



Testimony

of

Mary T. Bassett, MD, MPH

Commissioner

New York City Department of Health and Mental Hygiene

before the

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

on

FY 2018 Preliminary Budget

March 20, 2018
Committee Room, City Hall
New York, NY

Good afternoon Chair Ayala and members of the Committee. I am Dr. Mary Bassett, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined by Dr. Gary Belkin, Executive Deputy Commissioner for Mental Hygiene, and Sandy Rozza, Deputy Commissioner for Finance. Thank you for the opportunity to testify today on the Department's preliminary budget for fiscal year 2019.

The Department's mental hygiene portfolio is substantial, and we are grateful for the ongoing support from the Council, which enables us to continue our critical work addressing mental health issues for New Yorkers. Thanks to the support and leadership from the Mayor and the First Lady, the Department has had a busy year.

UPDATES

We recently started the third year of ThriveNYC, the City's comprehensive plan to better serve the mental health needs of New Yorkers. At the outset, ThriveNYC adopted six guiding principles: change the culture, act early, close treatment gaps, collaborate with communities, use data better, and strengthen government's ability to lead. Many agencies have incorporated ThriveNYC initiatives and approaches, but this Department has a key role in implementation, and is where the majority of the 54 ThriveNYC initiatives are housed.

One of the highlights from the past year is the continued success of NYC Well, a call/chat/text line that creates a universal point of entry to New York City's behavioral health system. Through NYC Well, New Yorkers can access counseling, peer support, information and referrals to behavioral health services via text, chat and phone. Since its launch in 2016, NYC Well has fielded more than 380,000 calls, texts and chats; has provided over 36,000 crisis interventions; has made over 70,000 referrals and has directly connected over 5,000 callers to behavioral health services. We will continue to promote NYC Well and look forward to connecting more New Yorkers to mental health care. As a reminder, New Yorkers who need help should call 888-NYC-WELL.

NYC Well's success speaks to the significant need for expanding mental health care in New York City. We are working to address issues of access through the Mental Health Service Corps – social workers, psychologists, psychiatrists and addiction medicine specialists trained to provide mental health and substance misuse services in communities with the highest need. Currently, clinicians are deployed to practices throughout the five boroughs. The Department aims to hire Corps members that reflect the diverse communities they'll serve, and nearly half speak a second language. In fiscal year 2019, we plan to continue recruitment of Corps members for additional placement citywide.

During the last year, we have also focused significant resources on addressing the opioid epidemic. I want to thank you, Chair Ayala, for holding your first hearing on this important topic. Reversing this epidemic requires the Administration, City Council and our community partners to work together. That is why last spring, the Mayor announced HealingNYC, the City's wide-ranging effort to reduce opioid overdose deaths by 35 percent over 5 years. Built off the key principles of Thrive NYC, this effort works collaboratively with our sister agencies across four goals: to prevent opioid overdose deaths, to prevent opioid misuse and addiction, to protect New Yorkers with effective drug treatment and to protect New Yorkers by reducing the supply

of dangerous opioids. In 2016, there were 1,374 confirmed overdose deaths in New York City, up from 937 deaths in 2015. More than 80 percent of those deaths involved opioids. The increase is driven primarily by fentanyl, an opioid 50 to 100 times more potent than morphine. Fentanyl is present in the New York City drug supply; found in heroin, cocaine and pills; and often without knowledge of the person using the drug or the person selling the drug. Provisional 2017 data show that the number of overdose deaths remain at epidemic levels, however the data also suggest that overdose deaths are leveling off.

CITY BUDGET

Turning now to our budget. I am pleased to report that the agency's mental hygiene preliminary budget for fiscal year 2019 has a net increase of approximately \$17 million. This includes \$4.6 million in new funding, including a \$1.1 million annual investment for the Comprehensive Drug and Alcohol Misuse Prevention Program as part of the First Lady's Unity Project. The Unity Project is a comprehensive approach that will help support LGBTQ youth with care and services specially tailored to them. This program will award funding to seven community-based coalitions to address underage and excessive drinking and substance misuse among youth. In particular, these coalitions will focus on gay, lesbian, bisexual and transgender youth, among whom rates of alcohol and drug use are higher.

Just yesterday the Mayor and First Lady announced an additional \$22 million annual investment to expand HealingNYC to address the opioid epidemic. Of this amount, the Department will receive \$10 million per year. This funding allows us to expand the Relay peer intervention program from 10 to 15 private hospitals by June 2020 and to launch the End Overdose Training Institute to train 25,000 New Yorkers each year, including front line city workers, on how to administer and distribute naloxone. This new investment also expands funding allocated in the preliminary plan to create new Health Engagement and Assessment Teams – or HEAT. This work is an expansion of our partnership with NYPD on co-response teams, which intervene early to address emergency crises. The new HEAT initiative will provide health-focused support and resources to people referred by NYPD, EMS or FDNY.

FEDERAL

I am confident that New York City is moving in the right direction to address mental health and substance misuse issues. The same cannot be said for Washington. The President's declaration of the opioid epidemic as a public health emergency in 2017 was long overdue, but did not come with a commitment to funding. Families have long been suffering from the consequences of Washington's inaction. For the second year in a row, we have not seen the national life expectancy increase. We have heard repeated promises from our federal leaders regarding this deadly epidemic, but thus far, these have been empty promises. The goal is to save lives and create a pathway to treatment. This requires a long term, sustained funding commitment from the federal government and a commitment to evidence-based approaches. The repeated attacks on Medicaid are further proof that those in leadership in the federal government have no intention to take the actions needed to stop this deadly epidemic.

It is clear that the Administration and City Council are committed to addressing the mental health needs of the city. I look forward to the next four years of partnership. With your help, we will work tirelessly to reverse the toll of opioids, enhance prevention and treatment of mental illness and ensure that all New Yorkers – regardless of race/ethnicity, gender, or immigration status – have an equal chance to enjoy fulfilling, successful and healthy lives.

Thank you. I am happy to take questions.



FOR THE RECORD

New York City Anti-Violence Project
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Good afternoon, Chair Ayala and thank you to the entire Mental Health Committee for hearing my testimony today. My name is Catherine Shugrue dos Santos and I am the Co-Director of Client Services for the New York City Anti-Violence Project (AVP). At AVP, we empower lesbian, gay, bisexual, transgender, queer and HIV-affected communities and allies to end all forms of violence through organizing and education and we support survivors of violence through counseling and advocacy.

AVP's direct services work is grounded in our anti-oppressive, trauma-informed, harm reduction approach. LGBTQ individuals experience bias, discrimination, and violence, including family rejection, widely-held and institutionalized homophobia, biphobia, transphobia, racism, anti-immigrant bias, anti-HIV bias. Consequently, they have high rates of trauma, and our work understands that, and is grounded in approaches that work to help survivors heal from that trauma, and in the lived experiences of LGBTQ people and communities. AVP recognizes that our clients are experts on their own lives, that they have survived with resilience and successful coping strategies and that they know what they need and where they are going on their own healing journey.

AVP knows that LGBTQ and HIV-affected people hold multiple and intersecting identities, and that when one or more of these identities are marginalized, that impacts the way they experience violence and what happens when they reach out for help. In particular, LGBTQ people of color, LGBTQ youth and young adults, and transgender and gender non-conforming (TGNC) people all have disproportionately high rates of severe and pervasive violence,¹ which has immediate and long-term negative impacts on survivors' physical, emotional, and financial safety, health, and wellness. Unsurprisingly, research demonstrates that identity-based violence and barriers to trans-affirming healthcare create significant mental and physical health issues for transgender people², including high rates of suicide.³ LGBTQ communities show high levels of unmet need⁴, including great disparities between transgender and non-

¹ National Coalition of Anti-violence Programs (NCAVP) Lesbian, Gay, bisexual, Transgender, Queer and HIV-Affected Hate Violence in 2015, available at: http://avp.org/wp-content/uploads/2017/04/ncavp_hvreport_2015_final.pdf and NCAVP Lesbian, Gay, bisexual, Transgender, Queer and HIV-Affected Intimate Partner Violence in 2015, available at: http://avp.org/wp-content/uploads/2017/04/2015_ncavp_lgbtqipvreport.pdf

² Seelman, K. et. Al. "Transgender Non-inclusive Healthcare and Delaying Care Because of Fear: Connections to General Health and Mental Health Among Transgender Adults, in *Transgender Health* Volume 2.1, 2017 DOI: 10.1089/trgh.2016.0024

³ Adams, N. Hitomi, M. Moody, C. "Varied Reports of Adult Transgender Suicidality: Synthesizing and Describing the Peer-Reviewed and Gray Literature," in *Transgender Health* 2017, 2.1 <http://online.liebertpub.com/doi/10.1089/trgh.2016.0036>; CDC (2016) *Sexual Identity, Sex of Sexual Contacts, and Health-Risk Behaviors Among Students in Grades 9-12: Youth Risk Behavior Surveillance*. Atlanta, GA: US Department of Health and Human Services.

⁴ Steele, L. et. Al. "LGBT Identity, Untreated Depression, and Unmet Need for Mental Health Services by Sexual Minority Women and Trans-Identified People," in *Journal of Women's Health*, Volume 00, Number 00, 2016, DOI: 10.1089/jwh.2015.5677.

transgender people around accessible healthcare for mental and physical health issues.⁵

In 2010, a groundbreaking report⁶ highlighted the stark inequality and many barriers faced by LGBTQ survivors⁷ trying to get culturally competent anti-violence services: 94% of providers⁸ said they did not serve LGBTQ survivors. Studies show that only 1/5 of LGBTQ sexual violence and intimate partner violence survivors receive victim services⁹ and many LGBTQ people don't view services as accessible.¹⁰ LGBTQ-specific, or even culturally competent mental health services are scarce and overburdened in NYC.

All of this is escalated as LGBTQ people in this country experience heightened rates of violence of all kinds, particularly hate violence in our current socio-political climate. As much as we pride ourselves in New York City for being a welcoming and affirming city for LGBTQ and all people, rates of violence are at a high here as well. AVP's bilingual hotline experienced a 34% increase in calls from survivors of violence in 2017 as compared to 2016, reflecting the turbulent times impacting LGBTQ communities. 2017 was also a year in which nationally we saw an 86% increase in LGBTQ hate violence homicides. Three of those homicides happened on our city's streets.

Our community members and clients are reporting more incidents of hate violence across the city — at their workplaces, in their homes, on the subways and buses they take every day. Since the Presidential election, not only have we seen a spike in hate violence, we've also seen increases in other kinds of violence: intimate partner violence, sexual violence, and dating violence. Those in our community who are who are the most marginalized -- people of color, immigrants, undocumented people, and TGNC people are disproportionately impacted by violence. Many have told us they have become afraid to travel throughout the city for fear of being attacked or harassed.

Compounding the problem is the fact that survivors often feel they have very few places to turn for support and services. In AVP's report on hate violence in 2016, only 26% of survivors in New York City reported that they went to the police, representing a 53% decrease in police interaction over two years. Of those who did interact with the police,

⁵ Su, D. et al. "Mental Health Disparities Within the LGBT Population: A Comparison Between Transgender and Non-transgender Individuals," in *Transgender Health* Volume 1.1, 2016 DOI: 10.1089/trgh.2015.0001

⁶ National Center for Victims of Crime and NCAVP, *Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender, and Queer Victims of Hate Violence & Intimate Partner Violence*, retrieved from: <http://www.avp.org/documents/WhyItMatters.pdf>.

⁷ NCAVP uses the word survivors to be inclusive of both victims and survivors.

⁸ Domestic violence agencies, sexual assault centers, prosecutors' offices, law enforcement agencies, child victim services.

⁹ McClennen, Joan C., *Domestic Violence Between Same-Gender Partners: Recent Findings and Future Research*, *Journal of Interpersonal Violence*; 2005, Vol. 20; 149.

¹⁰ Waterman, C.K., Dawson, L.J. & Bologna, M.J., *Sexual Coercion in Gay Male and Lesbian Relationships: Predictors and Implications for Support Services*, *The Journal of Sex Research*, Vol. 26, No. 1 (Feb., 1989), pp. 118-124.

45% reported indifferent or hostile attitudes from the police. Many survivors have a difficult time accessing LGBTQ affirming and safe services from providers such as shelters, health care providers. Survivors share with us that too often, when they reach out for help in recovering from the trauma of violence, trying to access counseling and support, they often experience discrimination and bias from would-be helpers, or long waits at LGBTQ-specific mental health clinics.

AVP not only provides critical services, but helps advocate for our clients so they can receive the services they need outside our offices. Our programs include:

- **A 24 hour Spanish/English crisis intervention hotline.** Last year, we answered over 4,500 calls, that's about one call every two hours.
- **One-on-one Counseling and support groups,** reaching over 1,100 community members in all 5 boroughs.
- **Our Economic Empowerment** program to help survivors deal with the economic impact of violence with individualized sessions and workshops on topics such as taxes, credit repair and debt, resumes and cover letters.
- AVP's **Legal Services** represents LGBTQ survivors of violence in all civil legal matters, including immigration, family, housing, and public benefits. We have seen a 24% increase in overall clients seeking legal services since the 2016 election.
- **Leadership Development,** including job readiness and paid internships, a Speakers' Bureau, and more.
- **Community Outreach, Organizing** activities that reach more than 43,000 people each year in all 5 boroughs with information on staying safe. This includes know-your-rights trainings, bystander intervention trainings, and more.
- **Policy Advocacy** work with City Council bringing together community members to identify policy solutions to violence.

I respectfully ask that you continue the City Council's support of AVP, and that the Committee work with us on these issues so that New York City can become a safer place where our LGBTQ and HIV-affected communities can thrive, with access to culturally responsive, affirming, and inclusive mental health services.



Oversite-Preliminary Budget Hearing
Mental Health, Disabilities and Addiction

Committee on Mental Health Disabilities and Addiction
The Honorable Diana Ayala, Chair

Testimony of
Christy Parque, President and CEO
The Coalition for Behavioral Health
March 20, 2018

My name is Christy Parque, and I am President and CEO of The Coalition for Behavioral Health (The Coalition). I am here to represent our member agencies that provide behavioral health services in the communities where New Yorkers live and work. We are grateful for this opportunity to offer our thoughts on the fiscal 2019 Preliminary Budget as it pertains to behavioral health services in New York City and how the New York City Council can continue as they have so graciously done in past years to support the efforts of providers on the front lines.

The Coalition is the umbrella advocacy and training organization of New York's behavioral health community, representing over 140 non-profit community-based agencies that serve more than 450,000 consumers. Our members serve the entire continuum of behavioral health care in every neighborhood of New York City. Coalition members provide access to the range of outpatient mental health and substance use services, supportive housing, crisis intervention, peer support services, employment readiness, Personalized Recovery Oriented Services (PROS), Club Houses, education and nutritional services, as well as many other supports that promote recovery. The Coalition also trains on average 3,500 human services providers annually on cutting edge and proven clinical and best business practices through generous support from the New York City Council, New York City Department of Health and Mental Hygiene (DOHMH), New York State Office of Mental Health OMH), and in conjunction with foundations and leaders from the behavioral health sector.

The Coalition, founded in 1972, has struggled to provide comprehensive high quality mental health and substance use services to affected individuals and their families for almost 50 years. Yet, although we find ourselves in the midst of a transformation that places a greater emphasis on meeting the needs of people in their communities, at the same time it also seeks to improve efficiencies and outcomes in the delivery of Medicaid services by implementing a value based payment system (VBP). Medicaid is the primary revenue for most of our sector and while we agree with the goals of VBP introducing a new, and complicated payment system increases risk in an already challenging time for the behavioral health sector. The Coalition thoroughly embraces innovation and is an active partner with the City, and State in ensuring that this is accomplished in a manner that enhances community stability and protects the viability of clinics and other service providers. Our members comprise an intricate network of safety-net providers throughout the neighborhoods they serve, caring for the most vulnerable among us. It is critical that this network remain strong and intact if it is to reach these goals.

The Coalition's budget priorities reflect this reality. We strongly support measures that preserve and strengthen community-based mental health and substance use programs through the reinvestment of resources in community-based services, the preservation of a sustainable workforce and the promotion of policies that prioritize consumers and through partnership with Thrive NYC and Healing NYC, New York City's laudable addition to mental health and substance use programs.

THRIVE NYC AND HEAL NYC:

We are grateful for the opportunity to offer our thoughts on Thrive NYC and Healing NYC, the two packages of multiple initiatives that comprise the first comprehensive compendium of municipal funded programs not only in New York City, but in the nation. We are pleased to report many members are participating in these programs to great success.

Firstly, we welcome the addition of new behavioral resources and the increase in access to behavioral health services for New Yorkers. For too long, too many people have gone without having their behavioral health needs met. Both Thrive NYC and Healing NYC rightly focus on getting more people into care by reducing and eliminating the stigma that accompanies mental illness and substance use and partnering with community resources where vulnerable people are more likely to access services.

One of our member agencies, Catholic Charities Neighborhood Services has contracted with Voces Latina, a community based organization assisting survivors of domestic violence. Catholic Charities provides supervision, oversight and has

introduced skills sets and knowledge of mental health modalities to the organization's staff, greatly increasing Voces Latina ability to effectively help their clients and expand services.

Another member agency, Jewish Association of Services for the Aged (JASA), was able to identify, select and gain entry to Senior Centers, introducing much needed behavioral health services to a very underserved population at high risk for behavioral health problems.

We laud Thrive NYC and Healing NYC for its strong grounding in data to drive the identification of the needs and the development of appropriate services to create strong and healthy individuals and communities. As providers, we understand how to improve and ensure the quality of our services through using outcomes data, and how important good data is for the imminent changes (VBP) to reimbursement for our services. Yet, we have heard that the reporting requirements can be extensive and reporting timelines inconsistent with effective reporting.

The Mental Health Service Corps helps fill yet another much needed resource to our sector which is experiencing a severe workforce shortage. Through Thrive NYC, Visiting Nurse Service (VNS) describes the Corps as a win-win. VNS has placed Corps members in communities where hiring is otherwise very difficult. The Corps members whose skills are developing in a real world context are fully integrated into VNS's caseloads. VNS prospectively views the experience as developing future employees and the bilingual requirement allows VNS to better serve immigrant communities.

We have heard from providers, however, that design and implementation of programs would have benefited from better planning and involvement of participating community providers to achieve full integration of new staff.

COMBATTING THE OPIOID EPIDEMIC IN NEW YORK CITY

Recent, staggering reports on the numbers of New Yorkers dying from overdoses among the general population and among our most vulnerable subpopulations including young people and people who are homeless, are of grave concern. We are fortunate to have the leadership expressed by of Mayor Bill de Blasio and First Lady Chirlane McCray in Healing NYC, the substance use counterpart of Thrive NYC. We are also grateful for the leadership Speaker Corey Johnson and Councilmember Diane Ayala, Chair of the Mental Health, Developmental Disability and Addiction Committee. The recent hearing called by Councilmember Ayala and Councilmember Steven Levin, Chair of the Committee on General Welfare focused on overdoses among NYC's Homeless population. Despite its singular focus, the hearing served as an example of the extent and urgency of the Opioid epidemic.

The Coalition is pleased that several bills are being considered by the NYC Council. While we will not go into detail on the individual bills, we do want to recognize and commend the NYC Council for all its efforts to focus on educating and steering primary resources to help individuals in crisis and for promoting de-stigmatizing those who use substances.

The Coalition also appreciates the increased allocation of \$38M available under Healing NYC for treatment sites, naloxone kits and establishing a peer program for individuals who survive overdoses. Peer support is a long established best practice of mental health providers. **The Coalition believes the appropriate and effective focus to reduce the epidemic should be on prevention and treatment.**

NON PROFIT WORKFORCE

Underlying the ability of community behavioral health to deliver comprehensive high quality services to every New Yorker in need is the strength of our workforce. The Coalition firmly believes the non-profit human services sector plays an essential role to ensure resilient individuals and healthy communities. The mental health community must offer a richness of programs, provided by a robust, stable community of providers. Yet, many organizations are underfunded and staff underpaid which negatively impacts recruitment and retention of qualified staff.

Unfortunately, there are not enough behavioral health providers to serve them. In NYC generally, there are 82 full time equivalent behavioral health professional in designated behavioral health shortage areas although only 30% of the total NYC population resides in designated behavioral health shortage areas. Estimates are that 118 more full time equivalent behavioral health professionals are needed to meet the demand.

Our staff are the heart and soul of the work of non-profits yet we do not compensate them for their value and professionalism because of inadequately funded government contracts and insufficient reimbursement rates.

We urge the City Council and the Mayor to come together to invest in the safety net of New York and supports the principles of the Human Services Advancement Strategy Group to stabilize the nonprofit human services sector.

- City agencies should allow contracted providers to suggest spending modifications in line with their budgets on a case-by- case basis.
- Agencies should actively communicate with providers whenever necessary in order to understand the methodology behind every model budget process.

- Increase City agency responsiveness to help contracted providers meet the needs of people and communities they serve.
- City agencies must provide reasonable timelines to providers as to when they may expect to receive funds throughout the model budget process and with all future human service contracts.

