benefit from our programs in Queens, Bronx, - -
4 and Manhattan. 95 percent are Hispanic or African
5 American and roughly speak Spanish only.

6 Communitlife is a leading provider of suicide
7 prevention services in the city. We have stepped
8 in to address the issue head on offering bilingual
9 and bicultural competent youth development

10 services to Latina teens and their family. We
11 have developed two programs to combat the suicide
12 epidemic among Latino youth, namely Life is
13 Precious, which is a program that I have presented
14 at this Committee in the past, and a new program
15 that we have developed, which is the Latino Youth
16 Suicide Prevention Center in the Bronx with
17 funding from the State Office of Mental Health.

18 These two programs are pioneer programs in suicide
19 prevention for Latino youth not only in New York
20 City, but in the country. The problem; what is
21 the problem that we are facing here? Latina high
22 school students in the nation, the state and the
23 city have astoundingly high rates of suicide
24 attempts since 1995. This is not a new
25 phenomenon. Perhaps, for some have been, but this

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2 has been on the CDC data since 1995. The most
3 recent CDC national and youth risk behavioral
4 survey results published in June 2012 shows Latina
5 adolescents seriously considering suicide at
6 alarming rates—much greater than any other ethnic
7 and racial group. Nationally and across New York
8 State, we have seen quite frankly little progress
9 over the past years; however, in New York City the
10 data of CDC, the most recent data, indicates that
11 while rates are still very troublesome, we have
12 seen some small progress, not statistically
13 significant in the attempted suicide rate among
14 Latina adolescents. We infer that this reduction
15 in the attempts is due to the public awareness and
16 educational campaign and intervention programs
17 that have been here since 2007. Communitlife is
18 very proud to have taken the lead in these
19 efforts. We are grateful to the City Council
20 members for the financial support to maintain Life
21 is Precious in the Bronx and Brooklyn for the last
22 two years. Your investment in this program has
23 saved the lives of many Latina teens at risk for
24 suicide. Last year, the Council Committee on
25 Women's Issue hearing was extremely helpful in

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2 raising city wide awareness and discussion of
3 solutions to prevent suicide among Latina
4 adolescents; however, our young Latinas are still
5 contemplating ending their lives at alarming
6 rates. The 2012 CDC report shows that 16 percent
7 of Latina adolescents have seriously considered
8 suicide in the previous 12 months, meaning 2011.
9 In New York City as a whole, 17 percent of Latina
10 teens seriously consider suicide in the Bronx and
11 Brooklyn in the last year. The statistics are
12 even more alarming in Manhattan and in Staten
13 Island, where 18 percent of Latina high school
14 students have given very serious thought to end
15 their life in 2011. We have much more work to do
16 in order to continue saving lives and supporting
17 Latino families. 28 percent of New York City
18 total population is Hispanic. Approximately over
19 700,000 Hispanic children birth to 19 are living
20 here. 38 percent of all Latino children are
21 living in immigrant families with one or more
22 foreign born parent. That tells us that in the
23 future hopefully we will continue to reduce the
24 impact of this epidemic. We will reduce the
25 entire suicidal behaviors meaning we hope not to

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2 have any Latina adolescents or Latino boy thinking
3 of suicide or making a plan and - - attempt on
4 their life. We have to stop that. So we welcome
5 the opportunity to participate in this effort of
6 the City Council to designate September as the
7 month-designated for the city to be aware that is
8 a month to prevent suicide among youth.

9 We want to suggest some
10 recommendations to the City Council, and that is
11 part of our efforts with the Latino Youth Suicide
12 Prevention Center and with the Life is Precious
13 program. First and foremost it is critical that
14 the city increase the capacity of culturally
15 competent mental health services to meet the needs
16 of Latina adolescents and their families. Second,
17 mental health clinics should be required to offer
18 family therapy as one of the treatment
19 interventions given the fact of the centrality of
20 the family in the Latino culture. Colleagues, you
21 and I know that you cannot treat children in the
22 Latino community in a vacuum. If the parents are
23 not there, they are not going to be respondent to
24 the efforts whether it's in the school or whether
25 in the mental health clinics. Third, the

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2 Department of Education needs to provide youth
3 suicide prevention training to teachers and
4 parents that are embedded and I underscore
5 embedded in the Hispanic cultural norms and
6 values. Fourth, there is a need for city wide a
7 grass roots public awareness and education
8 campaign to prevent suicide among Latino youth.
9 Last, research findings and recommendations are
10 critical to the development and implementation of
11 a New York City plan for all city agencies to
12 prevent suicide among Latino youth. Thank you so
13 much.