Financially stable organizations serve their communities and clients better. The City can begin to level the playing field and ensure a vital, vibrant safety net by enacting the following:

- Including trend factor/cost escalation formula in all new procurements for the duration of the contract, and developing a formula to increase existing contracts up to the following minimum:
 - ✓ 15% indirect cost rate
 - ✓ 37% fringe rate
 - ✓ 10% increase to occupancy cost
 - ✓ 15% increase to health insurance
 - ✓ 10% increase to casualty and liability insurance.

NYC COUNCIL DISCRETIONARY FUNDED MENTAL HEALTH INITIATIVES

The Coalition is grateful for the longstanding support of the NY City Council through a suite of initiatives that create and perpetuate much needed system of services aimed to alleviate the behavioral health care gaps experienced by vulnerable people. Several of the original initiatives were base-lined during the previous administration, underlining the enduring need and importance of the initiatives to meet these needs. It is essential that the surviving initiatives continue as they serve very specific objectives for core populations as well as emerging needs.

These initiatives existed long before the current and valued initiatives by the administration. They are complementary to each other, and given the rising tides of threatened individuals and communities, it would be a mistake to cut, rather than add to the City's arsenal of measures aimed at reducing suffering.

The NYC Council Mental Health Initiatives received \$13,291,776. in fiscal 2018. The Coalition, along with our members and endorsers, request reinvestment and a funding increase to \$16,500,000.

The following is a list of and description of the people who rely on the community services of the MH Initiatives and our funding requests for fiscal 2019.

- Mental Health Services for Vulnerable Populations
- Court Involved Youth Mental Health Initiative
- Medicaid Redesign Transition
- Geriatric Mental Health
- Children Under Five
- Developmental, Psychological and Behavioral Health Services
- Autism Awareness

MENTAL HEALTH SERVICES FOR VULNERABLE POPULATIONS: We recommend an increase to \$2,000,000 from \$1,218,000 in fiscal 2018

CBOs and Advocacy Networks provide mental health programs, services, and referrals to the most difficult to serve, and clinical and practice management trainings to their providers.

COURT INVOLVED YOUTH MENTAL HEALTH INITIATIVE: We recommend an increase to \$2,500,000 from \$2,050,000 in fiscal 2018

The initiative's goal is to keep youth out of the criminal justice system, help them to better understand their motivators and effectively turn their lives around before the negative life altering impact of incarceration. The initiative supports the Cross-over Youth Practice Model, a cross sector model developed for youth who are involved with both the courts and with other city agencies such as foster care.

MEDICAID REDESIGN: We recommend an increase to \$1,000,000 from \$500,000 in fiscal 2018.

The transformation of New York's Medicaid program was designed to improve the delivery and funding of health services to the Medicaid population resulting in higher quality care, healthy populations and less costly care consistent with The Affordable Care Act. Among the changes to achieve the Triple Aim is the integration of behavioral and physical health care, and value based payment. This fund supports community-based organizations to enact changes to meet the laudable goals of Medicaid Redesign.

GERIATRIC MENTAL HEALTH: We recommend an increase to \$2,500,000 from \$1,905,540 in fiscal 2018

A disproportionate number of seniors and elderly people suffer from depression, anxiety, and other mental illnesses. Further, many seniors find themselves increasingly isolated because of physical degeneration and the difficulties getting around the City. This initiative offers a wide range of services, including outreach, education, depression and substance use screening, assessment, individual and group counseling, referral to treatment and support for family caregivers in "non-clinical settings," such as senior centers, drop-in centers, religious institutions, social clubs, homeless prevention programs, and individual homes.

CHILDREN UNDER FIVE: We recommend and increase to \$2,000,000 from \$1,002,000 in fiscal 2018

Left untreated, children's mental health issues are likely to worsen with serious ramifications on future development. This initiative funds community-based outpatient mental health clinics throughout the City to provide mental health treatment to children aged five years and younger who may lack the verbalization skills to speak about their experiences. Mental health treatment activities include screening and clinical evaluation; individual, small group, and child-parent psychotherapy; consultation with pediatricians, preschool teachers, and child welfare workers; and trauma-informed interventions including cutting edge treatment modalities, such as dance, art and movement therapy.

DEVELOPMENTAL, PSYCHOLOGICAL AND BEHAVIORAL HEALTH SERVICES: We recommend and increase to \$2,500,000 from 2179390 in fiscal 2018

This initiative supports a range of programs and services targeted to individuals with chemical dependencies, developmental disabilities and serious mental illnesses as well as their families and caregivers. Funding is used for medically supervised outpatient services, transition management programs, Article 16 clinics, psychological clubs, and recreation programs.

AUTISM AWARENESS: We recommend an increase to \$4,000,000 from \$3,236,846 in fiscal 2018

Autism Awareness supports after school programming for children with Autism Spectrum Disorder, including social skill development, weekend programming, and supportive services for families and caregivers. These programs fill crucial gaps, including services for people who have aged out of State funded programs.

REQUESTS FOR THE COALITION FOR BEHAVIORAL HEALTH:

The Coalition gratefully acknowledges the discretionary funding it receives through the City Council's Mental Health Initiatives. For more than a decade, The Coalition has been able to help clinicians and administrators keep pace with change in the delivery and financing behavioral health care. We ask for your continued support.

MENTAL HEALTH SERVICES FOR VULNERABLE POPULATION INITIATIVE

One of the most important services that The Coalition provides is the Professional Learning Center funded through the Mental Health Services for Vulnerable Population Initiative. **It is through the City Council's support that The Coalition has been able to provide critical education, technical assistance and training – unique learning opportunities – for staff and leadership of publically funded behavioral health agencies.**

The Coalition for Behavioral Health's Professional Learning Center (PLC) educates behavioral health providers on cutting edge clinical and business practices to advance service delivery, improve health outcomes, and increase the fiscal viability of community-based organizations. **Most of the trainings offer Continuing Education credits for Social Workers and other licensed professionals.** Each year, we train nearly 600 health care providers in 20 different subject areas and expect to maintain this trend going forward. Our comprehensive training package is targeted to multiple levels of the behavioral health workforce, from practitioners to executives, to facilitate a top down and bottom up approach to system transformation.

Application Reference: 61373

COURT-INVOLVED YOUTH MENTAL HEALTH INITIATIVE

This funding supports programs that assess juveniles in the arrest process for mental health concerns and provide family counseling and respite services. **The initiative also supports efforts to connect court-involved youth to other CBO's familiar with the Courts, and other City and State agencies.**

The Coalition has provided technical assistance and training to the 15 agencies designated to receive funds under the CIY Initiative. The Coalition has trained nearly 560 individuals on 23 different subject areas in fiscal 2017 and plans to continue to deliver services to the CIY agency cohort. We are also expanding the services to providers who display an interest in working with justice-involved youth.

We believe that our assistance to designated agencies, in providing better access to mental health care for young people and their families, will result in a better quality of life for those served and reduce recidivism.

Application Reference: 61551

CONCLUSION:

The link between mental illness and substance use is incontestable. We cannot effectively address the opioid and heroin epidemic or the use of other substances, as well as other scourges, including homelessness, that plague our City, without addressing the mental health status of our community and its members. What's at stake makes it imperative that we use all possible resources and approaches. We must gather together in unison, utilize and support all of the resources available in our communities if we hope to achieve the goal of a healthy and well NYC.

The Coalition and its member agencies stand ready to continue partnering with the the NYC Council, and we again thank you for this opportunity.

SUPPORT COMMUNITY BEHAVIORAL HEALTH SERVICES

THE BEHAVIORAL HEALTH COMMUNITY IS GRATEFUL TO THE CITY COUNCIL FOR THEIR COMMITMENT TO SUPPORTING THE BEHAVIORAL HEALTH NEEDS OF THE MOST VULNERABLE AND MARGINALIZED POPULATIONS. THE NEEDS CONTINUE TO GROW

WE URGE THE CITY COUNCIL TO REAPPROPRIATE AND INCREASE THE FUNDS AVAILABLE IN FY 2019 TO \$16,500,000

MENTAL HEALTH SERVICES FOR VULNERABLE POPULATIONS: CBOs and Advocacy Networks provide mental health programs, services, and referrals to the most difficult to serve and clinical and practice management trainings to their providers.

- Bailey House, Inc.
- Brooklyn Community Services
- Center for Urban and Community Services
- The Child Center of New York
- The Children's Aid Society
- The Coalition for Behavioral Health, Inc.
- Greenwich House
- New Alternatives for Children
- Riverdale Mental Health Association
- Samaritans of New York

COURT-INVOLVED YOUTH MENTAL HEALTH INITIATIVE: Assesses risk for mental health concerns and connects court-involved youth with CBOs familiar with City and State Agencies.

- Acacia Network / Puerto Rican Organization to Motivate Enlighten & Serve Addicts, Inc.
- Astor Services for Children & Families
- Catholic Charities Neighborhood Services
- Center for Alternative Sentencing & Employ. Services (CASES)
- The Child Center of New York
- The Children's Aid Society
- The Coalition for Behavioral Health, Inc.
- The Fortune Society
- Good Shepard Services
- Jewish Child Care Association
- New Alternatives for Children
- Northside Center for Child Development
- The Osborne Association
- Safe Horizon
- SCO Family Services
- Staten Island Mental Health Society, Inc.

GERIATRIC MENTAL HEALTH: Provides mental health services to seniors in non-clinical settings.

- The Bridge
- BronxWorks
- Bronx Jewish Community Council, Inc.
- Catholic Charities Neighborhood Services
- Chinese-American Planning Council, Inc.
- East Side House, Inc.
- Grand Street Settlement, Inc.
- Hudson Guild
- Lenox Hill Neighborhood House
- Project Hospitality
- Riverdale Mental Health Association
- Samuel Field YM & YWHA
- SBH Community Service Network (Sephardic Bikur Cholim)
- Services and Advocacy for GLBT Elders (SAGE)

- Service Program for Older People (SPOP)
- Spanish Speaking Elderly Council – RAICES
- Sunnyside Community Service, Inc.
- Visiting Nurse Services of New York Home Care

MEDICAID REDESIGN TRANSITION: Assists CBOs to transition to the managed care model.

- Amida Care
- Astor Services for Children & Families
- Catholic Charities Neighborhood Services
- Jewish Board of Family and Children’s Services
- New Alternatives for Children
- Riverdale Mental Health Association
- SCO Family of Services
- University Settlement Society of New York

DEVELOPMENTAL, PSYCHOLOGICAL AND BEHAVIORAL HEALTH: Targets people with chemical dependencies, developmental disabilities and/or serious mental illness.

- Catholic Charities Neighborhood Services
- The Child Center of New York
- Greenwich House, Inc.
- Hamilton-Madison House
- Institute for Community Living
- Jewish Board of Family and Children’s Services
- Montefiore Medical Center
- OHEL Children’s Home and Family Services
- Staten Island Mental Health Society

CHILDREN UNDER FIVE: Helps children who have experienced violence directly or indirectly.

- Safe Horizon
- Safe Space/ Sheltering Arms
- Montefiore Medical Center
- University Settlement Society of NY

AUTISM AWARENESS: Supports autistic children and their families during non-school hours.

- Marlene Meyerson Jewish Community Center in Manhattan
- Mosholu-Montefiore Community Center
- OHEL Children’s Home and Family Services
- Ramapo for Children
- Samuel Field YM & YWHA
- Shorefront YM-YWHA of Brighton-Manhattan Beach
- YM & YWHA of Washington Heights & Inwood

All Initiatives		FY 19 Request
DOHMH	Mental Health Services for Vulnerable Populations	\$2,000,000
DOHMH	Court-Involved Youth Mental Health Initiative	\$2,500,000
DOHMH	Children Under Five	\$2,000,000
DOHMH	Geriatric Mental Health	\$2,500,000
DOHMH	Medicaid Redesign Transition	\$1,000,000
DOHMH	Developmental, Psychological & Behavioral Health Services	\$2,500,000
DOHMH	Autism Awareness	\$4,000,000
TOTAL		\$16,500,000

For more information, please contact Christy Parque cparque@coalitionny.org
or Doug Berman dberman@coalitionny.org at The Coalition



SUPPORT THE COALITION'S BEHAVIORAL HEALTH PROGRAMMING

THE COALITION IS GRATEFUL TO THE CITY COUNCIL FOR THEIR COMMITMENT TO FUNDING OUR TECHNICAL ASSISTANCE AND TRAINING PROGRAMS THAT ARE CURRENTLY FUNDED THROUGH THE MENTAL HEALTH SERVICES FOR VULNERABLE POPULATIONS INITIATIVE AND THE COURT INVOLVED YOUTH MENTAL HEALTH INITIATIVE.

WE URGE THE CITY COUNCIL TO REAPPROPRIATE AND INCREASE THE FUNDS AVAILABLE FOR THE FOLLOWING (2) INITIATIVES THE COALITION CURRENTLY PARTICIPATES IN:

The Coalition for Behavioral Health Ask - FY 2019: \$245,000

The Coalition for Behavioral Health currently receives funding for the following Mental Health Initiatives:

MENTAL HEALTH SERVICES FOR VULNERABLE POPULATIONS

This funding supports advocacy networks that provide a range of mental health programs, services, trainings, and referrals throughout the City, addressing the mental health needs of vulnerable and marginalized populations.

The Coalition for Behavioral Health's Professional Learning Center (PLC) educates behavioral health providers on cutting edge clinical and business practices to advance service delivery, improve health outcomes, and increase the fiscal viability of community based organizations. Most of the trainings offer Continuing Education credits for Social Workers and other licensed professionals. Each year, we train nearly 600 health care providers and expect to maintain this trend going forward. Our comprehensive training package is targeted to multiple levels of the behavioral health workforce, from practitioners to executives, to facilitate a top down and bottom up approach to system transformation.

Application Reference: 61373

Coalition FY19 Ask: \$100,000

COURT-INVOLVED YOUTH MENTAL HEALTH INITIATIVE

This funding supports programs that assess juveniles in the arrest process for mental health concerns and provide family counseling and respite services. The initiative also supports efforts to connect court involved youth to other CBO's familiar with the Courts, and other City and State agencies.

The Coalition has provided technical assistance and training to the 15 agencies designated to receive funds under the CIY Initiative. The Coalition has trained nearly 1,000 individuals to date and plans to continue to deliver services to the CIY agency cohort. We are also expanding the services to providers who display an interest in working with justice-involved youth.

Application Reference: 61551

Coalition FY19 Ask: \$145,000

For more information, please contact Christy Parque cparque@coalitionny.org at the Coalition

www.coalitionny.org

123 William Street, Suite 1901, NY, NY 10038

Phone: (212) 742-1600

Document created March 1, 2018



moving victims of violence from crisis to confidence

**Testimony of
Nora Moran,
Safe Horizon**

On the Mayor's Fiscal Year 2019 Preliminary Budget

Committee on Mental Health, Disabilities, and Addiction

Hon. Diana Ayala, Chair

New York City Council

March 20, 2018

Thank you for the opportunity to testify before you today regarding mental health services funding in the Mayor's Fiscal Year 2019 Preliminary Budget. My name is Nora Moran, and I am the Policy Director for Government Affairs at Safe Horizon. Safe Horizon is the nation's leading victim assistance organization and New York City's largest provider of services to victims of crime. Safe Horizon's mission is to provide support, prevent violence, and promote justice for victims of crime and abuse, their families and communities.

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 pleased to partner with the City Council in a collective effort to make our city safer. We look forward to helping you and your staff learn how best to assist a victim of crime, and what resources are available in your borough and community.

Over the last several years, the City Council has been a key supporter of our programs helping adult and child victims of 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, it demonstrates the value that you and your colleagues place in helping victims of crime access desperately-needed shelter, services, legal assistance, and counseling.

This testimony will provide an update to the Committee on Mental Health, Disabilities, and Addiction on two City Council Initiatives funded through the Department of Health and Mental Hygiene which help Safe Horizon move child victims of crime from crisis to confidence. These initiatives are part of our Counseling Center.

Safe Horizon's Counseling Center is one of the only New York State licensed mental health clinics that focuses solely on trauma-focused treatment for survivors of crime and abuse of all ages. We use evidence-based approaches to help survivors overcome trauma reactions that they can experience for months or years after. The Counseling Center serves adults, children and their families. Our clients have experienced all types of abuse. We have helped survivors as young as seven months and as old as 78. In recent years, we have expanded the reach of our clinic to embed mental health treatment in more Safe Horizon programs, such as our Community Programs and domestic violence shelters.

Children Under Five (CU5)

Safe Horizon has been a long-standing recipient of the City Council's Children Under Five mental health initiative, which helps to support our work with the city's youngest victims of crime.

At Safe Horizon, CU5 funds allow us to train all staff at our Rose House and Lotus House domestic violence shelters to identify the signs of trauma in young children, as well as providing review for previously trained staff. We also are able to provide clinical consultations to staff at all 8 of Safe Horizon's domestic violence shelters, so that these staff begin to understand how to identify trauma and to facilitate integration of mental health screenings and assessments into shelter operations. We train Counseling Center staff in Child Parent Psychotherapy modalities, so that young children who are Safe Horizon clients in other programs—such as Family Justice Centers, legal services, or Community Programs—can be referred for trauma-focused treatment if needed.

By training a greater number of individuals who come into contact with these children to recognize signs of trauma, we connect them with evidence-based treatment, which provides comfort and healing and supports healthy development.

Without trauma-informed intervention, there may be lifelong developmental consequences. Identification of emotional, behavioral and mental health challenges related to trauma and provision of appropriate interventions are crucial for long-term positive outcomes for children and their families. Screenings, assessments, trauma-informed treatment and linkage to community resources are all important to identify and respond to social-emotional problems related to trauma. It is particularly important with a young child population to build the capacity of parents/caregivers and staff charged with caring for young children to help them support these children's social-emotional wellbeing and resiliency in the face of adversity in communities.

We are particularly grateful to the City Council for its long-standing support for our mental health work with young children. **To help ensure that we have the capacity to support young children who have been victims of or witnesses to crime, we ask the City Council to restore \$115,385 to Safe Horizon through the City Council's Children Under Five Initiative in FY19.**

Court-Involved Youth Mental Health Initiative

The Court-Involved Youth Mental Health Initiative allows Safe Horizon to share our unique vision, expertise, and network of services by developing clinical guidance for screening traumatized youth who have been involved in the criminal justice system. Based on our screening, many of the youth may in fact be trauma survivors themselves who should be linked to appropriate mental health services. This initiative also allows us to continue to receive referrals of court-involved youth from partner organizations as well as from our own Safe Horizon programs.

Currently, Safe Horizon is developing and piloting a training for providers on how to intervene effectively with youth engaged in Extreme Coping. Last year, Safe Horizon presented a paper to DOHMH and other Court-Involved Youth providers that outlined the concept of Extreme Coping, with an emphasis on young men of color. This paper described how trauma, racism, and gendered socialization lead traumatized young men and boys to verbalize or express distress in aggressive terms, but this is actually an attempt to "solve the problem" of fear, pain, shame, and other intolerable feelings they might be experiencing. This concept of Extreme Coping resonated strongly with our colleagues working with court-involved youth, and Safe Horizon was asked if we could provide training in how to intervene with youth engaged in Extreme Coping. We are in the process of developing a training for providers on intervention with court-involved youth engaged in Extreme Coping, which will include a Powerpoint presentation, a mixed methods evaluation, and brochures and supporting materials.

In order to continue this important work to support court-involved youth and the organizations that serve them, we ask the City Council to restore \$125,000 to Safe Horizon through the City Council's Court Involved Youth Mental Health Initiative in FY19.

For any questions, please contact me at 212-577-7739 or at nora.moran@safehorizon.org.



Testimony of Marjory Antoine

Birch Family Services Testimony

Regarding the Preliminary Budget Hearing - Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services

March 20, 2018

Good afternoon Madame Chair, Diana Ayala, and members of the committee. I am Marjory Antoine, Deputy Director of Ed Programs for Birch Family Services. I appreciate the opportunity to testify before you today in support for autism care and family support in our city.

For more than 40 years, Birch Family Services has provided comprehensive and quality services in education, habilitation, family support and residential programs for individuals with autism and other intellectual disabilities throughout New York City. Birch has an ecosystem of schools, residences, and day-habilitation locations to address the needs of individuals with autism. Our agency supports almost 2,000 families in meeting the challenges faced in raising children with special needs.

Currently, resources for individuals with autism are not adequate to meet the growing needs of this population. In 2002, 1 in 150 children were identified with autism spectrum disorder. Today, 1 in 68 children are identified with autism spectrum disorder (ASD) according to estimates from CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network.

500,000 individuals with autism, will age into adulthood over the next ten years with 17, 000 in NYC and adjacent countiesⁱ. As these individuals age into adulthood and attempt to gain meaningful employment, they will face many of challenges. There is an 85 % unemployment rate for college graduates with autism.ⁱⁱ In 2011-2012, the rate of unemployment for individuals with intellectual disabilities was 21%, twice the rate for individuals without disabilities 9%.ⁱⁱⁱ

Today, the disparity in employment still exists. The national unemployment rate for people with disabilities is 8.6%, twice that of people without disabilities which is 4.2%.^{iv}

Iris, a single mom whose son has autism, once described her son's future as "very bleak". She was told that her son would never have gainful employment because of his autism. Today, Anthony is working at Fairway. The impetus for change in the trajectory of Anthony's future was opportunity. We provided him with employment readiness skills, job placement, support and guidance.





Services dedicated to supporting adolescents, adults with autism and intellectual disabilities as well as their families is critical to ensuring that they become integral members of their communities. They must be given the supports and resources necessary to obtain competitive employment and be a part of our City's economic engine.

We believe additional funding for the Autism Awareness Initiative will greatly benefit individuals with autism and their families in NYC.

Thank you

ⁱ <https://www.integrateadvisors.org/>

ⁱⁱ <https://www.dol.gov/odep/>

ⁱⁱⁱ Research Cooperative Agreement to Promote the Health of People with Intellectual Disabilities

^{iv} <https://www.dol.gov/odep/>





Asian American Federation

Testimony for New York City Council Budget and Oversight Hearings on The Fiscal Year 2019 Preliminary Budget, The Preliminary Capital Plan for Fiscal Years 2019-2022 and The Fiscal 2018 Preliminary Mayor's Management Report Submitted to the New York City Council Committee on Mental Health, Disabilities, And Addiction

March 20, 2018

Thank you, Diane Ayala, the chair of the Committee on Mental Health, Disabilities and Addiction, for holding this Preliminary Budget hearing today. I am Joo Han, Deputy Director for the Asian American Federation.

The Asian American Federation's mission is to raise the influence and well-being of the pan-Asian American community through research, policy advocacy, public awareness, and organizational development. Established in 1989, the Asian American Federation (AAF) is a pan-Asian nonprofit leadership organization that strengthens the capacity of community-based social services by supporting and representing 65 Asian-serving member agencies in the fields of health and human services, education, economic development, civic participation, and social justice.

Asians are the fastest-growing racial/ethnic group in New York City, having increased by 50 percent from 2000 to 2016, and now comprise 15 percent, or 1.3 million, of the City's overall population. Asians are also the only racial group for which suicide was consistently one of the top 10 leading causes of death in New York City from 1997 to 2015 (Office of Vital Statistics and Epidemiology, 1997-2015). In New York State, suicide is the second leading cause of death for Asian Americans ages 15-24 and the third leading cause for those ages 10-14 and 25-34.

In October, 2017, AAF released a report on *Overcoming Challenges to Mental Health Services for Asian New Yorkers*, based on a year-long study of the mental health issues and service capacity challenges that 22 Asian-led and Asian-serving community-based organizations had observed among the pan-Asian communities in New York City. In the report, we highlighted the increasing visibility of mental health needs among Asian New Yorkers and provided recommendations to address the major challenges impacting the Asian community, which includes increasing access to linguistically and culturally competent mental health services. We identified four major challenges to mental health services for Asian New Yorkers:

- The scarcity of community education programming that is linguistically and culturally competent to build awareness and acceptance of mental health as a health concern, as mental illness is deeply stigmatized in many Asian communities and mental health care is viewed as a Western concept;
- The shortage of linguistically and culturally competent mental health practitioners and services, which is particularly egregious in areas of specialty, such as drug or alcohol abuse, gambling addiction, domestic violence, and LGBTQ topics and challenges;

- Access to mental health care services, as there are few entry points beyond individualized therapy and the cost of services is a deterrent for those without health insurance; and
- The lack of research into the mental health needs of and service models that work best for the Asian community due to the absence of disaggregated data for Asian ethnicities and funders' proposal criteria that oftentimes exclude integrated or alternative service models.

For instance, even though a higher percentage of Asian American high school and college students report experiencing depressive symptoms compared to their White counterparts, Asian Americans are the least likely of racial groups to report, seek, and receive medical help for depressive symptoms due to a lack of knowledge, cultural stigma, insurance limits, and a dearth of linguistically and culturally competent service providers (Abe-Kim et al, 2007).

Specifically, only two percent of Asians will mention symptoms of depression to their doctor, compared to the national average of 13 percent (Office of the Surgeon General, 2001). Another study found that most young Asian Americans tend to seek out support from personal networks such as close friends, family members, and religious community members, rather than seek professional help for their mental health concerns (Spencer et al, 2010). Participants in that study stated that the biggest deterrent in seeking professional help was the deep stigma surrounding mental health issues, as well as a general lack of awareness about resources and services available to them. That study also found that most Asians had difficulty accessing mental health services because of language barriers. These results suggest a need for more linguistically and culturally specific services and greater collaboration between formal service systems and community resources.

The lack of access to in-language, culturally competent mental health services is a significant challenge for Asians. Even if we were to increase awareness about mental health and build service capacity to address those needs, there are no clear service entry points for Asian New Yorkers to access care. Investments must be made to create multiple entry points for accessing mental health services and to make services more affordable in general.

Beyond individualized therapy, there are no clear entry points to accessing preventive mental health services. Current funding priorities emphasize building access to those individualized services, which is of little help to Asian communities that rarely utilize one-on-one therapy sessions or other individualized services. According to our report, the Asian community needs preventive programs that use a programmatic model to help people develop coping skills and peer support networks. Additionally, more educational groups or class formats would be less intimidating or offer a more appealing introduction to mental health services compared to individualized therapy sessions. Having these programs integrated into existing services that Asians utilize are the most effective way to reach populations that continue to have reservations toward mainstream mental health care models.

Additionally, connecting Asians to mental health services requires building a network of connections to mental health services. The lack of awareness about mental health challenges and resources for Asian Americans often extends to service providers in Asian communities. The capacity and connections built through developing awareness and acceptance of mental health as a health concern will help to increase connections between mental health services and the initial touch points, such as primary care physicians, home attendants, staff from community-based organizations, immigration lawyers, and religious leaders.

Even after connecting with mental health services, many Asian patients have challenges in continuing treatment. One concern is being able to pay for services. Asians who do not have insurance coverage or are undocumented must pay out of pocket. About 14 percent of Asians in New York City do not have health insurance coverage. Another challenge to accessing health insurance for mental health exists for Asian youth, who may not want parents to know they are seeking treatment but need their permission to access services since their parents are the primary insured.

Even if payment is not an issue, many Asian clients may not continue treatment. Suspicion of medication leads many to stop medication once symptoms subside. Some parents will only send children to mandated sessions and stop once they satisfy authorities' requirements. Overcoming the cultural stigma of mental illness will ultimately require the patient and their families to buy into the treatment rather than comply out of compulsion.

In order to increase access to mental health services, we must: 1) fund Asian organizations' efforts to engage community members at the places where they seek help; 2) support programming that integrates mental health services through other social services; and 3) invest in support groups run by Asian organizations for clients who are receiving treatment and/or are on medication.

To avert what is quickly becoming a public health concern in the pan-Asian community, we propose a series of steps to increase the non-clinical mental health services available to the community. These steps include:

- Developing a training program for Asian-led social service organizations using models of non-clinical service delivery that utilize existing services and programs. The program will:
 - Utilize models which integrate mental health concepts into existing programs or services, such as youth leadership programs, parenting skills workshops, senior activities, etc.
 - Use peer training to share successful models across Asian communities.
 - Support organizations adopting the new models to ensure success.
 - Incorporate mental health first aid for key touch points in the Asian communities where people seek help, such as social service front-line staff, religious leaders, primary care physicians, home care attendants, and alternative medical providers.
- Creating a network of non-clinical mental health service providers serving the Asian communities of New York City. The purpose of the network is to share resources and knowledge about best practices and available services.
- Developing a shared database of mental health service providers.
- Providing cultural competency training for mental health service providers.

We would like to continue this discussion and work with the City on how to address the mental health service needs of Asian New Yorkers, especially those who are immigrants and are especially challenged in accessing adequate health care.

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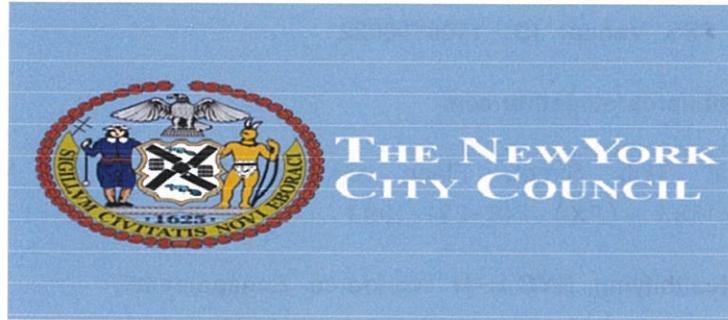
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Healthifying Workforce Engagement

*A No Layoff - \$40M Investment -
For A \$500M Cost Savings Outcome*



**Modernizing
NYC H+H T-BACKS™**
Thinking, Behavior, Attitude,
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For A Changing Health Care Landscape

**Healthifying Our
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**\$500M Cost
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Name of Organization: **Get Healthier Care Together Inc.**

IRS Status: 501 C 3 Tax Exempt

EIN: 81-1735495 SFS Vendor ID -1100168022

Website: www.healthiercaretogether.com

Address: 127 East 38th Street, Floor: Ground, Brooklyn, New York 11203
(PH) 718-467-1583 (FX) 718-221-1083

Project Name: "Healthifying NYC H+H Workforce Engagement"

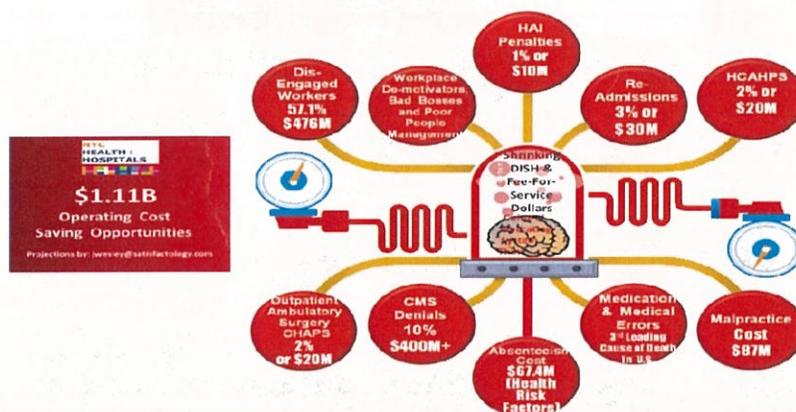
Purpose of Funding

We are seeking \$40M to upgrade NYC H+H star rating performance from a 1 star rating to 3-5 stars within 3 years. We are also seeking \$40M to retrofit NYC H+H Workforce knowledge and skills to optimize outcome health results and embark on a \$500M cost saving journey.

- To Healthify workforce engagement and development, restore organizational financial health and improve community health outcomes. Upgrade workforce and organizational **T-BACKS™**

Transformation: Thinking, Behavior, Attitude, Communication, Knowledge and Satisfying Skills to position workforce performance to thrive in the changing health care landscape now and for generations to come.

ROI Cost Savings To Be Realized From:



Budget Period: April 1, 2018 – April 1, 2021

Total Project Budget: \$40M

Dates Covered by Project Budget: April 1, 2018 – April 1, 2021

Director: Jerry Wesley, Health Care Transformation Futurist 718-467-1583

jwesley@healthiercaretogether.com

Contact: Dr. Anthony Iroh, Ph.D , Chief Effectiveness Officer 718-467-1583

airoh@healthiercaretogether.com

**We Are Requesting \$40M To Retrofit
NYC H+H Workforce Performance
To Optimize Outcomes In The
Changing Health Care Landscape**



THE PROBLEM:

Since the Affordable Care Act was signed in 2010, the health care landscape has been shifting toward higher quality, safety, value and healthier outcomes.

These new regulatory demands are attached to new models of care that come with new payment models that are now used to generate revenue. Optimizing these payment models requires a performance level that the current knowledge and skills of our workforce can't scale.

Unable to generate enough revenue through its workforce, NYC H+H is counting on layoffs through attrition to help balance

their books –leaving the remaining workforce to face unrealistic

performance expectations and unproductive workloads that put their safety

and patient care at risk.

We got here because the collective response of NYC H+H to these

new demands has been drastically slow. So much so, NO ONE has

adequately prepared the workforce with the updated knowledge and skills

needed to meet these new demands and be able to thrive in the changing

health care landscape.

Instead of moving quickly to align the workforce for value-based care readiness,

the slow response across the board, has left the thinking, behavior, attitudes,

communication, knowledge and skills of our workforce, entrenched in outdated

paradigms, practices, processes, systems and culture that are unsupportive of the

industry's new aim and goals

With your permission to be brutally honest here: Can I Go Forward:

When we say "NO ONE" has adequately prepared the workforce for this

paradigm shift this includes but not limited to the following :

- **Not The Civil Service, Mayor's Office, City Council Members or Borough Presidents and Governor**
- **Our NYC, NYS or National Union Labor Leadership**
- **Our NYC & NYS Corporate Health Care Executives**
- **Not Traditional Education Sources - Colleges, Universities, Institutes and;**
- **Even Our Own Civil Service and Unionized Health Care Labor Force**

For this reason, NYC H+H is losing hundreds of millions of dollars it could otherwise be saving. Of the 34 One (1) Star rated hospitals in New York State, (out of CMS Five (5) Star Rating System), NYC H+H has 8 of them:

- 1. Lincoln Medical & Mental Health Center (Bronx)**
- 2. Jacobi Medical Center (Bronx)**
- 3. Elmhurst Hospital Center**
- 4. Coney Island Hospital (Brooklyn)**
- 5. Kings County Hospital Center (Brooklyn)**
- 6. Bellevue Hospital Center (New York City)**
- 7. Queens Hospital Center (Jamaica)**
- 8. Harlem Hospital Center (New York City)**

Ready or not, the demand to meet new requirements has already started:

- 30% percent of payments will be tied to **alternative payment ACO or bundled payment** arrangements by the end of 2016.
- 50% percent of payments will be tied to **alternative payment ACO or bundled payment** arrangements by the end of 2018.
- 85% of all traditional Medicare payments such as **Hospital Value Based Purchasing and Hospital Readmissions Reduction** will be tied to **quality or value** by 2016
- 90% of all traditional Medicare payments such as **Hospital Value Based Purchasing and Hospital Readmissions Reduction** will be tied to **quality or value** by 2018.

The following is a description of performance ratings that describes the quality of care:

- 5 Star - Excellent
- 4 Star - Above Average
- 3 Star - Average
- 2 Star - Below Average
- 1 Star - Poor

We are seeking \$40M to upgrade NYC H+H star rating performance from a 1 star rating to 3-5 stars within 3 years. We are also seeking \$40M to retrofit NYC H+H Workforce knowledge and skills to optimize outcome health results and embark on a \$500M cost saving journey.



**Testimony to the NYC Council Committee on Mental Health, Disabilities and Addiction
Preliminary Budget Hearing
Submitted By: Harriet Lessel, Director of Government Contracts and Advocacy
March 20, 2018**

Good afternoon. My name is Harriet Lessel and I am the Director of Government Contracts and Advocacy at JCCA. I want to thank Committee Chair, Diana Ayala, and all the committee members for the opportunity to testify at today's hearing. JCCA is very appreciative of the Council's interest in issues facing court involved youth.

JCCA is here today to support the request of the Court Involved Youth and Mental Health initiative in the amount of \$2.5 million dollars for FY 19. 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 who are familiar with city and state agencies. 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. The Council's Court Involved Youth and Mental Health initiative addresses that lack of access through best practices in support services and referrals.

JCCA is fortunate enough to be one of the nonprofit partners in the Court Involved Youth and Mental Health Initiative. Our program, entitled Second Chances, operates out of our Brooklyn office and provides services to youth referred throughout the borough. The purpose of the program, is to identify, engage and offer services to youth, ages 12-16, who are actively involved or at risk of involvement with the justice system, and who may be struggling with personal issues or mental-health concerns. The program includes the following components: outreach, screenings, crisis intervention (as needed), preparatory counseling, linkages or referrals to programs that meet the needs identified in the screening, and a twelve-week Leadership Group.

To identify youth for the program, JCCA works closely with the Department of Probation, Legal Aid Services, the District Attorney's office, the Police Athletic League, local precincts, local schools, and more. Through these agencies, JCCA is referred clients who are going through probation intake, who have violated the conditions of their alternate placement and are at risk of alternate placement, or who exhibit behaviors that strongly predict potential involvement in the criminal justice system.

Once youth are identified, JCCA staff assess whether there is a need for mental health services, family-based counseling, or other evidence-based practices. Self-administered screening tools allow the social worker to better understand youths' individual needs. Additional assessments take into account the multiple layers of trauma, and the emotional, behavioral, and mental health challenges the youths and families may be facing.

Once assessed, youths and their families who have faced problems due to undiagnosed mental health issues can receive the resources they need. These resources include family counseling and engagement; information to families about available mental health services, child-serving systems, family rights/entitlements; and education. The agency's unique array of services allows JCCA to refer these young people and their families directly to programs such as Functional Family Therapy, Brief Strategic Family Therapy, and more. Unlike some programs that only provide information about referrals, JCCA staff are able to maintain relationships with the youths and their families, and follow up to ensure that participants are participating in programs, and receiving care. To provide services beyond JCCA's walls, staff work to develop relationships with community-based organizations that can provide other resources to the youths where they live. Additionally, youth will be able to participate in a Leadership Group where they will learn about themselves, how to make good decisions and become change agents. The group will meet twice a week for 12 weeks, and JCCA will run 3 cycles of this group this year.

Funds are utilized for the dedicated staff who will continue to develop the program. In addition to running all activities, staff also establish positive working relationships with organizations around New York City that will refer and act as supports for these youth in order to ensure a seamless experience.

For the first six months of FY 18, Second Chances has screened 30 youth, made 13 referrals to services like in-home waiver services, individual therapy, transfer high schools, vocational programs, and substance abuse programs. Second Chances successfully linked 10 youth to needed mental health services, and enrolled 22 youth in its popular "Aim High" leadership group. We were able to outreach to 70 individual youth, and every month we conduct email outreach to over 1400 providers in the city. We also conducted a number of Introduction to Anger Management Workshops at six different Alternative Learning Centers, reaching over 50 youth. Additionally, we receive referrals into our program from a variety of city and state agencies including ACS, DOP, and OCFS, as well as local high schools and service agencies such as the Legal Aid Society.

During the summer, Second Chances had a Summer Youth Enrichment Program. Youth ages 12 to 17 participated in the summer long program, and engaged in creative activities that focused on self-exploration and expression. During the first month group members engaged in art activities based on the theme of "Who Am I?" Discussions regarding character traits and leadership traits were woven in throughout the activities. During the second month, group members engaged in activities around team building and experienced different areas of the city. During the final group, a final project was created by the youth who participated as well as a celebration marking their accomplishments of completing the program.

During the past two years Second Chances has hosted a Holiday Celebration for current clients and alumni of the program. At Second Chances we believe these community building events can make a positive impact on the lives of the vulnerable children we assist and have previously assisted. We made sure that all youth received presents during the Celebration. We worked tirelessly to secure donations for gifts and food by local businesses. We also created a talent show so that youth could have a creative outlet to express themselves. We have received wonderful feedback regarding these celebrations and many participants attending the Holiday Celebration two years in a row! It also gave alumni youth to re-connect with friends that they have made in previous groups and to remain connected to the JCCA community. We want the youth and their families who are alumni to feel that they can contact the

program even after completing it. Often times we have youth and families contact us for additional referrals or to just check in with how the youth is doing.

The following is a story of a young person who was assisted by the Second Chances program. Leslie became engaged in services with Second Chances when she was 12 years old. Leslie's first several years of her life were traumatic and she was eventually removed from her biological parents and adopted at the age of 4. Leslie had been diagnosed with ADHD and a number of medical conditions as well. Leslie would often hoard food or other items as a reaction to the severe neglect and abuse she experienced in the first few years of life. She was often in trouble at school for stealing food or having outbursts. Leslie came into Second Chances in order to learn anger management skills. She was identified as having an explosive anger style and worked over many months to identify her triggers and learn coping strategies which she now puts into use during her daily life. Leslie also participated in the Aim High Youth Leadership Group and the Aim High Summer Youth Enrichment Program. Leslie has not had a physical or verbal outburst in over six months. Leslie has not had any incidents of stealing in over nine months. Leslie has recently been accepted into her first choice for High School!

In its fifth year of operation, JCCA's Second Chances program will work to engage 64 court-involved youth. With additional funds, JCCA will enhance the vocational services component of the program by offering internships. By intervening in the early stages of youth justice-system involvement, and connecting youths and families to needed services, we anticipate that the participants of JCCA's Second Chances program can become healthy, productive members of the community. We respectfully request that the Council fund the Court Involved Youth and Mental Health initiative at the \$2.5 million dollar request.

JCCA is one of the oldest, most distinguished child and family services organization in the nation. We provide comprehensive care to thousands of children, young people and families who come from New York's diverse communities. Since 1822, we have embraced those who need us most — abused, neglected and traumatized young people who are struggling with poverty, developmental disabilities and complex mental illness. Our programs include foster and residential care, educational assistance and remediation, case management for young people with mental health challenges and services to families to prevent child abuse and maltreatment. JCCA offers safety, stability and lifesaving support to help our clients transform their lives. Our programs help more than 16,000 children and families annually. In everything we do, we are guided by the Jewish mandate of tikkun olam — the responsibility of every person to make the world a better place.

For more information, please contact: Harriet Lessel, Director of Government Contracts and Advocacy at 212-558-9918, or lesselh@jccany.org



HEALTH PEOPLE

Community Preventive Health Institute

Good Afternoon Madam Chair and Committee Members,

March 20, 2018

I am Chris Norwood, Executive Director of Health People, an entirely peer-educator facilitated chronic disease and AIDS prevention and education community group in the Bronx.