14 CHAIRPERSON KOPPELL: Thank you
15 very much, and thank you for making your statement
16 a little shorter in respect to our time. I
17 appreciate it. Most speakers don't do that, but
18 you did. Thank you, and I thank you for your
19 recommendations. I know we have been--members of
20 this Committee have been trying very hard to
21 expend especially mental health services in the
22 schools. We have made maybe a little progress,
23 but not as much as we want. Gale Brewer, you had
24 some questions?

25 COUNCIL MEMBER BREWER: Thank you

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2 very much, Mr. Chairman. I'm just going to follow
3 up. I know that I have been to some of the
4 Samaritan training of the schools and the
5 professional staff, but the issue that I am crazed
6 on would be the best word would be try to get
7 culturally appropriate mental health services in
8 the schools 'cause the young people—we know them
9 well—are not going to be referred out. They won't
10 go. So I'm just wondering to the credit of the
11 Department of Education, they are talking about
12 some capital allocation for—but that doesn't
13 necessarily mean that the staff is there.
14 Hopefully, it will be, but I'm just wondering two
15 things. One, do you have any programs in the
16 schools? Two, where you see culturally
17 appropriate mental health services in the schools,
18 does that help? And then three, do you think that
19 we should have more mental health culturally
20 appropriate programs in the schools?

21 DR. ROSA GIL: Council Member, I
22 think that is important to have mental health
23 services in the school. I think it's extremely
24 important to train the staff, the personnel to
25 identify symptoms suggesting that an intervention

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2 is needed. Once upon a time when I was a young
3 social worker in the streets of Bronxville, we
4 helped to develop the school program that is today
5 part of the Department of Mental Health and Mental
6 Hygiene; however, I just want to caution us that
7 the way that the mental health clinics work in the
8 school is primarily with the children. A child is
9 referred, he or she is pulled out of the
10 classroom, go and receive the mental health
11 services. The families are not part of that
12 effort.

13 COUNCIL MEMBER BREWER: In the good
14 ones they are, but most of them not.

15 DR. ROSA GIL: They are not, so
16 there has to be a concerted effort on the part of
17 the providers of mental health services in the
18 school, at least for the community that I know
19 best to involve the families because if they are
20 not involved there is not going to be change in
21 the circumstances of that child. The other aspect
22 is you ask if CommuniLife is providing mental
23 health services in the schools, and the answer,
24 Councilwoman is no for two reasons. One, we have
25 a little bit of a different philosophical approach

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2 here because we like to involve the family in the
3 work. Our best practices are using families, and
4 we don't believe that that would be an effective
5 way of addressing the needs of teenagers who are
6 at risk of suicide. Secondly, in today's
7 financial environment, it is prohibited to think
8 of having mental health services in the school
9 when the APGs [phonetic] and the whole change in
10 the delivery system is really financially
11 underpinning some of this trouble. I wish I could
12 be a little bit more optimistic. I certainly for
13 example I had met recently with the Department of
14 Education and we want to step to the plate. We
15 want to provide the training. We want to be
16 there. I have said that my clinic we're open six
17 days a week, and we will receive children and
18 adolescents from the school appropriately with
19 parental consent and involvement.

20 CHAIRPERSON KOPPELL: I do want to
21 say that in the course of the next few months, we
22 will once again look at the schools and what is
23 being provided. I think we definitely should have
24 another hearing on that issue. Even though we
25 weren't able to get our legislation passed, our

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2 funding last year, but we will keep trying. We
3 have John Draper from the Mental Health
4 Association of New York City.

5 [background conversation]

6 DR. JOHN DRAPER: Good afternoon.
7 Thank you all. It's not only an honor to be here,
8 but I want to thank you not only for holding these
9 hearings about suicide prevention, but all the
10 years of support, Chairman Koppell, you and the
11 City Council here have given to this preventable
12 tragedy of suicide here in New York City.