I am here to urge the Committee on Mental Health, Disabilities and Addiction to recognize the major role of diabetes in worsening---and often causing---the conditions of such concern to the Committee. Just for a summary: people with diabetes have rates of depression and anxiety double or more those of the general population----up to 30% to 50% of people with diabetes. Diabetes is clearly the greatest cause of preventable disability---including such severe disability as blindness, lower limb amputation, and kidney failure with resulting dialysis. Uncontrolled blood sugar, also, obviously, makes it that much harder for people to deal with recover from substance abuse.

In the face of the undisputable---unacceptable---devastation cause by diabetes, we have absolutely no New York City Department of Health and Mental Health plan. Last year, when Commissioner Bassett arranged for our citywide diabetes prevention group to meet with three Ass't Commissioners to discuss our concerns, we were outrightly told, " Diabetes is not a priority for the New York City Department of Health."

I have to say that the lack of programming and funding makes it only too obvious that diabetes isn't a New York City priority. But, while it's not a priority, it is tragedy. Most of the devastation of diabetes is preventable. The National Diabetes Prevention Program---a Centers for Disease Control-approved multi-session course for pre-diabetics---reduces their risk of actually developing diabetes by 60%! This is an extraordinary result, but New York City will not allocate funding to put this course in the highest risk communities; the Stanford Diabetes Self-Management Program, a six-session course for people who already have diabetes, teaches them good self-care and measurably reduces their blood sugar levels, depression and long term complications. But New York City will not fund it.

I am asking you to help our city look at the ways this epidemic does not have to devastate community-after-community. Most important, fighting diabetes is something community members---including those from high risk communities---can do themselves. We have shown over and over, that you can train local people---including those without a high school degree---to deliver these courses---get outstanding ,measurable results and fight diabetes very successfully.

We hope this Committee will support communities as they step forward, themselves, to start the effective diabetes and self-care that is so badly needed.

Sincerely, Chris Norwood, Executive Director, Health People ChrisNorwood@HealthPeople.org

Special Report: The Horrible Impact of Diabetes in the Bronx

**By Chris Norwood, Executive Director, Health People: Community Preventive Health Institute
May 23, 2017**

The Bronx already has 162,864 residents with diabetes. Without prevention, it will have a projected 55,520¹ more cases in the next five years. To fully understand the extent to which the Bronx has been abandoned by the New York City and New York State Departments of Health---neither of which has a comprehensive diabetes prevention plan or even bothers to fund the best proven and most effective diabetes prevention education---it is crucial to look at the pain, havoc, expense and communal despair diabetes already costs the Bronx.

The following is a focused look at Bronx caseloads for diabetes and its horrific complications:

In the Bronx, 15% of adults over age 18 already have diabetes---the highest rate of any county in New York City or State. As a consequence of this high rate---and the fact that, just as preventive education is unavailable for those at risk, good self-care education is almost unavailable for those already diagnosed with diabetes---complications from diabetes are disabling thousands and thousands of Bronx residents leaving families and communities in utter despair.

Lower Limb Amputations

One of the worst complications is lower-limb amputations, which routinely leave people severely disabled. The Bronx rate of lower-limb amputations is staggering ---not only higher than every other borough but almost double the New York City average.

Hospitalizations with diabetes as principal diagnosis among adults

New York City Borough	Number	Rate per 100,000
<i>NYC Overall</i>	<i>20,406</i>	<i>318.9</i>
Bronx	5,151	515.2
Brooklyn	7,024	373.4
Manhattan	2,875	218.3
Queens	4,330	239.4
Staten Island	1,026	267.3

Hospitalizations for lower-extremity amputation among adults with diabetes

New York City Borough	Number	Rate per 100,000
<i>NYC Overall</i>	<i>2,744</i>	<i>43.0</i>
Bronx	762	76.7
Brooklyn	809	43.4
Manhattan	458	35.2
Queens	591	32.3
Staten Island	124	31.6

* Source: SPARCS 2011

End Stage Renal (Kidney) Disease

Since people with diabetes have a tenfold higher risk for kidney failure than the general population, the Bronx's diabetes epidemic has seen thousands of residents develop kidney failure which chains them to dialysis---and early death. The 5 year survival rate for those on dialysis is only 35%. Diabetes is the cause of 42% of kidney failure ---presenting an enormous opportunity for both the state and city health departments to support the self-care education proven to help people with diabetes avoid such complications; but neither health department does so.

Alzheimer's: Having diabetes increases the risk for developing Alzheimer's by 40 to 70%!

Since unprevented diabetes also means unnecessary Alzheimer's, tragically, but not surprisingly, with its high diabetes rate, the Bronx has the city's highest Alzheimer's rate:

1. Norwood C. Unprevented Diabetes Means Unnecessary Alzheimer's.
<https://www.healthpeople.org/unprevented-diabetes-means-unnecessary-alzheimers/>

Alzheimer's Cases Age to 65 and Older

New York City Borough	Current Alzheimer's Cases (65+ Years)	Current Alzheimer's Rate (%)
All 5 NYC	183,376	17
Bronx	31,690	19.1
Brooklyn	60,647	18.7
Manhattan	31,233	13
Queens	51,326	15.9
Staten Island	8,400	11.9

**Note: Alzheimer's rates are from 2012, the most recent CDC study available; populations are based on the 2015 Census.

The Grim Future

With both the New York State and New York City Health Departments having abandoned any comprehensive, evidence-based effort to fight diabetes, the future looks grim. The city itself estimates that the city has 1.3 million pre-diabetics—people with elevated blood sugar and known to be at high risk for diabetes, yet for whom prevention is still generally effective. For example, the best evaluated prevention course—known as the National Diabetes Prevention Program (DPP)—reduces the risks that pre-diabetics will develop diabetes by almost 60%. Although this is an extraordinary outcome—and the DPP is endorsed by the CDC, the AMA, and the ADA and multiple medical societies—neither the New York State nor City Department of Health pay for it.

Without prevention, the Bronx, which has 221,000 of the city's pre-diabetics, will see a projected new 55,250¹ diabetes cases in the next five years. All these cases, of course, will be at the highest risk in the city for developing complications such as amputation, renal failure and Alzheimer's.

What Can Be Done

For the past 20 years, the diabetes epidemic has worsened and worsened throughout the state and city, without any ordinary public health interventions or sense of urgency.

Although the epidemic has overtaken county after county both upstate and in the city, the situation in the Bronx is not only the worst—but presents a situation that is unprecedented in contemporary public health in New York. Diabetes is well proven to have the worst impact in low-income communities and the highest rates among minority populations. Both the New York City and State Health Departments regularly claim to care about “health disparities,” yet, the worst, most lethal and most costly disparity in New York clearly does not interest them.

While fighting diabetes involves many complex challenges, as long as New York State and New York City refuse to provide the evidence-based preventive and self-care education—which could directly help so many avoid diabetes in the first place—or, at least avoid horrible complications if they do develop diabetes-- their health departments are failing the most basic responsibilities of public health.

What You Can Do

Please tell your city council members and state legislators to support the well proven diabetes prevention and self-care education that should be available—and especially to help community groups in high need communities bring this education right to those who need it most.

Send the same message to the **NYC Health Commissioner Dr. Mary Bassett** by emailing rnarayan@health.nyc.gov and to the **NY State Health Commissioner** by emailing Howard.Zucker@health.ny.gov

For more information, contact Health People:
InHouse@HealthPeople.org or 718-585-8585



Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services Committee

March 20, 2018

Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services Committee Chairwoman Diana Ayala, and distinguished members of the committee, it is the honor of Local 372 - NYC Board of Education Employees, District Council 37 - AFSCME to present testimony on behalf of the 279 Substance Abuse Prevention and Intervention Specialists (SAPIS) we represent, under the leadership of President Shaun D. Francois I.

SAPIS provide essential prevention and intervention services for 1.2 million public school students. Their work is an essential component in school programming, and provides many students as well as families a safety net of services which include: leadership classes, clubs dedicated to mental health awareness, peer mediation training, classroom presentations, counseling services (at-risk, crisis, individual, and group) drug and gang intervention, and a host of additional mental health services for a variety of conditions. These counselors help children keep their focus on remaining learning-ready through the use of coordinated and collaborative proven methodologies to cope with the myriad of societal pressures that detract daily from healthy academic, social, and home environments. SAPIS counselors are responsible for monitoring behavior, as well as offering resources and services to support students when they find themselves struggling and/or struggling to improve.

In 2006, there were 502 SAPIS working throughout the five boroughs. Today, there are less than 300 SAPIS spread across 1,800 schools – a distribution of more than 6,000 students per SAPIS counselor. There are simply not enough SAPIS to address the needs of all of these children and their families. In reality, each SAPIS provides direct classroom lessons and counseling services to an average of 500 students each, with services available in only 325 out of over 1,800 schools.

The loss of more than 200 SAPIS counselors since 2006, has been devastating. The pivotal work that SAPIS perform in our schools is supported by data that indicates a correlative link between the laying off of the SAPIS and a steep rise of drug use and violence occurring in schools. This robs students of the opportunity to a quality competitive education, and ultimately, their futures. The adverse consequences from bullying, gang-affiliation, drug use, drinking, and peer pressure strain relationships, not only in the schools, but across a societal planes. Achieving a sufficient number of SAPIS counselors in the public schools system decreases the negative health, social, and educational consequences that influence behavior in and outside the classroom.

Today's youth are more vulnerable than ever before due to the growing drug abuse epidemic. The Center for Disease Control (CDC) reported that heroin use has more than doubled among young adults ages 18-25, over the past decade. According to a 2013, Youth Risk Behavior Survey from the NYC Department of Health and Mental Hygiene, 8.0% of NYC public high school students in grades 9-12 reported lifetime use of an illicit drug (cocaine, heroin, ecstasy, or methamphetamine). Students are not only using drugs and consuming alcohol, but we are witnessing a rise of prescription drug use amongst high school children, especially in Manhattan and Staten Island. Youth who live in Staten Island reporting at the highest proportion (12.8%), followed by youth who live in Manhattan (11.0%). A core mission of SAPIS is to reduce the prevalence of substance abuse among youth, delay the initiation of substance abuse behavior among youth, decrease the negative health, social, and educational consequences associated with substance abuse and prevent the escalation of substance abuse behaviors to levels requiring treatment.

Local 372 SAPIS employees seek to bring resources and solution driven methodologies to all NYC schools students, in all 32 school districts from K-12, including special education. SAPIS staff are also trained to implement the most effective evidence based programs available. In addition, SAPIS are used to support schools during crisis and are trained and deployed to respond to serious events that affect school communities, such as death of a student or staff member. A specific example of this would be: of the 139 high level crisis situations from September 2014 – March 2015, SAPIS were deployed to assist in 76 of the incidents.

Our message is a simple one: the more support and resources we can offer to our at-risk youth, the more productive they will be in their future. That is why we have set a goal to reach one SAPIS in every school. We also support efforts in the state legislature to help meet this goal, such as legislation sponsored by Assemblyman Michael Miller and Senator James Sanders, Jr., as well as funding support for SAPIS proposed in the Assembly's one-house budget [one-house budgets TBD].

It costs approximately \$71,723 (\$50,100 salary plus \$21,623 fringe) to hire a single SAPIS. After two years of service, the cost per SAPIS is \$82,483 (\$57,616 salary plus \$24,867 fringe). In each of the previous three fiscal years, Mayor de Blasio's office added \$2 million to the city budget towards the goal of fund one SAPIS in every Renewal School. The \$2 million in additional funding was used to add a net 25 new SAPIS counselors who assist in reaching an additional 12,500 at-risk students and their families who would otherwise not have the support they need. If this funding stream is not renewed, it will result in the net loss of these positions and the progress we have made. Today we ask for your continued commitment to our students by

providing a total of \$4 million in next year's budget for SAPIS: a renewal of the original \$2 million add, to maintain the current staffing levels, and an additional increase of another \$2 million, to hire an additional 25 counselors to reach thousands more children in need.

We recognize there are not enough resources to address every issue and service required throughout the city, and that tough decisions must be made over how to allocate limited funds. Last year, the Mayor proposed spending upwards of \$38 million a year in response to the growing scourge of drug addiction and overdose ravaging our communities; we ask you consider that SAPIS counselors' role is to work with our youth to prevent them from succumbing to these devastating pressures in the first place. Investing in SAPIS counselors today will save taxpayer money by preventing drug use in our youth now, thus reducing addictions and overdoses in the long run.

More importantly, every one of our youth – each a unique individual with his or her own hopes, dreams, and aspirations – who might succumb to bullying, peer pressure, drinking and drugs, or gang affiliation absent the support of a SAPIS counselor, but with SAPIS support can instead strive forward to chase those aspirations, is priceless. We at Local 372 thank you for the opportunity to provide this testimony.



Testimony of Bonnie Cohen, LCSW, Senior Director, University Settlement
Committee on Mental Health, Disabilities, and Addiction
March 20, 2018

Thank you for your progressive and continued support of **Children Under Five Mental Health** for the past twelve years. As the *Senior Director for Family and Clinical Services* at University Settlement, I have had the privilege to develop Butterflies into the innovative and successful program it is. As more early childhood mental health programs are funded, and professionals are trained, through Thrive and other initiatives, the Children Under Five Initiatives such as Butterflies continue to demonstrate that our work is needed.

Some of the lessons learned in our work continue to inform the services provided under Thrive, and serve people that would not be reached otherwise. We know that in low-income and immigrant communities, families don't have the time or agency to travel to therapy, nor the trust to seek mental health services. Butterflies provides embedded supports, over the course of the year, in an effort to reach the most compromised and stressed families, in two high-need neighborhoods, offering classroom support, teacher coaching, parent groups, and outreach and engagement as well as a flexible service model, providing individual, dyadic and family sessions, sometimes to the same family.

We believe that we need to have place-based services in East New York and the Lower East Side in order to truly make services accessible to hard-to-engage as well as working families, such as the 3 and 4 year old brothers who receive weekly therapy during the day. A recent example of an immigrant mother with persistent mental health needs and a child with attachment issues engaged in dyadic therapy after 3 years of tenuous engagement in EHS and Early Learn. Butterflies has provided case consultation from the beginning, and although staff identified this family for referral initially and at various intervals, it was through frequent casual encounters with Butterflies staff embedded in the site that the mother was able to develop the trust to engage in a therapeutic relationship.

While we all agree that evidence-based practices are a beacon of hope, there is little to no evidence specifically about serving Asian immigrant children, or families with multi-generational trauma histories in East New York. We must continue to build on the successes and experiences of our work, and to have flexibility to continue to innovate. Our work is just beginning. Recently our Butterflies team was able to provide program consultation to our Park Slope EarlyLearn site following the tragic death of 2 young children, mobilizing a rapid response to offer resources and activities to support the families who experienced vicarious trauma and needed guidance in talking to their young children about death, accidents and news that affected their community.

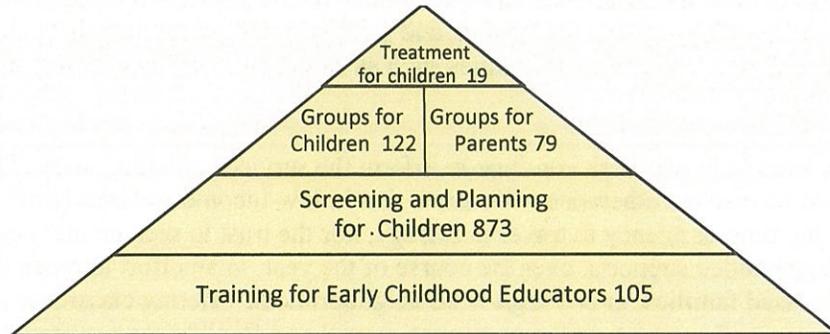
The key to effectively support the *whole child and communities* is to ensure that care, education and mental health services are not in silos. Butterflies provides a comprehensive menu of options for every member of a family, and does so over the course of many years as a family thrives. Through our home visiting, early intervention and the arts, to name a few, parents build trusting relationships which we can leverage at times of trauma and stress.

Other CU5 providers have learned through practice that services are best when they are place-based and *target the child in his or her life*—meaning that the port of entry must be where parents feel comfortable, safe and hopeful, and that services need to be local and accessible. As part of a large Settlement House and community, Butterflies is a trusted program, known to prevention programs, settlement houses, and

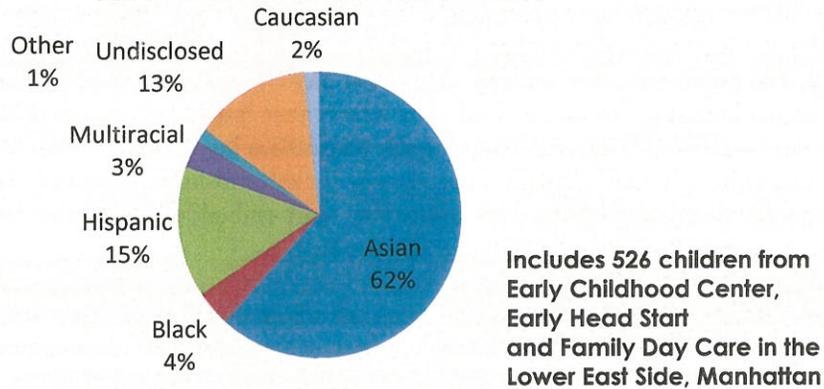
other community-based organizations in the communities we serve. Our participation in community coalitions and workgroups extend our reach and accessibility. We hope to be able to continue to do this important work, and hope you will find a way to make this happen. New York City Council’s historic support of mental health services for children under 5 has been instrumental to ensuring that New York City remains a leader in the field. We look to you again to save this vital program that’s grown and flourished so incredibly over the years, while also increasing access and reach.

Children Under 5 Service Model

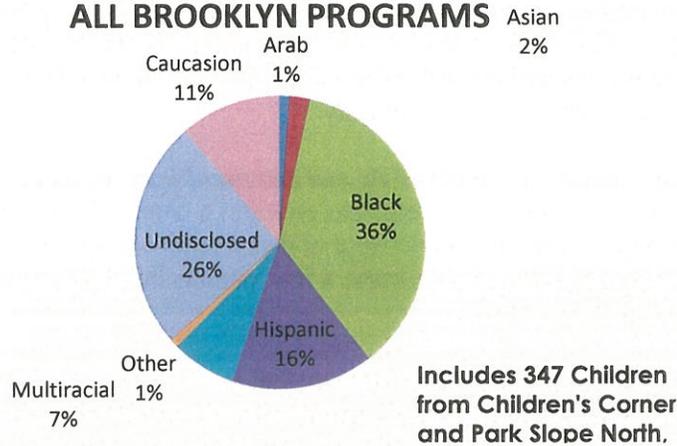
**The families we serve live in the Lower East Side, Chinatown, Brooklyn, Queens and the Bronx.*



All MANHATTAN PROGRAMS



All BROOKLYN PROGRAMS



Testimony of Housing Works
Before
The New York City Council Committee on Health
Regarding
Oversight Hearings on The Fiscal Year 2019 Preliminary Budget
March 20, 2018

Thank you, Chairman Levine and members of the Committee on Health, for hearing my testimony today. My name is Reed Vreeland and I am here representing Housing Works—a healing community of people living with and affected by HIV/AIDS. Founded in 1990, we are the largest community-based HIV service organization in the United States, and provide a range of integrated services for low-income New Yorkers living with and at risk for HIV/AIDS—from housing, to medical and behavioral health care, to job training. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of life saving services, and entrepreneurial business that sustain our efforts.

On behalf of Housing Works and the people we serve, I am here to appeal urgently for your support for vital NYC public health initiatives to address serious public health threats including HIV, tuberculosis (TB), hepatitis C, and overdose fatalities.

NYC Must Address the Overdose Crisis

In NYC, drug overdoses killed 1,374 people in 2016—a 46% increase in unintentional overdose deaths from the previous year.ⁱ This amounts to nearly 4 drug overdose deaths each day. NYC must undertake new, evidence-based approaches to preventing overdose deaths by conducting a closely monitored 2-year pilot of Supervised Consumption Sites in New York City to research the impact of Supervised Injection Facilities on reducing drug overdose death, HIV, and hepatitis C and other negative health outcomes. SCSs are places where people can use pre-obtained drugs in a controlled environment with support from staff trained to help participants to make their drug use safer and to link them to health care services, including drug treatment, and social services, including housing. Internationally, there are more than 100 SCSs (also called supervised injection facilities or drug consumption rooms) in more than 60 cities across the world. See Appendix B for more detail.

Safer Consumption Spaces are effective at:

- Reducing risk behaviors associated with hepatitis C and HIV infection.ⁱⁱ
- Preventing fatal opioid overdosesⁱⁱⁱ and injection-related hospitalizations.
- Decreasing improper syringe disposal and public injection drug use.^{iv}
- Increasing linkage to health care and education, as well as social services, for populations most likely to overdose or contract blood-borne diseases.^v
- Increasing engagement in treatment including opioid antagonist therapy and detox.^{vi}

Safer Consumption Spaces have NOT led to:

- Increases in crime or nuisance.^{vii}
- Increases in relapse and decreases in rehabilitation.^{viii}
- Increases in initiation of use or initiation of injection.^{ix}

NYC Must Build on the Progress of its Ending the HIV/AIDS Epidemic Plan

The New York City and State plan to End the HIV/AIDS Epidemic (ETE) has already made considerable progress toward our ETE goals over the past two years, including a decrease of new HIV diagnoses by 8% in 2015 and 8.6% in 2016 (the two most recent years with full HIV surveillance data). In 2016, new diagnoses decreased by 14.8% decrease among gay and bisexual men and other men who have sex with men. At the end of 2016, 95% of all New Yorkers living with HIV had been diagnosed and 84% of NYS residents who were engaged in care were virally suppressed.⁵ However, as outlined in more detail in Appendix A to this testimony, there are currently gaps in funding that have prevented us from fully implementing the ETE Blueprint.

Every year, HIV/AIDS is the underlying cause of death for approximately 500 New Yorkers, even though we have effective treatments for HIV that can keep people healthy. This year, the City Council should build on the progress that the City has made at decreasing mortality and new infections via injection drug use by establishing systems to get us to zero new HIV infections via injection drug use and zero AIDS deaths.

NYC should continue to develop and implement the HASA Health Care Integration Pilot, which will allow Human Resources Administration (HRA) and Department of Health and Mental Hygiene (DOHMH) to connect City surveillance systems to the Healthix data platform to track and improve quality outcomes for HASA clients related to housing stability, permanent housing, vocational opportunity, linkage to and retention in care, viral suppression, and other key health and behavioral health outcomes.

The Council should also support an investment in improving HIV prevention for women in NYC. Currently, low numbers of women at risk for HIV infection are on PrEP (Pre-exposure Prophylaxis), in part due to lack of awareness and access, and there was a 5% increase in new HIV diagnoses among women in 2016, disproportionately among women of color, while new diagnoses among men went down significantly. NYC should expand the Live Sure/PrEP for Her Campaign to decrease new HIV infections among trans and cis-gender women in NYC, including adding video content to the campaign. NYC should also extend PEP and PrEP detailing to OBGYN providers in NYC.

NYC should also expand the PlaySure campaign, which educates the public about HIV prevention, including PEP, PrEP and condoms, and Bare it All campaign, which encourages lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) New Yorkers to have open and honest conversations with their doctors about their sex lives and other issues that impact their health. The City must expand the Spanish language versions of these campaigns.

The City should also co-locate PEP and PrEP services at 3 syringe exchange program sites in NYC.

Now that the City Council has raised the maximum age for Runaway and Homeless Youth (RHY) housing and services to 24, the City must make an investment this year of at least 100 new beds for 21 to 24 year olds, along with two additional RHY drop in centers. Housing Works supports the proposals put forward by the Coalition for Homeless Youth.

NYC must also increase access to opportunities for employment, vocational services, and peer workforce placement for people with HIV. Peer navigation and linkage to care are key strategies to reduce new infections, increase viral load suppression.

NYC should also continue to expand the services offered at the City's Sexual Health Clinics. New services must include hormones and services for transgender New Yorkers, syringe exchange services, and greeters/navigators at the entrance of every clinic so that the first person that is seen upon entry is not a security guard, but someone who can help navigate people through the clinic to make sure that his, her or their needs are being met.

NYC Must Address its Hepatitis C Epidemic

Even with easy-to-take and extremely effective curative treatment on the market for the past seven years, City and State data show a deepening hepatitis C crisis. More than 11,000 NYC residents were newly reported with hepatitis C in 2016.^{xi} Last Friday, Governor Cuomo committed New York State to the goal of eliminating hepatitis C in New York State—a goal that is now achievable with a cure. Although the City Council's Check Hep C and Hep C Peer Programs have been at the forefront of the City's fight against Hepatitis C, the Mayor and City Council must redouble the City's response to hepatitis C, especially linking to care and curing the nearly 1,000 people who have tested hepatitis C positive through the Council's Hepatitis C Peer Program. While this program has been effective at testing and educating syringe exchange program participants, the program has not had the resources to navigate people through the cure. The Council must dedicate more resources to addressing the City's hepatitis C epidemic this year—and the Council must pressure the Mayor to commit more to the hepatitis C response.

NYC Must Address a Rising Tuberculosis Epidemic

NYC New York has the 3rd highest TB case rate in the country, according to the U.S. Centers for Disease Control and Prevention (CDC).^{xii} After years of decline, TB is on the rise again in NYC, as is multidrug-resistant TB (MDR-TB), which is even costlier and more difficult to treat. Indeed, most alarmingly, the number of cases with a multiple drug resistant TB strain in NYC more than doubled between 2015 and 2016.^{xiii} TB is an airborne, communicable disease—if we don't prevent and treat it properly today, TB will spread, taking many more lives and costing much more to control.

We acknowledge and thank Mayor de Blasio and the Department of Health and Mental Hygiene Development (DOHMH) for preserving rather than continuing to cut funding for New York's response to TB. However, prior to this administration's tenure, over ten years of cuts to the budget of the DOHMH Bureau of TB Control more than halved the City's contribution to TB control, from \$16.43M in 2007 (adjusted for inflation) to just \$8.59 million last year. Due to similar deep cuts at the federal and state level, total DOHMH funding for TB control has declined from \$33.6M in 2007 (adjusted for inflation) to just \$14.7M last year.

The dramatic erosion in city, state and federal resources has dangerously weakened the City's capacity for a robust TB response. The impact of these cuts has been grave, especially at a time when cases of TB and MDR-TB are on the rise, and as new treatment and prevention options offer great hope but require more resources. Many TB clinics have been closed. The remaining TB clinics are in disrepair, and have either been reduced to part-time, or are having to cut their convenient, patient- and community-friendly hours. The TB response workforce has been cut nearly in half, with

key positions unfilled, limiting capacity for culturally sensitive outreach. Funding available per case has shrunk from \$54,850 in 2007 (adjusted for inflation) to just \$23,980/case.

It is important to note that while TB affects individuals across NYC of all age groups, races and backgrounds, some groups and neighborhoods bear a higher burden than others. In 2016, the rates of TB among Black and Asian New Yorkers were almost four times higher than the rate among Whites, and several neighborhoods had TB rates more than twice the Citywide rate. Among New Yorkers with TB, 85% are foreign-born, from over 67 different countries. The majority of New Yorkers with TB have been in the U.S. for five years or more, meaning they are likely entering the country with TB infection but not yet active disease, and there is ample time to intervene and prevent active TB disease from developing if resources are available to do so. Proactively addressing TB in linguistically and culturally appropriate ways is essential.

To do its part to close the perilous funding gap in our TB response, we request an increase to New York City funding to \$14.89 million to the DOHMH Bureau of Tuberculosis Control. This represents a \$6.3 million increase over last year. We are making similar requests (though proportionally higher) at the state and federal levels. Restored funding would allow for reversing the increase in TB cases and accelerating the decline of TB in New York City through:

- Reinstating key staff positions;
- Hiring additional staff to conduct culturally-sensitive outreach and care;
- Restoring part-time clinics to full-time, and allowing for patient-friendly clinic hours;
- Collaborating with community providers to test and treat for TB infection and active disease for all high-risk New Yorkers.

With the persistent cuts to TB control, NYC is in danger of repeating history. Similarly shortsighted underfunding of the public health response to TB in the 1980s contributed to a massive outbreak of drug-resistant TB in the early 1990s. Undoing that damage took over \$1 billion in public spending and years of work. By investing more in the TB response now, we can save orders of magnitude more work and resources, and avoid further suffering from TB.

We look forward to the Health Committee's leadership in ensuring a strong response to these major public health threats in New York City.

Thank you for your time.

Appendix A

March 20, 2018 Testimony of Housing Works before The NYC Council Committee on Health

Key Funding Gaps in the New York City Plan to End the AIDS Epidemic Proposed Additional NYC Investments for the FY 2019 Budget

NYC ETE Initiatives	Description of Program	Estimated Cost
HASA Health Care Integration Project	Continue the HASA Health Care Integration Pilot Project to allow HRA and DOHMH to connect City surveillance systems to the Healthix data platform to track and improve quality outcomes for HASA clients related to housing stability, permanent housing, vocational opportunity, linkage to and retention in care, viral suppression, and other key health and behavioral health outcomes. Estimated costs: \$150,000 for technical assistance and development of the demonstration projects; \$600,000 for New York Presbyterian/Alliance for Positive Change bottom-up pilot to use HASA data via Healthix for outreach to return clients to care.	\$750,000
Sentinel Events	Establish systems to declare AIDS-related mortality and new HIV infections due to sharing of works among IDUs as sentinel events. Following a sentinel event DOHMH field services staff would investigate these cases with a high-degree of attention to determine whether a transmission or mortality could be averted.	\$800,000
PrEP at Harm Reduction Programs	This program would provide 3 Syringe Exchange Program Sites with PrEP education peers and offset the cost of co-locating harm reduction and health services to provide PEP, PrEP, and HCV testing and treatment. Estimated cost of \$300,000 per site.	\$900,000
Supervised Consumption Site Pilot	Conduct a closely monitored 2-year pilot of 3 Supervised Consumption Sites in New York City to research the impact of Supervised Injection Facilities on reducing drug overdose death, HIV, and hepatitis C.	\$2,000,000
Expand Housing and Services for Homeless Youth	NYC should address the City's homeless youth crisis by funding: 100 Runway and Homeless Youth (RHY) beds for 21 to 24 year olds; two new 24-hour drop-in centers; 15 RHY Housing Specialists. Current Department of Youth and Community Development (DYCD) Crisis/Transitional Independent Living contracts should be increased by 7% (bringing them to \$51,000 per bed from \$47,500).	\$10,200,000

PEP and PrEP Awareness Campaign in Spanish	Extend and expand PEP and PrEP awareness campaign for Spanish speakers, including video content and information about accessing the State PrEP and PEP Assistance Program.	\$1,000,000
PEP and PrEP Awareness Campaign for Women	Expand the Live Sure/PrEP for Her Campaign to decrease new HIV infections among trans and cis-gender women in NYC. Currently, low numbers of women at risk for HIV infection are on PrEP, in part due to lack of awareness and access, and there was a 5% increase in new HIV diagnoses among women in 2016, while new diagnoses among men went down significantly. Create video content for the campaign.	\$1,000,000
PrEP/PEP/TAsP Detailing Kit and Detailing for OBGYN	Conduct PEP and PrEP detailing for OBGYN providers citywide.	\$500,000
Extend Bare It All and Campaign	Extend the " <i>Bare it All</i> " campaign to encourage lesbian, gay, bisexual, transgender, and queer (LGBTQ) New Yorkers to have open and honest conversations with their doctors about their sex lives and other issues that impact their health.	\$500,000
Extend PlaySure Campaign	Extend NYC's successful PlaySure Campaign for PEP, PrEP, and condom awareness and sexual health services.	\$500,000
Expand employment and HIV peer workforce	Increase access to opportunities for employment, vocational services, and peer workforce placement for people with HIV. Peer navigation and linkage to care are key strategies to reduce new infections, increase VLS and achieve ETE goals.	\$1,000,000
Syringe Exchange at NYC Sexual Health Clinics	Make syringe exchange services available at NYC Sexual Health Clinics.	\$750,000
Hormones for Sexual Health Clinic Service and Awareness Campaign	Provide hormones at NYC Sexual Health Clinics for transgender New Yorkers and roll out an awareness campaign.	\$1,500,000
Sexual Health Clinic Greeters	Improve Sexual Health Clinic services by posting greeters at each clinic to facilitate people entering the clinic to receive quality and timely services.	\$750,000
TOTAL		\$22,150,000

Appendix B

March 20, 2018 Testimony of Housing Works before The NYC Council Committee on Health

The Argument for Establishing Safe Consumption Spaces in New York State

Nationally, opioid and heroin overdoses kill more people than traffic accidents and homicides combined and overdose death rates are rapidly increasing across the nation (21% from 2016 to 2017) and in New York State (20.4% from 2014 to 2015). In the midst of fatal opioid overdose and hepatitis C epidemics, we urge our elected officials to pass the Safe Consumption Services Act (A8534) to authorize the establishment of safer consumption spaces (SCSs). SCSs are places where people can use pre-obtained drugs in a controlled environment with support from staff trained to help participants to make their drug use safer and to link them to health care services, including drug treatment, and social services, including housing.

Internationally, there are more than 100 SCSs (also called supervised injection facilities or drug consumption rooms) in more than 60 cities across the world. The success of the well-researched SCS in Vancouver, Insite spurred the inception of at least 12 new sites opening across Canada. The impact of SCSs in international communities has led states and localities to seek legal authorization to establish sites across the United States.

Why We Are Considering Safer Consumption Spaces in New York State:

Opioid overdoses are on the rise across New York State:

- 7,213 New Yorkers died of an opioid overdose between 2013 and 2015.
- Overdose deaths are a statewide issue. In fact, *New York City had the lowest RATE of overdose (9.3 per 100,000) out of New York State's 11 regions and Western NY had the highest overdose death rate (17.6 per 100,000).*
- New York is addressing overdose as an emergency, with emergency departments (NYC excluded) seeing 4,612 opioid-related outpatient visits and 1,873 opioid-related inpatient hospital admissions in 2015 alone. Overdose must be addressed comprehensively.

Public injection is common and associated with risky drug use behaviors, negative health outcomes, and arrest, showed a study of 1,340 participants at 14 NYC syringe exchanges.

- 46% of people who inject drugs inject in public locations (e.g. street, park or subway and 60% inject in semi-public locations (e.g. public restrooms, shooting galleries or cars)
- Among those surveyed, public injectors were twice as likely to have been arrested or to have overdosed, and four times more likely to have reused equipment than those who injected in private locations.

Hepatitis C (HCV) is spreading and new populations across the State are being infected:

- HCV infection rates increased 3 to 48% in all NYS' regions from 2010 to 2014, with injection use driving people ≤ 30 and women of childbearing age to lead new infections.

A body of international research shows safer consumption spaces' promising effects:

Bloomberg News, LA Times, The Nation, and the Boston Globe.

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- iii Marshall, B, Milloy, MJ, et al. Reduction in Overdose Mortality after the opening of North America's First Medically Supervised Safer Injecting Facility: a retrospective population-based study. *The Lancet*. Published online April 18, 2011 DOI:10.1016/S0140-6736(10)62353-7
- iv Wood, E, Kerr, T, et al. (September 2004) Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users. *CMAJ*. 171(7): 731-734.
- v Wood, E, Tyndall, MW, Li, K, et al. (September 2005) Do supervised injecting facilities attract higher-risk injection drug users? *American Journal of Preventive Medicine*. 29(2): 126-30.
- vi Wood, E, Tyndall, MW, Zhang, R, et al. (September 2006) Rate of detoxification service use and its impact among a cohort of supervised injecting facility users. *Addiction*. doi:10.1111/j.1360-0443.2007.01818.x
- vii Zurhold, H, Degkwitz, P, et al. (2003) Drug Consumption Rooms in Hamburg Germany: Evaluation of the Effects on Harm Reduction and the Reduction of Public Nuisance. *Journal of Drug Issues*. 33: 663
- viii Small, W, Van Borek, N, et al. (July 2009) Access to health and social services for IDU: the impact of a medically supervised injection facility. *Drug and Alcohol Review*. 28(4):341-346.
- ix Kerr, T, Tyndall, MW, Zhang, R, et al. Circumstances of first injection among illicit drug users accessing medically supervised safer injection facility. *American Journal of Public Health*. Vol. 97, Issue 7: 1228-30.
- x NYC DOHMH. (2017) HIV Surveillance Annual Report, 2016. <https://www1.nyc.gov/assets/doh/downloads/pdf/dires/hiv-surveillance-annualreport-2016.pdf>
- xi NYC DOHMH.(2017) Hepatitis B and C Surveillance Annual Report, 2016. <https://www1.nyc.gov/assets/doh/downloads/pdf/cd/hepatitis-b-and-c-annual-report-2016.pdf>
- xii Centers for Disease Control and Prevention (CDC). *Reported Tuberculosis in the United States, 2016*. Atlanta, GA: US Department of Health and Human Services, CDC; 2017.
- xiii New York City Department of Health and Mental Hygiene. Bureau of Tuberculosis Control Annual Summary, 2016. Queens, NY. 2017.

Testimony of Carla Rabinowitz
Advocacy Coordinator, Community Access
Project Coordinator, Communities for Crisis Intervention
Teams in NYC, CCITNYC

City Council Hearing
Mental Health Committee
Tuesday , March 20, 2018

Carla Rabinowitz
Community Access/CCITNYC
212-780-1400 x7726
crabinowitz@communityaccess.org

Thank you for hearing this testimony today. My name is Carla Rabinowitz. I am the Advocacy Coordinator at Community Access and the Project Coordinator of CCINYC, a coalition of 75 organizations and stakeholders whose mission is to improve relations between the NYPD and the mental health community by advocating for a fully responsive Crisis Intervention Team approach and diverting mental health recipients away from the criminal justice system.

Community Access is a 44 year old non profit that helps people with mental health concerns through quality supportive housing and employment training.

CCITNYC and Community Access request that you revive the Mayor's Task Force on Behavioral Health and Criminal Justice. This Taskforce met in 2014 and is defunct. And we need you to sufficiently empower that Task Force to design **non police** solutions that will stop the deaths of mental health recipients at the hands of the police. These proposals must be met with accompanying funds allocated from City Council to implement the projects.

We need all stakeholders and all city and state agencies at the table to suggest non police alternatives to responding to these EDP calls. We need to intercept and divert issues before mental health recipients get into crisis, and for that we need funding of community services. Expanding co-response teams throughout the city, more mobile crisis teams, and pairing mental health peers with police to calm down these encounters are a few ideas to explore. These projects require a financial commitment.

Some of the contributions of the Taskforce have already been taken up by the city, including the implementation of CIT training for some members of the NYPD.

The NYPD training is going well, though there is still a significant need for adequate training.

We ask that at least 15,000 officers be trained, especially since Rikers is closing and there will likely be more of these encounters. Countless people have been saved by CIT officers. NYPD's CIT officers have saved a child threatening his mom with a knife, and stopped many potential suicides.

But CIT training alone is not going to prevent these recurring deaths.

Since the NYPD started CIT training, at least 9 mental health recipients have died in police encounters. Three people of the mental health community have died in the last 6 months.

Mario Ocasio , Age 51– June 2015
Rashan Lloyd , Age 25- June 2016
Deborah Danner, Age 66- October 2016
Ariel Garza, Age 49-November 2016
Dwayne Jeune, Age 32- July 2017
Andy Sookdeo, Age 29-August 2017
Miguel Richards, Age 31 – September 2017
Cornell Lockhart, Age 67 – November 2017
Dwayne Pritchell, Age 48 – January 2018

We need more non police solutions. We need to expand co-response teams throughout the city, add mobile crisis teams, and pair mental health peers with police to deescalate these encounters. These and other ideas require funding commitments.

We need alternatives to hospitals, which recipients fear, like Respite care, where people in crisis can learn to recover and get connected to long term support. Respite centers need funding.

We need to support the police by fully funding diversion centers to provide a rapid handoff of New Yorkers in acute crisis from police custody to get immediate care and long-term connections to community resources. More diversion centers and respite centers will be needed as we move people from Rikers back into the community.

And most importantly, we need the Mayor to revive his 2014 Taskforce on Behavioral Health and Criminal Justice. And this Taskforce must be placed under the direction of a Deputy Mayor, with the resources to get things done in a manner that does not solely rely on police.

Therefore we ask that the mental health committee recommend the Mayor revive his 2014 Taskforce on Criminal Justice and Behavioral Health and fund this Taskforce's recommendations so we prevent the needless deaths that continue to plague the mental health community.

...Because every child deserves a childhood.

NYC Council Committee on Mental Health, Disabilities, and Addiction

**Committee Members: Councilwoman Diana Ayala (Chair), Councilman Fernando Cabrera,
Councilman Jimmy Van Bramer, Councilman Robert Holder,
Councilwoman Alicka Ampry-Samuel**

NYC Council Budget and Oversight Hearing: March 20, 2018

Good Afternoon, my name is Jeannine Mendez. I am the Director of Development, Public and Government Relations for the Children's Foundation of Astor. In my role, I work closely with the Bronx Programs of Astor Services for Children and Families to assist them in doing outreach and advocacy for their various mental and behavioral health community and school-based programs as well as work with community and other civic leaders, like yourselves, to ensure that families are able to seek out the necessary resources during times of need or crisis by serving as a liaison for you and your constituents so that you are able to be a referral for our services as well as build on our reputation in the Bronx reaching beyond those we serve directly. I appreciate the opportunity to testify before this committee.

Astor Services for Children and Families is a community-based, non-profit organization founded in 1953, which provides children's mental health services, child welfare services, and early childhood development programs to children and families in the Bronx and New York State's Mid-Hudson Valley Region. Last year, we served 10,000 children throughout our various programs, 4,500 of which were part of our Bronx initiatives. Through a wide variety of premiere quality education and mental health services, Astor provides support to preschoolers, children with behavioral and emotional health problems, children at risk of placement in foster care, and families that need assistance in developing the skills necessary to raise their children in an environment filled with increasing challenges. Many of the families of that come to Astor come as a result of some type of trauma whether it is physical, mental or emotional. Our dedicated staff work with each and every client and their family on an individual level in order to empower those families to work through those traumas and gain strength and healing through the process.