13 My name is Dr. John Draper. I am
14 the vice president of Crisis and Behavioral Health
15 Technologies with the Mental Health Association of
16 New York City, and also the director of the
17 National Suicide Prevention Lifeline. The Mental
18 Health Association of New York City has been a
19 major voice for the cause of mental health for
20 over 40 years. We have a unique three part
21 mission of advocacy, community education and
22 direct services, which reach nearly one million
23 people each year through our services, and those
24 have linked to health solutions are wholly owned
25 not for profit subsidiary. Life Net, one of our

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2 core services, is New York City's only 24/7/365
3 accredited multilingual mental health crisis
4 intervention information referral and support help
5 hotline. Life Net, which was founded through a
6 partnership with the New York City Department of
7 Health and Mental Hygiene in 1995 has grown by
8 orders of magnitude to become one of the nation's
9 leading suicide prevention and crisis hotline
10 services. In response to the needs of New York
11 City's diverse communities, we partnered with
12 DOHMH to add Asian and Spanish Life Net as well as
13 call boxes on all major bridges in the New York
14 City Metropolitan area. In partnership with the
15 New York State's Office of Alcohol and Substance
16 Abuse Services, we added the Hope Line for people
17 struggling with addiction to alcohol, drugs and
18 gambling, and in the months after the terrorist
19 attacks of 9/11, our call line tripled. We became
20 the single point of access for New Yorkers seeking
21 assistance. We receive 110,000 calls annually,
22 many from people who are in suicidal crisis. In
23 2003, a federally funded evaluation of Life Net
24 and seven other crisis call centers demonstrated
25 that this service significantly reduced emotional

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2 distress and suicidality [phonetic] in callers.
3 As a result of our record of accomplishments, we
4 were invited by the Substance Abuse and Mental
5 Health Services Administration in 2004 to apply to
6 administer the National Suicide Prevention
7 Lifeline network of crisis call centers. We were
8 humbled and gratified when we won the highly
9 competitive process and were able to take national
10 leadership role in building a network of crisis
11 centers in all 50 states to respond to the
12 hundreds of thousands of people who reach the
13 National Suicide Prevention Lifeline in their
14 darkest hour. As the administrators of the
15 lifeline, we have had the privilege of working
16 with the nation's leading experts in suicide
17 prevention to develop national evidence based
18 standards in suicide risk assessment and crisis
19 intervention, standards that now inform the work
20 of 159 crisis call centers in the national
21 network. When a caller dials the 1-800-273-TALK
22 line from anywhere in the United States, they are
23 routed to the crisis center nearest them and when
24 they get a crisis counselor that person knows our
25 suicide risk assessment standards and helps them

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2 in ways that are consistent. Calls to lifeline
3 originating in New York City are routed here to
4 Life Net in New York City. This year, the
5 lifeline will assist about 825,000 callers. In an
6 effort to prevent suicides and extend help to our
7 nation's veterans, the efficacy of this system
8 prompted the Veterans Administration in 2007 to
9 secure our assistance with the Veterans Crisis
10 Line. Callers to 800-273-TALK who press 1 are
11 routed to the Veterans Administration's crisis
12 center in - - New York, and we have supported this
13 VA service that now has assisted over 600,000
14 veterans in crisis.

15 Closer to home and directly
16 relevant to the question of adolescent suicide, we
17 were thrilled to open just last October in
18 partnership with the United Federation of
19 Teachers, the Brave line, a crisis support for New
20 York City's public school children involved in
21 bullying. While involvement in bullying incidents
22 did not necessarily cause children to have
23 thoughts of suicide, we know that it is a risk
24 factor, so we are extremely grateful to UFT for
25 their recognition of this valuable service to the

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children, many of whom could be at suicidal risk.

I'm joined today by some of the extraordinary professionals, who have dedicated their careers to making high quality professional mental health services available by telephone, text message and web based chat any time day or night, Marshall, Christine, Melissa, Sunitha [phonetic], Gloria, Edwina, thank you for your terrific work, and they too are folks who answer those calls who help us with those chat services and those text services.

I want to address now the critical question of how the City Council can have a meaningful impact on New York City suicide rate, especially for adolescents. We recommend three initiatives on your part. First, New York City's wealth of hotline services can be an essential ray of light for people in their darkest hour. Please help us spread the word about these free, multilingual central resources. I have provided you information packets with posters, flyers and brochures. Please help us get this information out to your constituents. Second, the Brave line is an incredible resource, but it is currently