Today, Astor's programs and services in the Bronx have grown from a single freestanding outpatient clinic established in 1974, to a multi-service agency serving the neediest areas of the Bronx. Services include collaborations with the NYC Department of Education (DOE) as well as services contracted with NYC's Department of Health and Mental Hygiene (DOHMH) and Administration for Children Services (ACS).

Astor's range of services in the Bronx include: Mental Health Screenings and Referrals; School Response Team Services; Outpatient Clinics; Children's Day Treatment Programs; School-Based Day Treatment Programs; Transitions Programs; and the Lawrence F. Hickey Center for Child

Development, a therapeutic preschool for children ages 3-5. Most recently (fiscal year 2015 – 2016), Astor expanded its program in the Bronx to include The Mayor's Renewal Schools Initiative, geared towards improving and uplifting failing schools in the Bronx. Astor is currently providing mental health, training, and other services via consultation contracts and outpatient clinic satellites, to 28 schools (coordinating with 10 community based organizations) in the Bronx. In addition, Astor has developed a pilot program for the new State Plan Amendment Services, Serving Youth in their Community (SYNC). The program brings behavioral health services to our at-risk vulnerable youth directly in their homes, schools and even after school locations. Astor was also selected to participate in a City Council funded Court Ordered Youth Initiative that enables us to provide training to clinic staff and further funds a clinician to work with probation and family courts to link children with behavioral health challenges at risk of criminal charges to receive those needed services that give them the tools they need to reenter the community rather than moving further into the criminal justice system.

As the work and reach of Astor's programs has expanded in the Bronx, the need for space and other operational resources is falling behind and resulting in greater challenges for Astor and our ability to serve our communities. Astor is desperately in need of office space so that we can accommodate our growing programs, their respective staffs and your constituents. Additional space would allow us the opportunity to centralize programs and staff resources as well as provide the much needed space that Astor needs in order to continue to provide quality services and establish itself as a premiere mental and behavioral health resource in the borough of the Bronx.

Astor believes, as I'm sure all of you do..... that every child deserves a childhood and we look forward to working with the Mental Health, Disabilities and Addiction Committee of the Council to ensure that the children and families we serve continue to receive the opportunity to meet life's challenges, pursue their dreams, and reach their full potential.

Thank you for this opportunity.

Astor Services for Children Families
NYC Council Site Breakdown

Facility Name	Street Address	Zip	Boro	Primary Program	City Council Member	Council District
PS 154	333 East 135th Street	10454	Bx	Community School Clinic	Diana Ayala	8
MS 223	360 E 145th Street	10454	Bx	School Response Team	Diana Ayala	8
IS 528 Bea Fuller Rodgers School	180 Wadsworth Avenue	10033	Man	Community School Clinic	Ydanis Rodriguez	10
JHS 080	149 E Mosholu Parkway	10467	Bx	Community School Clinic	Andrew Cohen	11
Astor Lawrence F. Hickey Center (LRS)	4010 Dyre Avenue	10466	Bx	Day Treatment Program	Andy King	12
PS 112 Bronxwood	1925 Schieffeln Avenue	10466	Bx	Community School Clinic	Andy King	12
Astor Tilden Street Clinic/ Prevention/SYNC/Transitions	750 Tilden Street	10467	Bx	Astor Outpatient Clinic	Andy King	12
Leaders of Tomorrow	3710 Barnes Avenue	10467	Bx	Community School Clinic	Andy King	12
North Bronx of Empowerment	3710 Barnes Avenue	10467	Bx	Community School Clinic	Andy King	12
PS 78	1400 Needham Avenue, Rm 355	10469	Bx	Legacy School Clinic	Andy King	12
PS 357 Young Voices Academy of the Bronx	800 Lydig Avenue	10462	Bx	Turn Around for Children	Mark Gjonaj	13
Mott Hall Community School	650 Hollywood Avenue	10465	Bx	Community School Clinic	Mark Gjonaj	13
Urban Institute of Mathematics AIDP	650 Hollywood Avenue	10465	Bx	Community School Clinic	Mark Gjonaj	13
MS- X101	2750 Lafayette Avenue	10465	Bx	School Response Team	Mark Gjonaj	13
MS 390	1930 Andrews Avenue	10453	Bx	Legacy School Clinic	Fernando Cabrera	14
PS 226	1950 Sedgwick Avenue	10453	Bx	Turn Around for Children	Fernando Cabrera	14
Catholic Guardian Services (Foster Care Clinic Satellite)	1780 Grand Concourse, 2nd Flr	10452	Bx	Outpatient Satellite Clinic	Ritchie Torres	15
Bronx Leadership Academy	1710 Webster Avenue	10457	Bx	100 School Project/ Community School Clinic	Ritchie Torres	15
Astor East Tremont Day Treatment	516 East Tremont Avenue	10457	Bx	Day Treatment Program	Ritchie Torres	15
MS 391- A. Patri	2225 Webster Avenue	10457	Bx	Community School Clinic	Ritchie Torres	15
MS 118	577 East 179th Street	10457	Bx	Legacy School Clinic	Ritchie Torres	15
PS 32	690 East 183rd Street	10458	Bx	Turn Around for Children	Ritchie Torres	15
MS 45	2505 Lorillard Place	10458	Bx	Community School Clinic	Ritchie Torres	15
MS 129	2055 Mapes Avenue	10460	Bx	School Response Team	Ritchie Torres	15
Astor Shakespeare Avenue Clinic	1419 Shakespeare Avenue	10452	Bx	Astor Outpatient Clinic	Vanessa Gibson	16
Astor Nelson Avenue	1391 Nelson Avenue	10452	Bx	Astor Outpatient Clinic	Vanessa Gibson	16
New Millenium Business Academy MS	1000 Teller Ave	10456	Bx	100 Schools Project/ Community School Clinic	Vanessa Gibson	16
JHS 145 Arturo Tosconini	1000 Teller Ave	10456	Bx	Community School Clinic	Vanessa Gibson	16

Astor Services for Children Families
NYC Council Site Breakdown

Facility Name	Street Address	Zip	Boro	Primary Program	City Council Member	Council District
Urban Science Academy MS	1000 Teller Avenue	10456	Bx	Community School Clinic	Vanessa Gibson	16
MS 22	270 E 167th Street	10456	Bx	Legacy School Clinic	Vanessa Gibson	16
Bronx Center for Science & Mathematics	1363 Fulton Avenue	10456	Bx	100 School Project	Vanessa Gibson	16
Eximus College Preparatory Academy	1363 Fulton Avenue	10456	Bx	100 School Project	Vanessa Gibson	16
CS 55	450 St. Paul's Place	10456	Bx	Community School Clinic	Vanessa Gibson	16
Morris Academy for Collaborative Studies HS	1110 Boston Road	10456	Bx	Community School Clinic	Vanessa Gibson	16
MS 323 (BWA)	270 E 167th Street	10456	Bx	Legacy School Clinic	Vanessa Gibson	16
Mott Hall Bronx HS	1595 Bathgate Avenue	10457	Bx	100 School Project	Vanessa Gibson	16
Urban Assembly School for Applied Math & Science	1595 Bathgate Ave	10457	Bx	100 School Project	Vanessa Gibson	16
Validus Preparatory Academy	1595 Bathgate Avenue	10457	Bx	100 School Project	Vanessa Gibson	16
MS 313	1600 Webster Avenue	10457	Bx	Legacy School Clinic	Vanessa Gibson	16
MS 339	1600 Webster Avenue	10457	Bx	Legacy School Clinic	Vanessa Gibson	16
PS 42	1537 Washington Avenue	10457	Bx	Legacy School Clinic	Vanessa Gibson	16
Jill Chaifetz Transfer HS	778 Forest Avenue	10456	Bx	Community School Clinic	Rafael Salamanca Jr.	17
South Bronx Academy for Applied Science	778 Forest Avenue	10456	Bx	School Response Team	Rafael Salamanca Jr.	17
IS 190	1550 Crotona Park East	10457	Bx	100 School Project	Rafael Salamanca Jr.	17
CS 92	700 E 179th Street	10457	Bx	Community School Clinic	Rafael Salamanca Jr.	17
Metropolitan HS	1180 Reverend J. A. Polite Ave	10459	Bx	Community School Clinic	Rafael Salamanca Jr.	17
Fanny Lou Hamer (MS x286)	1001 Jennings Street	10460	Bx	Community School Clinic	Rafael Salamanca Jr.	17
East Bronx Academy AIDP HS	1716 Southern Boulevard	10460	Bx	Community School Clinic	Rafael Salamanca Jr.	17
PS 333	888 Rev. J.A. Polite Avenue	10469	Bx	Legacy School Clinic	Rafael Salamanca Jr.	17
PS 335	888 Rev. J.A. Polite Avenue	10469	Bx	Legacy School Clinic	Rafael Salamanca Jr.	17
MS 424	730 Bryant Avenue	10474	Bx	Day Treatment Program	Rafael Salamanca Jr.	17
P352	730 Bryant Avenue	10474	Bx	Day Treatment Program	Rafael Salamanca Jr.	17
Catholic Guardian Services (Foster Care Clinic Satellite)	1990 Westchester Avenue	10462	Bx	Satellite Clinic	Ruben Diaz Sr.	18
JHS 131	885 Bolton Avenue	10473	Bx	School Response Team	Ruben Diaz Sr.	18

Lincoln Center

Chairwoman Ayala, and Members of the Mental Health Committee:

My name is Alison Mahoney; I am the Manager of Accessibility at Lincoln Center for the Performing Arts, a member of the Cultural Institutions Group. On behalf of Lincoln Center and the CIG, I want to thank you for the Council's longstanding leadership and support.

In particular, we want to thank the Committee for its support of Lincoln Center's programs serving kids with autism, and our program serving seniors with dementia. In FY18, we were fortunate to receive \$55,000 from the Council's Autism Awareness Initiative. We also received \$51,500 from the Council's Geriatric Mental Health Initiative. We're here to request that the Council continue this funding in FY19. Please also support the CIG's request that you baseline the \$10 million received in FY18, and that an additional \$20 million be allocated for all cultural organizations, providing a means of implementing the City's cultural plan.

Continued funding in FY19 from the Council's Autism Awareness Initiative would allow Lincoln Center to serve more kids with autism through Lincoln Center's Passport to the Arts program.

Through partnerships with families, CBOs and schools citywide, Passport to the Arts provides kids with autism or other disabilities FREE, supported access to Lincoln Center performances. Next month, through Passport, 20 families with kids with autism will get free access to Lincoln Center's Big Umbrella Festival – a month-long festival that is the first of its kind for kids on the autism spectrum. In FY18, over 13,000 free tickets to Passport performances were requested, but due to limited funding, only over 2000 were made available. With continued support in FY19 from the Council's Autism Awareness Initiative, we can address this unmet demand, and make this invaluable program available to more kids with autism across New York.

Continued funding in FY19 from the Council's Autism Awareness Initiative would also support students with autism enrolled in Lincoln Center's Access Ambassadors job training program.

In partnership with CBOs and District 75 schools, Lincoln Center's Access Ambassadors program provides weekly, hands-on job training to students with autism and other disabilities. According to the University of Miami Center for Autism and Related Disabilities, 80- 90 percent of young adults with autism are unemployed or underemployed. Access Ambassador's mission is to address this growing crisis. A teacher at a participating school noted that students in our program showed "beautiful growth from day one—opening up socially..., interacting with people appropriately...[and] feeling more comfortable."

Finally, an increase in our past support from the Council's Geriatric Mental Health Initiative would allow our Lincoln Center Moments program to continue serving seniors with dementia.

Lincoln Center Moments provides a FREE, supported setting for seniors with dementia to enjoy live performances at Lincoln Center, and their positive effect on the brain and quality of life. Surveyed participants noted that their loved one with dementia "came alive" during performances, engaging with the music, movement, and discussion in unexpected ways.

As discussed, in FY18, we were fortunate to receive \$55,000 from the Council's Autism Awareness Initiative for our programs serving kids with autism. We also received \$51,500 from the Council's Geriatric Mental Health Initiative for our program serving seniors with dementia. Please support our request that this funding continue in FY19, AND increase for our program serving seniors with dementia.

As discussed, please also support the CIG's request that you baseline the \$10 million received in FY18, and that an additional \$20 million be allocated for all cultural organizations, providing a means of implementing the City's cultural plan.

On behalf of Lincoln Center, thank you for your support and consideration.

Seen It?



**Testimony to New York City Council Committee
on Mental Health, Developmental Disability, Alcoholism,
Substance Abuse and Disability Services**

Presented by Alan Ross, Executive Director, Samaritans of New York

March 20, 2017

Good afternoon. My name is Alan Ross, I am the executive director of Samaritans Suicide Prevention Center, and I want to thank Chairwoman Ayala and all the members of the NYC Council's Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services for the opportunity to speak today.

As you know, the latest statistics show that suicide--the tragic and ultimate symbol of untreated mental health--has increased in NYC for three straight years, and now leads to *almost as many deaths each year as homicide and automobile accidents combined*. And that is before you factor in the devastation caused by the current opioid epidemic

For 35 years, Samaritans has worked to alleviate suffering, prevent suicide and save lives in NYC by providing: immediate and ongoing support to those in distress; a path to healing for those touched by suicide; training in the keys to effective interventions for health providers; and caring and confidential alternatives to clinical/government-run programs and services for the underserved, untreated and those impacted by stigma.

Over that time, Samaritans, has operated the city's confidential 24-hour suicide prevention hotline, which has responded to over 1.3 million calls, providing a safety net for New Yorkers who are isolated, impacted by stigma, resistant to seeking care or who don't know where to turn.

Our suicide awareness and professional development training has taught over 40,000 health providers from the NYC DOE, city agencies and community-based organizations how to identify, respond to and treat those struggling with mental illness, substance abuse, trauma, self-harming and suicidal behavior.

And our survivors of suicide loss program has provided solace and support to thousands of people who have been personally touched by the tragedy of suicide and its aftermath and sought a "safe place" they could turn for empathy and understanding.

To Samaritans hotline volunteers, all caring members of NYC's diverse culturally communities who donate their time and efforts to make NYC a kinder and more responsive city to people in distress, suicide prevention is very personal.

For we hear the voices of people who are having trouble coping with their lives every day; we hear the anguish, we hear the pain. We hear callers talk about feeling lost and alone, their sense of helplessness and hopelessness, belief that no one understands. And, we listen knowing, as we learn in our hotline training, "If you're afraid of the dark, it is better to be sitting holding someone's hand, than sitting alone!"

We also learn about *sensitivity*, the ability to receive signals. How you can't be listening, if you are doing all the talking. But how many of us—no matter what our education or training—are really good listeners? How many of us can quiet that voice inside and truly hear what another person is saying without deciding what it means to me?

The fact is that hotline evaluations have found that well-trained volunteers are more effective than their clinical counterparts. Sometimes, especially when a person is in distress, a calm, caring voice that is accepting and non-judgmental is what is most needed. An important fact when you consider Harvard research study that suggests as many as half of those people who attempt suicide act within one hour of considering it.

But, unfortunately, instead of supporting Samaritans volunteers' devoted efforts to prevent suicide and save lives in NYC, the Mayor's budget decisions find us fighting to survive each year, forced to petition this very Council to restore the hotline funding that was taken away and "repurposed" for *Thrive*; which is rather self-defeating when you consider Samaritans is already doing what the Mayor says needs to be done.

That means each year Samaritans has less funding to provide services, less money to pay staff, less ability to meet the growing need and fill the service gaps of those people who are falling through this city's safety net. To the point that, three years ago, before the budget cuts, Samaritans responded to 89,000 calls from New Yorkers in distress; this past year we answered 75,000.

That's 14,000 fewer times that someone in distress was able to receive the care and support they need. Instead of assisting the local branch of the world's oldest and most respected hotline network—with over 400 affiliated centers in 42 countries--the city's actions have reduced our capacity to provide support to those in need.

So we turn to the City Council, to once again, as you have the past three years, to restore Samaritans \$347,000 in hotline funding, and help us to maintain this quality community-based crisis response service that provides a needed alternative for those people resistant to seeking help, who are concerned about confidentiality, who are uncomfortable accessing "official" government-run programs and services

We applaud the Council's continued leadership in advancing suicide prevention, especially for this city's underserved, those most impacted by stigma and living in poverty.

And we thank you for your continued support for Samaritans efforts to prevent suicide and the work of our devoted hotline volunteers.

TESTIMONY

New York City Council Fiscal Year 2019 Preliminary Budget

Committee on Health

Committee Chair – Mark Levine

March 20th, 2018



Shaun D. Francois I – President
Donald Nesbit – Executive Vice President
Maria DeLaura – 2nd Vice President
David Keye – Secretary - Treasurer
Local 372 –Board of Education Employees
District Council 372 – AFSCME, AFL-CIO
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New York, NY 10007
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Health Committee Chair Levine, and distinguished members of the committee, it is the honor of Local 372 - NYC Board of Education Employees, District Council 37 - AFSCME to present testimony on behalf of the 279 Substance Abuse Prevention and Intervention Specialists (SAPIS) we represent, under the leadership of President Shaun D. Francois I.

SAPIS provide essential prevention and intervention services for 1.2 million public school students. Their work is an essential component in school programming, and provides many students as well as families a safety net of services which include: leadership classes, clubs dedicated to mental health awareness, peer mediation training, classroom presentations, counseling services (at-risk, crisis, individual, and group) drug and gang intervention, and a host of additional mental health services for a variety of conditions. These counselors help children keep their focus on remaining learning-ready through the use of coordinated and collaborative proven methodologies to cope with the myriad of societal pressures that detract daily from healthy academic, social, and home environments. SAPIS counselors are responsible for monitoring behavior, as well as offering resources and services to support students when they find themselves struggling and/or struggling to improve.

In 2006, there were 502 SAPIS working throughout the five boroughs. Today, there are less than 300 SAPIS spread across 1,800 schools – a distribution of more than 6,000 students per SAPIS counselor. There are simply not enough SAPIS to address the needs of all of these children and their families. In reality, each SAPIS provides direct classroom lessons and counseling services to an average of 500 students each, with services available in only 325 out of over 1,800 schools.

The loss of more than 200 SAPIS counselors since 2006, has been devastating. The pivotal work that SAPIS perform in our schools is supported by data that indicates a correlative link between the laying off of the SAPIS and a steep rise of drug use and violence occurring in schools. This robs students of the opportunity to a quality competitive education, and ultimately, their futures. The adverse consequences from bullying, gang-affiliation, drug use, drinking, and peer pressure strain relationships, not only in the schools, but across a societal planes. Achieving a sufficient number of SAPIS counselors in the public schools system decreases the negative health, social, and educational consequences that influence behavior in and outside the classroom.

Today's youth are more vulnerable than ever before due to the growing drug abuse epidemic. The Center for Disease Control (CDC) reported that heroin use has more than doubled among young adults ages 18-25, over the past decade. According to a 2013, Youth Risk Behavior Survey from the NYC Department of Health and Mental Hygiene, 8.0% of NYC public high school students in grades 9-12 reported lifetime use of an illicit drug (cocaine, heroin, ecstasy, or methamphetamine). Students are not only using drugs and consuming alcohol, but we are witnessing a rise of prescription drug use amongst high school children, especially in Manhattan and Staten Island. Youth who live in Staten Island reporting at the highest proportion (12.8%), followed by youth who live in Manhattan (11.0%). A core mission of SAPIS is to reduce the prevalence of substance abuse among youth, delay the initiation of substance abuse behavior among youth, decrease the negative health, social, and

educational consequences associated with substance abuse and prevent the escalation of substance abuse behaviors to levels requiring treatment.

Local 372 SAPIS employees seek to bring resources and solution driven methodologies to all NYC schools students, in all 32 school districts from K-12, including special education. SAPIS staff are also trained to implement the most effective evidence based programs available. In addition, SAPIS are used to support schools during crisis and are trained and deployed to respond to serious events that affect school communities, such as death of a student or staff member. A specific example of this would be: of the 139 high level crisis situations from September 2014 – March 2015, SAPIS were deployed to assist in 76 of the incidents.

Our message is a simple one: the more support and resources we can offer to our at-risk youth, the more productive they will be in their future. That is why we have set a goal to reach one SAPIS in every school. We also support efforts in the state legislature to help meet this goal, such as legislation sponsored by Assemblyman Michael Miller and Senator James Sanders, Jr., as well as the \$2 million in funding support for SAPIS proposed in the Assembly's one-house budget.

It costs approximately \$71,723 (\$50,100 salary plus \$21,623 fringe) to hire a single SAPIS. After two years of service, the cost per SAPIS is \$82,483 (\$57,616 salary plus \$24,867 fringe). In each of the previous three fiscal years, Mayor de Blasio's office added \$2 million to the city budget towards the goal of fund one SAPIS in every Renewal School. The \$2 million in additional funding was used to add a net 25 new SAPIS counselors who assist in reaching an additional 12,500 at-risk students and their families who would otherwise not have the support they need. If this funding stream is not renewed, it will result in the net loss of these positions and the progress we have made. Today we ask for your continued commitment to our students by providing a total of \$4 million in next year's budget for SAPIS: a renewal of the original \$2 million add, to maintain the current staffing levels, and an additional increase of another \$2 million, to hire an additional 25 counselors to reach thousands more children in need.