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2 only available from 2:30-9:30 from Monday to
3 Friday. With support from the City Council, we
4 could make the Brave line accessible 24/7/365 so
5 that all of New York City's public school children
6 can have access at all times. Finally, third, the
7 way people communicate has changed dramatically in
8 recent years with the proliferation of smart
9 phones and broadband Internet. Samsung [phonetic]
10 has made it a priority to incorporate chat and
11 text services into the lifelines so that people
12 can have immediate access to help in their
13 preferred communication mode. We have found that
14 by doing so, we are able to reach a broader
15 audience, in particular, youth, who otherwise
16 wouldn't call a hotline or visit a face to face
17 clinician. Unfortunately, Life Net lacks the
18 funding to add these new communication modes to
19 our services even though we know doing so would
20 increase access for youth across New York City.
21 With your help, that can be changed. My
22 colleagues at the Mental Health Association of New
23 York City and I are grateful to the City Council
24 for your attention to the terrible tragedy of
25 suicide. We hope you will see us a resource for

1
2 you and your staffs as you craft interventions to
3 impact our city's suicide rate. I have included
4 some data about calls to our crisis communication
5 center and the national suicide prevention
6 lifeline in your packets. We hope that when you
7 have a constituent in distress, you will urge them
8 to call 1-800-LIFENET. Our trained mental health
9 professional crisis counselors are there to assist
10 them 24/7 in 140 different languages. Thank you.

11 CHAIRPERSON KOPPELL: Thank you
12 very much for your statement. I might say this
13 packet has some interesting and valuable
14 information for us to have. In our district
15 offices, the members of the Committee have this
16 now. I would suggest that you provide this to
17 each Council Member of maybe several copies of
18 this folder, which talks about some of the actions
19 you have that I wasn't even aware of including
20 some language appropriate services or culturally
21 appropriate services. This is Michael Benjamin
22 [phonetic]. He is on the Council central staff.
23 He can help you to arrange to get these folders to
24 members of the Council.

25 DR. JOHN DRAPER: Thank you.

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2 CHAIRPERSON KOPPELL: Does anybody
3 have any questions? If not, thank you very much.
4 Let me say I don't think we have any other
5 speakers. If they do, make yourself known. If
6 not, I'd like to make-

7 COUNCIL MEMBER LEVIN: - -

8 CHAIRPERSON KOPPELL: Yes?

9 COUNCIL MEMBER LEVIN: Can I just
10 make one acknowledgement?

11 CHAIRPERSON KOPPELL: Sure.
12 Please.

13 COUNCIL MEMBER LEVIN: Thank you,
14 Mr. Chairman. I just wanted to-I had forgotten
15 previously to acknowledge my legislative director,
16 Ronnie Metal, who has been working on this
17 resolution for a number of months. Thank you.

18 CHAIRPERSON KOPPELL: Okay. Thank
19 you. I also want to say that Council Member
20 Greenfield has joined us. I didn't see him until
21 just now, and let me say since we have all of the
22 members of the Committee here that we are going to
23 be voting on this resolution and also a bill
24 dealing with notice of access for disabled. That
25 is going to be on the agenda on Monday, and the

1
2 meeting is early, 9 am, but it will be very short,
3 so you can have your coffee after the meeting. -
4 - to vote.

5 COUNCIL MEMBER BREWER: - - .

6 CHAIRPERSON KOPPELL: Provide
7 coffee? This coming Monday because we have these
8 matters on the Stated Meeting is Monday, so Monday
9 morning.

10 MALE VOICE: - - .

11 CHAIRPERSON KOPPELL: What do you
12 mean?

13 MALE VOICE: - - .

14 CHAIRPERSON KOPPELL: Listen,
15 believe me, I didn't want to schedule this for
16 Monday morning. I had a big fight with those
17 powers that be 'cause Monday morning is very
18 inconvenient for me, but that is what it is. If
19 you come, I promise we will only be here very,
20 very briefly. The sooner you get here, the sooner
21 it will be over.

22 MALE VOICE: - - .

23 CHAIRPERSON KOPPELL: No, no proxy
24 voting. We can't do it now. That is not allowed.
25 Can't do it now. I wish we could do it now. No.

1

2 I can't. This is beyond my power. I wish it were
3 not. In any event, we will vote on this
4 resolution and the other bill on Monday 9 am, and
5 please come on time and then go have breakfast
6 afterward. Thank you. We are adjourned.

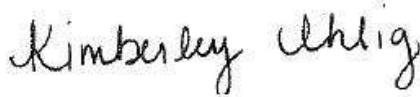
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[gavel]

C E R T I F I C A T E

I, Kimberley Uhlig certify that the foregoing transcript is a true and accurate record of the proceedings. I further certify that I am not related to any of the parties to this action by blood or marriage, and that I am in no way interested in the outcome of this matter.

Signature



Date

10/3/12