We recognize there are not enough resources to address every issue and service required throughout the city, and that tough decisions must be made over how to allocate limited funds. Last year, the Mayor proposed spending upwards of \$38 million a year in response to the growing scourge of drug addiction and overdose ravaging our communities; we ask you consider that SAPIS counselors' role is to work with our youth to prevent them from succumbing to these devastating pressures in the first place. Investing in SAPIS counselors today will save taxpayer money by preventing drug use in our youth now, thus reducing addictions and overdoses in the long run.

More importantly, every one of our youth – each a unique individual with his or her own hopes, dreams, and aspirations – who might succumb to bullying, peer pressure, drinking and drugs, or gang affiliation absent the support of a SAPIS counselor, but with SAPIS support can instead strive forward to chase those aspirations, is priceless. We at Local 372 thank you for the opportunity to provide this testimony.

Testimony of Housing Works
Before
The New York City Council Committee on Mental Health, Disabilities, and Addiction
Regarding
Oversight Hearings on The Fiscal Year 2019 Preliminary Budget
March 20, 2018

Thank you, Chairwoman Ayala and members of the Committee on Mental Health, Disabilities and Addiction, for hearing my testimony today. My name is Reed Vreeland and I am here representing Housing Works—a healing community of people living with and affected by HIV/AIDS. Founded in 1990, we are the largest community-based HIV service organization in the United States, and provide a range of integrated services for low-income New Yorkers living with and at risk for HIV/AIDS—from housing, to medical and behavioral health care, to job training. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of life saving services, and entrepreneurial business that sustain our efforts.

On behalf of Housing Works and the people we serve, I am here to appeal urgently for your support to pilot new approaches to decrease overdose fatalities and improve the health of people who use drugs.

NYC Must Address the Overdose Crisis

In NYC, drug overdoses killed 1,374 people in 2016—a 46% increase in unintentional overdose deaths from the previous year.ⁱ This amounts to nearly 4 drug overdose deaths each day. NYC must undertake new, evidence-based approaches to preventing overdose deaths by conducting a closely monitored 2-year pilot of Supervised Consumption Sites in New York City to research the impact of Supervised Injection Facilities on reducing drug overdose death, HIV, and hepatitis C and other negative health outcomes. SCSs are places where people can use pre-obtained drugs in a controlled environment with support from staff trained to help participants to make their drug use safer and to link them to health care services, including drug treatment, and social services, including housing. Internationally, there are more than 100 SCSs (also called supervised injection facilities or drug consumption rooms) in more than 60 cities across the world. See Appendix B for more detail.

Safer Consumption Spaces are effective at:

- Reducing risk behaviors associated with hepatitis C and HIV infection.ⁱⁱ
- Preventing fatal opioid overdosesⁱⁱⁱ and injection-related hospitalizations.
- Decreasing improper syringe disposal and public injection drug use.^{iv}
- Increasing linkage to health care and education, as well as social services, for populations most likely to overdose or contract blood-borne diseases.^v
- Increasing engagement in treatment including opioid antagonist therapy and detox.^{vi}

Safer Consumption Spaces have NOT led to:

- Increases in crime or nuisance.^{vii}
- Increases in relapse and decreases in rehabilitation.^{viii}
- Increases in initiation of use or initiation of injection.^{ix}

If Supervised Consumption Spaces have been successful at decreasing overdose deaths in Germany, Spain, the Netherlands and Canada, they can be successful here in New York City as well. We cannot keep funding the same approaches to the overdose crisis and expect different results—we must consult people who have formerly and currently used drugs as part of the response and pilot interventions that are evidence based, such as Supervised Consumption Spaces. Housing Works looks forward to your and the Committee’s leadership in ensuring a strong response to the overdose crisis in New York City.

Thank you for your time.

Appendix A

March 20, 2018 Testimony of Housing Works before The NYC Council Committee on Mental Health, Disabilities and Addiction

Key Funding Gaps in the New York City Plan to End the AIDS Epidemic Proposed Additional NYC Investments for the FY 2019 Budget

NYC ETE Initiatives	Description of Program	Estimated Cost
HASA Health Care Integration Project	Continue the HASA Health Care Integration Pilot Project to allow HRA and DOHMH to connect City surveillance systems to the Healthix data platform to track and improve quality outcomes for HASA clients related to housing stability, permanent housing, vocational opportunity, linkage to and retention in care, viral suppression, and other key health and behavioral health outcomes. Estimated costs: \$150,000 for technical assistance and development of the demonstration projects; \$600,000 for New York Presbyterian/Alliance for Positive Change bottom-up pilot to use HASA data via Healthix for outreach to return clients to care.	\$750,000
Sentinel Events	Establish systems to declare AIDS-related mortality and new HIV infections due to sharing of works among IDUs as sentinel events. Following a sentinel event DOHMH field services staff would investigate these cases with a high-degree of attention to determine whether a transmission or mortality could be averted.	\$800,000
PrEP at Harm Reduction Programs	This program would provide 3 Syringe Exchange Program Sites with PrEP education peers and offset the cost of co-locating harm reduction and health services to provide PEP, PrEP, and HCV testing and treatment. Estimated cost of \$300,000 per site.	\$900,000

Supervised Consumption Site Pilot	Conduct a closely monitored 2-year pilot of 3 Supervised Consumption Sites in New York City to research the impact of Supervised Injection Facilities on reducing drug overdose death, HIV, and hepatitis C.	\$2,000,000
Expand Housing and Services for Homeless Youth	NYC should address the City's homeless youth crisis by funding: 100 Runway and Homeless Youth (RHY) beds for 21 to 24 year olds; two new 24-hour drop-in centers; 15 RHY Housing Specialists. Current Department of Youth and Community Development (DYCD) Crisis/Transitional Independent Living contracts should be increased by 7% (bringing them to \$51,000 per bed from \$47,500).	\$10,200,000
PEP and PrEP Awareness Campaign in Spanish	Extend and expand PEP and PrEP awareness campaign for Spanish speakers, including video content and information about accessing the State PrEP and PEP Assistance Program.	\$1,000,000
PEP and PrEP Awareness Campaign for Women	Expand the Live Sure/PrEP for Her Campaign to decrease new HIV infections among trans and cis-gender women in NYC. Currently, low numbers of women at risk for HIV infection are on PrEP, in part due to lack of awareness and access, and there was a 5% increase in new HIV diagnoses among women in 2016, while new diagnoses among men went down significantly. Create video content for the campaign.	\$1,000,000
PrEP/PEP/TAsP Detailing Kit and Detailing for OBGYN	Conduct PEP and PrEP detailing for OBGYN providers citywide.	\$500,000
Extend Bare It All and Campaign	Extend the " <i>Bare it All</i> " campaign to encourage lesbian, gay, bisexual, transgender, and queer (LGBTQ) New Yorkers to have open and honest conversations with their doctors about their sex lives and other issues that impact their health.	\$500,000
Extend PlaySure Campaign	Extend NYC's successful PlaySure Campaign for PEP, PrEP, and condom awareness and sexual health services.	\$500,000
Expand employment and HIV peer workforce	Increase access to opportunities for employment, vocational services, and peer workforce placement for people with HIV. Peer navigation and linkage to care are key strategies to reduce new infections, increase VLS and achieve ETE goals.	\$1,000,000

Syringe Exchange at NYC Sexual Health Clinics	Make syringe exchange services available at NYC Sexual Health Clinics.	\$750,000
Hormones for Sexual Health Clinic Service and Awareness Campaign	Provide hormones at NYC Sexual Health Clinics for transgender New Yorkers and roll out an awareness campaign.	\$1,500,000
Sexual Health Clinic Greeters	Improve Sexual Health Clinic services by posting greeters at each clinic to facilitate people entering the clinic to receive quality and timely services.	\$750,000
TOTAL		\$22,150,000

Appendix B

March 20, 2018 Testimony of Housing Works before The NYC Council Committee on Mental Health, Disabilities and Addiction

The Argument for Establishing Safe Consumption Spaces in New York State

Nationally, opioid and heroin overdoses [kill more people than traffic accidents and homicides combined](#) and overdose death rates are rapidly increasing across the nation ([21% from 2016 to 2017](#)) and in New York State ([20.4% from 2014 to 2015](#)). In the midst of fatal opioid overdose and hepatitis C epidemics, we urge our elected officials to pass the Safe Consumption Services Act ([A8534](#)) to authorize the establishment of safer consumption spaces (SCSs). SCSs are places where people can use pre-obtained drugs in a controlled environment with support from staff trained to help participants to make their drug use safer and to link them to health care services, including drug treatment, and social services, including housing.

Internationally, there are more than 100 SCSs (also called supervised injection facilities or drug consumption rooms) in more than 60 cities across the world. The success of the [well-researched SCS in Vancouver, Insite](#) spurred the inception of at least [12 new sites opening across Canada](#). The impact of SCSs in international communities has led states and localities to seek legal authorization to establish sites across the United States.

Why We Are Considering Safer Consumption Spaces in New York State:

Opioid overdoses are on the rise across New York State:

- [7,213 New Yorkers](#) died of an opioid overdose between 2013 and 2015.
- Overdose deaths are a statewide issue. In fact, ***New York City had the lowest RATE of overdose (9.3 per 100,000) out of New York State's 11 regions and Western NY had the highest overdose death rate (17.6 per 100,00).***

- New York is addressing overdose as an emergency, with emergency departments (NYC excluded) seeing [4,612 opioid-related outpatient visits and 1,873 opioid-related inpatient hospital admissions](#) in 2015 alone. Overdose must be addressed comprehensively.

Public injection is common and associated with risky drug use behaviors, negative health outcomes, and arrest, showed a study of 1,340 participants at 14 NYC syringe exchanges.

- [46% of people who inject drugs inject in public locations](#) (e.g. street, park or subway and [60% inject in semi-public locations](#) (e.g. public restrooms, shooting galleries or cars)
- Among those surveyed, public injectors were [twice as likely to have been arrested or to have overdosed, and four times more likely to have reused equipment](#) than those who injected in private locations.

Hepatitis C (HCV) is spreading and new populations across the State are being infected:

- HCV infection rates [increased 3 to 48% in all NYS' regions](#) from 2010 to 2014, with injection use driving people ≤ 30 and women of childbearing age to [lead new infections](#).

A body of international research shows safer consumption spaces' promising effects:

[Bloomberg News](#), [LA Times](#), [The Nation](#), and [the Boston Globe](#).

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- ⁱ NYC DOHMH. (2017) Epi Brief, Unintentional Drug Poisoning (Overdose) Death in New York City, 2000 to 2016. <http://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief89.pdf>
- ⁱⁱ Milloy, MJ, Wood, E. (April 2009) Emerging Role of Supervised Injection Facilities in Human Immunodeficiency Virus Prevention. *Addiction*. Volume 104, issue 4, pages 620-621.
- ⁱⁱⁱ Marshall, B, Milloy, MJ, et al. Reduction in Overdose Mortality after the opening of North America's First Medically Supervised Safer Injecting Facility: a retrospective population-based study. *The Lancet*. Published online April 18, 2011 DOI:10.1016/S0140-6736(10)62353-7
- ^{iv} Wood, E, Kerr, T, et al. (September 2004) Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users. *CMAJ*. 171(7): 731-734.
- ^v Wood, E, Tyndall, MW, Li, K, et al. (September 2005) Do supervised injecting facilities attract higher-risk injection drug users? *American Journal of Preventive Medicine*. 29(2): 126-30.
- ^{vi} Wood, E, Tyndall, MW, Zhang, R, et al. (September 2006) Rate of detoxification service use and its impact among a cohort of supervised injecting facility users. *Addiction*. doi:10.1111/j.1360-0443.2007.01818.x
- ^{vii} Zurhold, H, Degkwitz, P, et al. (2003) Drug Consumption Rooms in Hamburg Germany: Evaluation of the Effects on Harm Reduction and the Reduction of Public Nuisance. *Journal of Drug Issues*. 33: 663
- ^{viii} Small, W, Van Borek, N, et al. (July 2009) Access to health and social services for IDU: the impact of a medically supervised injection facility. *Drug and Alcohol Review*. 28(4):341-346.
- ^{ix} Kerr, T, Tyndall, MW, Zhang, R, et al. Circumstances of first injection among illicit drug users accessing medically supervised safer injection facility. *American Journal of Public Health*. Vol. 97, Issue 7: 1228-30.

Testimony of Housing Works
Before
The New York City Council Committee on Health
Regarding
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March 20, 2018

Thank you, Chairman Levine and members of the Committee on Health, for hearing my testimony today. My name is Reed Vreeland and I am here representing Housing Works—a healing community of people living with and affected by HIV/AIDS. Founded in 1990, we are the largest community-based HIV service organization in the United States, and provide a range of integrated services for low-income New Yorkers living with and at risk for HIV/AIDS—from housing, to medical and behavioral health care, to job training. Our mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of life saving services, and entrepreneurial business that sustain our efforts.

On behalf of Housing Works and the people we serve, I am here to appeal urgently for your support for vital NYC public health initiatives to address serious public health threats including HIV, tuberculosis (TB), hepatitis C, and overdose fatalities.

NYC Must Address the Overdose Crisis

In NYC, drug overdoses killed 1,374 people in 2016—a 46% increase in unintentional overdose deaths from the previous year.ⁱ This amounts to nearly 4 drug overdose deaths each day. NYC must undertake new, evidence-based approaches to preventing overdose deaths by conducting a closely monitored 2-year pilot of Supervised Consumption Sites in New York City to research the impact of Supervised Injection Facilities on reducing drug overdose death, HIV, and hepatitis C and other negative health outcomes. SCSs are places where people can use pre-obtained drugs in a controlled environment with support from staff trained to help participants to make their drug use safer and to link them to health care services, including drug treatment, and social services, including housing. Internationally, there are more than 100 SCSs (also called supervised injection facilities or drug consumption rooms) in more than 60 cities across the world. See Appendix B for more detail.

Safer Consumption Spaces are effective at:

- Reducing risk behaviors associated with hepatitis C and HIV infection.ⁱⁱ
- Preventing fatal opioid overdosesⁱⁱⁱ and injection-related hospitalizations.
- Decreasing improper syringe disposal and public injection drug use.^{iv}
- Increasing linkage to health care and education, as well as social services, for populations most likely to overdose or contract blood-borne diseases.^v
- Increasing engagement in treatment including opioid antagonist therapy and detox.^{vi}

Safer Consumption Spaces have NOT led to:

- Increases in crime or nuisance.^{vii}
- Increases in relapse and decreases in rehabilitation.^{viii}
- Increases in initiation of use or initiation of injection.^{ix}

NYC Must Build on the Progress of its Ending the HIV/AIDS Epidemic Plan

The New York City and State plan to End the HIV/AIDS Epidemic (ETE) has already made considerable progress toward our ETE goals over the past two years, including a decrease of new HIV diagnoses by 8% in 2015 and 8.6% in 2016 (the two most recent years with full HIV surveillance data). In 2016, new diagnoses decreased by 14.8% decrease among gay and bisexual men and other men who have sex with men. At the end of 2016, 95% of all New Yorkers living with HIV had been diagnosed and 84% of NYS residents who were engaged in care were virally suppressed.^x However, as outlined in more detail in Appendix A to this testimony, there are currently gaps in funding that have prevented us from fully implementing the ETE Blueprint.

Every year, HIV/AIDS is the underlying cause of death for approximately 500 New Yorkers, even though we have effective treatments for HIV that can keep people healthy. This year, the City Council should build on the progress that the City has made at decreasing mortality and new infections via injection drug use by establishing systems to get us to zero new HIV infections via injection drug use and zero AIDS deaths.

NYC should continue to develop and implement the HASA Health Care Integration Pilot, which will allow Human Resources Administration (HRA) and Department of Health and Mental Hygiene (DOHMH) to connect City surveillance systems to the Healthix data platform to track and improve quality outcomes for HASA clients related to housing stability, permanent housing, vocational opportunity, linkage to and retention in care, viral suppression, and other key health and behavioral health outcomes.

The Council should also support an investment in improving HIV prevention for women in NYC. Currently, low numbers of women at risk for HIV infection are on PrEP (Pre-exposure Prophylaxis), in part due to lack of awareness and access, and there was a 5% increase in new HIV diagnoses among women in 2016, disproportionately among women of color, while new diagnoses among men went down significantly. NYC should expand the Live Sure/PrEP for Her Campaign to decrease new HIV infections among trans and cis-gender women in NYC, including adding video content to the campaign. NYC should also extend PEP and PrEP detailing to OBGYN providers in NYC.

NYC should also expand the PlaySure campaign, which educates the public about HIV prevention, including PEP, PrEP and condoms, and Bare it All campaign, which encourages lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) New Yorkers to have open and honest conversations with their doctors about their sex lives and other issues that impact their health. The City must expand the Spanish language versions of these campaigns.

The City should also co-locate PEP and PrEP services at 3 syringe exchange program sites in NYC.

Now that the City Council has raised the maximum age for Runaway and Homeless Youth (RHY) housing and services to 24, the City must make an investment this year of at least 100 new beds for 21 to 24 year olds, along with two additional RHY drop in centers. Housing Works supports the proposals put forward by the Coalition for Homeless Youth.

NYC must also increase access to opportunities for employment, vocational services, and peer workforce placement for people with HIV. Peer navigation and linkage to care are key strategies to reduce new infections, increase viral load suppression.

NYC should also continue to expand the services offered at the City's Sexual Health Clinics. New services must include hormones and services for transgender New Yorkers, syringe exchange services, and greeters/navigators at the entrance of every clinic so that the first person that is seen upon entry is not a security guard, but someone who can help navigate people through the clinic to make sure that his, her or their needs are being met.

NYC Must Address its Hepatitis C Epidemic

Even with easy-to-take and extremely effective curative treatment on the market for the past seven years, City and State data show a deepening hepatitis C crisis. More than 11,000 NYC residents were newly reported with hepatitis C in 2016.^{xi} Last Friday, Governor Cuomo committed New York State to the goal of eliminating hepatitis C in New York State—a goal that is now achievable with a cure. Although the City Council's Check Hep C and Hep C Peer Programs have been at the forefront of the City's fight against Hepatitis C, the Mayor and City Council must redouble the City's response to hepatitis C, especially linking to care and curing the nearly 1,000 people who have tested hepatitis C positive through the Council's Hepatitis C Peer Program. While this program has been effective at testing and educating syringe exchange program participants, the program has not had the resources to navigate people through the cure. The Council must dedicate more resources to addressing the City's hepatitis C epidemic this year—and the Council must pressure the Mayor to commit more to the hepatitis C response.

NYC Must Address a Rising Tuberculosis Epidemic

NYC New York has the 3rd highest TB case rate in the country, according to the U.S. Centers for Disease Control and Prevention (CDC).^{xii} After years of decline, TB is on the rise again in NYC, as is multidrug-resistant TB (MDR-TB), which is even costlier and more difficult to treat. Indeed, most alarmingly, the number of cases with a multiple drug resistant TB strain in NYC more than doubled between 2015 and 2016.^{xiii} TB is an airborne, communicable disease—if we don't prevent and treat it properly today, TB will spread, taking many more lives and costing much more to control.

We acknowledge and thank Mayor de Blasio and the Department of Health and Mental Hygiene Development (DOHMH) for preserving rather than continuing to cut funding for New York's response to TB. However, prior to this administration's tenure, over ten years of cuts to the budget of the DOHMH Bureau of TB Control more than halved the City's contribution to TB control, from \$16.43M in 2007 (adjusted for inflation) to just \$8.59 million last year. Due to similar deep cuts at the federal and state level, total DOHMH funding for TB control has declined from \$33.6M in 2007 (adjusted for inflation) to just \$14.7M last year.

The dramatic erosion in city, state and federal resources has dangerously weakened the City's capacity for a robust TB response. The impact of these cuts has been grave, especially at a time when cases of TB and MDR-TB are on the rise, and as new treatment and prevention options offer great hope but require more resources. Many TB clinics have been closed. The remaining TB clinics are in disrepair, and have either been reduced to part-time, or are having to cut their convenient, patient- and community-friendly hours. The TB response workforce has been cut nearly in half, with

key positions unfilled, limiting capacity for culturally sensitive outreach. Funding available per case has shrunk from \$54,850 in 2007 (adjusted for inflation) to just \$23,980/case.

It is important to note that while TB affects individuals across NYC of all age groups, races and backgrounds, some groups and neighborhoods bear a higher burden than others. In 2016, the rates of TB among Black and Asian New Yorkers were almost four times higher than the rate among Whites, and several neighborhoods had TB rates more than twice the Citywide rate. Among New Yorkers with TB, 85% are foreign-born, from over 67 different countries. The majority of New Yorkers with TB have been in the U.S. for five years or more, meaning they are likely entering the country with TB infection but not yet active disease, and there is ample time to intervene and prevent active TB disease from developing if resources are available to do so. Proactively addressing TB in linguistically and culturally appropriate ways is essential.

To do its part to close the perilous funding gap in our TB response, we request an increase to New York City funding to \$14.89 million to the DOHMH Bureau of Tuberculosis Control. This represents a \$6.3 million increase over last year. We are making similar requests (though proportionally higher) at the state and federal levels. Restored funding would allow for reversing the increase in TB cases and accelerating the decline of TB in New York City through:

- Reinstating key staff positions;
- Hiring additional staff to conduct culturally-sensitive outreach and care;
- Restoring part-time clinics to full-time, and allowing for patient-friendly clinic hours;
- Collaborating with community providers to test and treat for TB infection and active disease for all high-risk New Yorkers.

With the persistent cuts to TB control, NYC is in danger of repeating history. Similarly shortsighted underfunding of the public health response to TB in the 1980s contributed to a massive outbreak of drug-resistant TB in the early 1990s. Undoing that damage took over \$1 billion in public spending and years of work. By investing more in the TB response now, we can save orders of magnitude more work and resources, and avoid further suffering from TB.

We look forward to the Health Committee's leadership in ensuring a strong response to these major public health threats in New York City.

Thank you for your time.

Appendix A

March 20, 2018 Testimony of Housing Works before The NYC Council Committee on Health

Key Funding Gaps in the New York City Plan to End the AIDS Epidemic Proposed Additional NYC Investments for the FY 2019 Budget

NYC ETE Initiatives	Description of Program	Estimated Cost
HASA Health Care Integration Project	Continue the HASA Health Care Integration Pilot Project to allow HRA and DOHMH to connect City surveillance systems to the Healthix data platform to track and improve quality outcomes for HASA clients related to housing stability, permanent housing, vocational opportunity, linkage to and retention in care, viral suppression, and other key health and behavioral health outcomes. Estimated costs: \$150,000 for technical assistance and development of the demonstration projects; \$600,000 for New York Presbyterian/Alliance for Positive Change bottom-up pilot to use HASA data via Healthix for outreach to return clients to care.	\$750,000
Sentinel Events	Establish systems to declare AIDS-related mortality and new HIV infections due to sharing of works among IDUs as sentinel events. Following a sentinel event DOHMH field services staff would investigate these cases with a high-degree of attention to determine whether a transmission or mortality could be averted.	\$800,000
PrEP at Harm Reduction Programs	This program would provide 3 Syringe Exchange Program Sites with PrEP education peers and offset the cost of co-locating harm reduction and health services to provide PEP, PrEP, and HCV testing and treatment. Estimated cost of \$300,000 per site.	\$900,000
Supervised Consumption Site Pilot	Conduct a closely monitored 2-year pilot of 3 Supervised Consumption Sites in New York City to research the impact of Supervised Injection Facilities on reducing drug overdose death, HIV, and hepatitis C.	\$2,000,000
Expand Housing and Services for Homeless Youth	NYC should address the City's homeless youth crisis by funding: 100 Runway and Homeless Youth (RHY) beds for 21 to 24 year olds; two new 24-hour drop-in centers; 15 RHY Housing Specialists. Current Department of Youth and Community Development (DYCD) Crisis/Transitional Independent Living contracts should be increased by 7% (bringing them to \$51,000 per bed from \$47,500).	\$10,200,000

PEP and PrEP Awareness Campaign in Spanish	Extend and expand PEP and PrEP awareness campaign for Spanish speakers, including video content and information about accessing the State PrEP and PEP Assistance Program.	\$1,000,000
PEP and PrEP Awareness Campaign for Women	Expand the Live Sure/PrEP for Her Campaign to decrease new HIV infections among trans and cis-gender women in NYC. Currently, low numbers of women at risk for HIV infection are on PrEP, in part due to lack of awareness and access, and there was a 5% increase in new HIV diagnoses among women in 2016, while new diagnoses among men went down significantly. Create video content for the campaign.	\$1,000,000
PrEP/PEP/TAsP Detailing Kit and Detailing for OBGYN	Conduct PEP and PrEP detailing for OBGYN providers citywide.	\$500,000
Extend Bare It All and Campaign	Extend the “ <i>Bare it All</i> ” campaign to encourage lesbian, gay, bisexual, transgender, and queer (LGBTQ) New Yorkers to have open and honest conversations with their doctors about their sex lives and other issues that impact their health.	\$500,000
Extend PlaySure Campaign	Extend NYC’s successful PlaySure Campaign for PEP, PrEP, and condom awareness and sexual health services.	\$500,000
Expand employment and HIV peer workforce	Increase access to opportunities for employment, vocational services, and peer workforce placement for people with HIV. Peer navigation and linkage to care are key strategies to reduce new infections, increase VLS and achieve ETE goals.	\$1,000,000
Syringe Exchange at NYC Sexual Health Clinics	Make syringe exchange services available at NYC Sexual Health Clinics.	\$750,000
Hormones for Sexual Health Clinic Service and Awareness Campaign	Provide hormones at NYC Sexual Health Clinics for transgender New Yorkers and roll out an awareness campaign.	\$1,500,000
Sexual Health Clinic Greeters	Improve Sexual Health Clinic services by posting greeters at each clinic to facilitate people entering the clinic to receive quality and timely services.	\$750,000
TOTAL		\$22,150,000

Appendix B

March 20, 2018 Testimony of Housing Works before The NYC Council Committee on Health

The Argument for Establishing Safe Consumption Spaces in New York State

Nationally, opioid and heroin overdoses [kill more people than traffic accidents and homicides combined](#) and overdose death rates are rapidly increasing across the nation ([21% from 2016 to 2017](#)) and in New York State ([20.4% from 2014 to 2015](#)). In the midst of fatal opioid overdose and hepatitis C epidemics, we urge our elected officials to pass the Safe Consumption Services Act ([A8534](#)) to authorize the establishment of safer consumption spaces (SCSs). SCSs are places where people can use pre-obtained drugs in a controlled environment with support from staff trained to help participants to make their drug use safer and to link them to health care services, including drug treatment, and social services, including housing.

Internationally, there are more than 100 SCSs (also called supervised injection facilities or drug consumption rooms) in more than 60 cities across the world. The success of the [well-researched SCS in Vancouver, Insite](#) spurred the inception of at least [12 new sites opening across Canada](#). The impact of SCSs in international communities has led states and localities to seek legal authorization to establish sites across the United States.

Why We Are Considering Safer Consumption Spaces in New York State:

Opioid overdoses are on the rise across New York State:

- [7,213 New Yorkers](#) died of an opioid overdose between 2013 and 2015.
- Overdose deaths are a statewide issue. In fact, ***New York City had the lowest RATE of overdose (9.3 per 100,000) out of New York State's 11 regions and Western NY had the highest overdose death rate (17.6 per 100,00).***
- New York is addressing overdose as an emergency, with emergency departments (NYC excluded) seeing [4,612 opioid-related outpatient visits and 1,873 opioid-related inpatient hospital admissions](#) in 2015 alone. Overdose must be addressed comprehensively.

Public injection is common and associated with risky drug use behaviors, negative health outcomes, and arrest, showed a study of 1,340 participants at 14 NYC syringe exchanges.

- [46% of people who inject drugs inject in public locations](#) (e.g. street, park or subway and [60% inject in semi-public locations](#) (e.g. public restrooms, shooting galleries or cars)
- Among those surveyed, public injectors were [twice as likely to have been arrested or to have overdosed, and four times more likely to have reused equipment](#) than those who injected in private locations.

Hepatitis C (HCV) is spreading and new populations across the State are being infected:

- HCV infection rates [increased 3 to 48% in all NYS' regions](#) from 2010 to 2014, with injection use driving people ≤ 30 and women of childbearing age to [lead new infections](#).

A body of international research shows safer consumption spaces' promising effects:

[Bloomberg News](#), [LA Times](#), [The Nation](#), and [the Boston Globe](#).

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- ⁱ NYC DOHMH. (2017) Epi Brief, Unintentional Drug Poisoning (Overdose) Death in New York City, 2000 to 2016. <http://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief89.pdf>
- ⁱⁱ Milloy, MJ, Wood, E. (April 2009) Emerging Role of Supervised Injection Facilities in Human Immunodeficiency Virus Prevention. *Addiction*. Volume 104, issue 4, pages 620-621.
- ⁱⁱⁱ Marshall, B, Milloy, MJ, et al. Reduction in Overdose Mortality after the opening of North America's First Medically Supervised Safer Injecting Facility: a retrospective population-based study. *The Lancet*. Published online April 18, 2011 DOI:10.1016/S0140-6736(10)62353-7
- ^{iv} Wood, E, Kerr, T, et al. (September 2004) Changes in public order after the opening of a medically supervised safer injecting facility for illicit injection drug users. *CMAJ*. 171(7): 731-734.
- ^v Wood, E, Tyndall, MW, Li, K, et al. (September 2005) Do supervised injecting facilities attract higher-risk injection drug users? *American Journal of Preventive Medicine*. 29(2): 126-30.
- ^{vi} Wood, E, Tyndall, MW, Zhang, R, et al. (September 2006) Rate of detoxification service use and its impact among a cohort of supervised injecting facility users. *Addiction*. doi:10.1111/j.1360-0443.2007.01818.x
- ^{vii} Zurhold, H, Degkwitz, P, et al. (2003) Drug Consumption Rooms in Hamburg Germany: Evaluation of the Effects on Harm Reduction and the Reduction of Public Nuisance. *Journal of Drug Issues*. 33: 663
- ^{viii} Small, W, Van Borek, N, et al. (July 2009) Access to health and social services for IDU: the impact of a medically supervised injection facility. *Drug and Alcohol Review*. 28(4):341-346.
- ^{ix} Kerr, T, Tyndall, MW, Zhang, R, et al. Circumstances of first injection among illicit drug users accessing medically supervised safer injection facility. *American Journal of Public Health*. Vol. 97, Issue 7: 1228-30.
- ^x NYC DOHMH. (2017) HIV Surveillance Annual Report, 2016. <https://www1.nyc.gov/assets/doh/downloads/pdf/dires/hiv-surveillance-annualreport-2016.pdf>
- ^{xi} NYC DOHMH. (2017) Hepatitis B and C Surveillance Annual Report, 2016. <https://www1.nyc.gov/assets/doh/downloads/pdf/cd/hepatitis-b-and-c-annual-report-2016.pdf>
- ^{xii} Centers for Disease Control and Prevention (CDC). *Reported Tuberculosis in the United States, 2016*. Atlanta, GA: US Department of Health and Human Services, CDC; 2017.
- ^{xiii} New York City Department of Health and Mental Hygiene. Bureau of Tuberculosis Control Annual Summary, 2016. Queens, NY. 2017.



Testimony
City Council Committee on Mental Health, Disabilities and Addiction
Preliminary Budget Hearing
March 20, 2018

Submitted By Alternatives to Incarceration/Reentry Coalition

Comprised of 11 groups:

- BronxConnect (Urban Youth Alliance International, Inc.)
- Center for Alternative Sentencing and Employment Services (CASES)
- Center for Community Alternatives (CCA)
- Center for Employment Opportunities (CEO)
- College and Community Fellowship (CCF)
- EAC Network (NYC TASC and Mental Health Programs)
- Fortune Society
- Greenburger Center for Social and Criminal Justice
- Legal Action Center (LAC)
- Osborne Association
- Women's Prison Association (WPA)

Thank you for the opportunity to submit testimony on behalf of the ATI/Reentry Coalition, comprised of 11 New York City-based nonprofit service organizations. The mission of the ATI/Reentry Coalition is to reduce crime, strengthen families, and bring hope and opportunity to New York City communities with complex needs and issues by providing a full spectrum of services for individuals involved in the criminal justice system. Member organizations have decades worth of collective experience providing a full spectrum of services at each stage of the criminal justice continuum, including programs to prevent arrest, to divert individuals from unnecessary incarceration, and to support effective and lasting reentry from jail or prison. Every day, Coalition members provide these critical services across neighborhoods in every borough, reaching the City's most underserved communities.

The Coalition has developed a deep collective understanding of the City's criminal justice system and has long demonstrated its effectiveness and capacity as a trusted provider of effective, fiscally-sound community-based services. These include an array of mental health and substance use treatment, as well as education, employment, family, housing, legal, women's, and youth services.

Thanks to the Council's annual support, members of the Coalition have been working together for more than two decades to provide direct services for youth and adult populations in need and to advocate for criminal justice reforms.

However, across our City—and often concentrated in our most underserved communities—many eligible people who need these ATI and reentry services still lack access. Certain populations are particularly underserved by ATI services including people with mental illness.

At this especially critical time in the history of the New York City criminal justice system, the ATI/Reentry Coalition is seeking a \$1.1 million increase to ATI Initiative funding for a total of \$7.507 million. This \$1.1 million increase over the last fiscal year would be divided equally among the 11 coalition members (with an additional \$100,000 to each group) and will allow the Coalition to meet the increasing demand for mental health and substance use treatment services for those individuals in the criminal justice system across all Council Districts. This would include screenings, assessment, treatment and referrals to community-based providers, among other critical services.

The following are a few examples of Coalition programs:

- **The Center for Alternative Sentencing and Employment Services (CASES) seeks an additional \$100,000 in FY19 to provide specialist mental health services for at least 100 criminal justice-involved youth and adults who have mental illness. To be based at CASES' Nathaniel Clinic in Harlem, these specialist mental health services will serve a population that experiences significant barriers to engaging in the mental health treatment they need to achieve stability and wellness in the community and to avoid recidivism. With the increased funding, CASES will hire a dedicated ATI/Reentry Specialist Clinician**

that will provide treatment at the Nathaniel Clinic as well as provide mobile clinical services including jail in-reach and treatment sessions when and where clients are (e.g., probation offices, shelters, other community organizations, etc.). The clinicians will also partner with ATI program staff, jail discharge planners, probation officers, and defense attorneys to coordinate treatment services as part of supporting public safety goals.

- **EAC Network (NYC TASC & Mental Health Programs)** currently operates the NYC Treatment Alternatives for Safer Communities (TASC) alternative to incarceration programs across five boroughs. The NYCTASC Programs serve males, females and transgender individuals who are 16 years or older, involved in the criminal justice system, and have an alcohol/substance use diagnosis, severe mental illness or co-occurring disorders. Additional funding would enable EAC Network to enhance its current case management teams by adding Community Case Managers and Peer Mentors to further support the participants during the critical transition from the criminal justice system to the community.
- **The Fortune Society** offers a wide array of reentry services, including ATI, licensed outpatient mental healthcare, licensed outpatient substance use treatment, benefits enrollment assistance, education, housing, employment services, family services, HIV/AIDS health services, care management, arts and recreation, and food and nutrition programs. With an additional \$100,000 in City Council funding, Fortune would further build out its Care Management Unit (CMU), which was launched in 2016 to address the existing gap in services for individuals reentering NYC from incarceration who need assistance connecting to preventative health care and wellness services.
- **Greenburger Center for Social and Criminal Justice (GCSCJ)** has developed a first-of-its-kind secure, voluntary ATI model for adults who have serious mental illness and co-occurring substance use disorder, are facing a multi-year sentencing to a NYS prison, and are not eligible for any current ATI program. In the 4th quarter of 2019, GCSCJ anticipates to begin accepting clients to receive treatment as a part of a six-year pilot of the GCSCJ model at a facility in the Bronx called Hope House on Crotona Park. The additional \$100,000 allocated in FY19 will support the Center's work to develop the Hope House Model including the hiring of staff and consultants dedicated to shaping the programming and security components of the ATI program and to providing expert guidance on design of the proposed residential and clinical space for clients.
- **The Legal Action Center's** services for individuals with substance use disorders are not specifically limited to those with criminal justice involvement. LAC provides free legal services to fight discrimination based on drug or alcohol addiction, access insurance coverage for addiction treatment, and protect privacy of substance use treatment records. With City Council Funding, LAC will expand work with city agencies and policymakers to identify and implement

more policies that divert appropriate individuals from incarceration to treatment for chronic health conditions, particularly substance use and mental health disorders.

- Even for ATI Coalition members whose work isn't focused exclusively on mental health, sensitivity to the mental state of clients is paramount. For example, at **College & Community Fellowship**, all staff are trained in trauma-informed service delivery and direct service staff regularly build their mental health skills through training, conferences, and protocols for assisting clients suffering from mental health issues.

With Council funding, member organizations will be able to deploy greater resources to these and other services—including more diversion programs, jail-based pre-release/transitional services, employment and job training, and housing support. And importantly, build upon the strong efforts of the Mayor and the Council to build a more equitable criminal justice system and to close Rikers.

Additionally, the City is implementing reforms around Raise the Age which will require investments in alternatives to incarceration and educational and professional opportunities for our most vulnerable youth, many of whom may have mental health issues or would benefit from drug treatment programs. The City is also facing an increasing challenge with the opioid crisis and Coalition members are positioned to provide services, referrals, screenings and treatment for individuals reentering New York City.

The City Council funding is flexible and allows the member organizations to deploy resources outside of existing service contracts with City and State agencies that are specifically targeted to particular community populations and/or geographic locations. Second, Council funding for the Coalition allows member organizations to expand the reach and availability of key ATI/reentry services that are not currently supported by City agency contracts.

The ATI/Reentry Coalition programs cost approximately \$18,250 per participant annually. This is far less than the \$96,000 annual cost for every adult incarcerated. The savings generated by Coalition programs are even more significant for youth services, with the annual per youth cost of juvenile detention being approximately \$200,000. At the same time, Coalition programs are proven to increase public safety compared to jail or prison—the two-year recidivism rate of Coalition program graduates is less than 20%, far lower than the 42% recidivism rate among people who do not participate in Coalition programs.

This funding will help build on the Coalition's track record of offering effective services that reduce crime and break the cycle of incarceration while saving tax dollars and strengthening communities. This increase is essential to achieving many of the criminal justice objectives, as well as mental health and addiction treatment goals, supported by the City Council.

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: 03.20.2018

(PLEASE PRINT)

Name: Donna Tilghman

Address: Local 372-DC 37, 125 Barclay St. 6th Fl.

I represent: Local 372

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: 03.20.2018

(PLEASE PRINT)

Name: Kevin Allen

Address: Local 372-DC 37 125 Barclay St. 6th Fl.

I represent: Local 372

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

Court involved in favor in opposition

Youth + MA initiative Date: 3/20/18

(PLEASE PRINT)

Name: Harnet Lessel

Address: 120 Wall St

I represent: JCCA

Address: _____

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: John Volpe

Address: Special Adviser for Criminal

I represent: DohmH Justice

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Commissioner Mary T. Bassett

Address: DohMH

I represent: _____

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Executive Deputy Commissioner

Address: Dr. Gary Bellan

I represent: _____

Address: DohMH

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THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: D. Oxiris Basbot

Address: First Deputy Commissioner

I represent: DOHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Sandy Rozza

Address: Deputy Commissioner

I represent: for Finance

Address: DOHMH

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Hillary Funnis

Address: Assistant Commissioner

I represent: DOHMH

Address: _____

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 03/20/18

(PLEASE PRINT)

Name: Reed Vreeland

Address: _____

I represent: Housing Works

Address: 81 Willoughby St., Brooklyn, NY 11201

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Chris Kinnock

Address: _____

I represent: Heath People

Address: 552 Southern Blvd

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

Date: 3/20/18

(PLEASE PRINT)

Name: Bonnie Cole

Address: 2727 Palisade Ave

I represent: University Settlement CUS

Address: 184 Eldridge St

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 3/20/2018

(PLEASE PRINT)

Name: JERRY WESLEY
Address: 10947 172nd Street JAMAICA, NY 11433
I represent: GET HEALTHIER CARE TOGETHER INC.
Address: 237 38th Street Brooklyn, NY 11203

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

in favor in opposition

MENTAL HEALTH HEARING Date: 3/20

(PLEASE PRINT)

Name: LEONARD BIDDLE
Address: 2 WASHINGTON ST 9th Floor
I represent: COMMUNITY ACCESS
Address: 2 WASHINGTON ST.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Mental Health Hearing Date: 3/20/2018

(PLEASE PRINT)

Name: Carl Rabinovitch
Address: _____
I represent: Community Access
Address: 2 Washington Street, 9th Fl

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Nora Moran

Address: _____

I represent: Safe Horizon

Address: _____

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THE CITY OF NEW YORK**

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in favor in opposition

Date: 3/20/18

(PLEASE PRINT)

Name: Jo Han

Address: 120 Wall Street, 9th Floor, New York, NY 10025

I represent: Asian American Federation

Address: " Same as above

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THE CITY OF NEW YORK**

Appearance Card

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in favor in opposition

Date: 3/20/18

(PLEASE PRINT)

Name: Munjary Antoine

Address: _____

I represent: Birch Family Services

Address: 104 West 29th St 3rd fl.

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: _____

(PLEASE PRINT)

Name: Alan Ross

Address: P.O. Box 1259 Madison Square Station

I represent: Samaritans Suicide Prevention Center

Address: _____

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**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: 3/20/18

(PLEASE PRINT)

Name: Douglas Bereman

Address: 123 William St

I represent: Coalition for Behavioral Health

Address: _____

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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: Alison Mahoney

Address: _____

I represent: Lincoln Center for the Performing Arts

Address: 165 West 65th Street NY, NY 10023

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**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

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 in favor in opposition

Date: 3/20/18

(PLEASE PRINT)

Name: Jeannine Mendez

Address: 750 Tilden Street, Bx, NY

I represent: Astor Succ. for Children + Families

Address: 750 Tilden Street, Bx NY

Please complete this card and return to the Sergeant-at-Arms