CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION

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March 20, 2018
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HELD AT: Committee Room – City Hall

B E F O R E: DIANA AYALA
Chairperson

COUNCIL MEMBERS: Alicka Ampry-Samuel
Fernando Cabrera
Robert F. Holden
James G. Van Bramer

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

Mary Bassett, Commissioner
NYC Department of Health and Mental Hygiene

Dr. Gary Belkin, Executive Deputy Commissioner for Mental Hygiene, NYC Department of Health and Mental Hygiene

Sandy Rozzo, Deputy Commissioner for Finance
NYC Department of Health and Mental Hygiene

John Volpe, Special Advisor on Criminal Justice
NYC Department of Health and Mental Hygiene

Marjory Antoine, Deputy Director, Education Programs
Birch Family Services

Nora Moran, Policy Director for Government Affairs
Safe Horizon

Douglas Berman, Vice President of Policy
Coalition for Behavioral Health
Appearing for: CEO and President Christy Parque

Joo Han, Deputy Director, Asian-American Federation

Jeannine Mendez, Director of Development, Public and Government Relations, Children's Foundation, Astor

Carla Rabinowitz, Advocacy Coordinator, Community Access, and Project Coordinator, CCITNYC

Leonard Biddle, Advocacy Specialist, Community Access

Chris Norwood, Executive Director, Health People

Bonnie Cohen, Senior Director, Family and Clinical Services, University Settlement

Harriet Lessel, Director, Government Contracts and Advocacy, JCCA

Allison Mahoney, Manger of Accessibility
Lincoln Center for the Performing Arts

Jerry Wesley, Healthcare Transformation Futurist
Get Healthy Care Together, Inc.

Reed Vreeland, Housing Works

Allen Ross, Executive Director, Samaritan

Donna Tillman, Chapter Secretary, Suicide Prevention Center Substance Abuse Prevention and Intervention Specialists, SAPIS

Kevin Allen, Chapter Chairperson, SAPIS

[sound check, pause] [gavel]

CHAIRPERSON AYALA: Good afternoon. I am Council Member Diana Ayala, Chair of the City Council's Committee on Mental Health, Disabilities and addiction. During today's hearing we will review the New York City Department of Health and Mental Hygiene's $1.6 billion Fiscal 2019 Operating Budget, specifically the approximately $758 million allocated to the Division of Mental Hygiene. We will also address the relevant performance indicators from the Fiscal 2018 Preliminary Mayor—Mayor's Management Report and the new expense funding and the division's Fiscal 2019 Preliminary Budget for the New York City, State Initiatives and the New York City Unity projects. I'm sorry, the mic. I know. First, I would like to address the opioid epidemic that continues to devastate our country and our city. Contributing to the 1,374 deaths from unintentional drug overdoses in New York City last year. As you know, Council Member Steve Levin and I held and oversight hearing last month on opioid overdoses among New York City's homeless population. I look forward to continuing the conversations about reaching such vulnerable populations through harm

reduction strategies. This brings me to Supervised Injection Facilities or SIFs. I recently joined Speaker Corey Johnson, Council Member Mark Levine and Council Member Levin in expressing an overwhelming support of these facilities. We also called on Mayor de Blasio to release the results of the SIF Feasibility Study funded by the New York City Council in Fiscal Year 2017's Budget. We know the Department of Health and Mental Hygiene has conducted—has conducted important work developing public health impact modeling and analyzing the legal implications of and the stakeholder responses to an SI-to SIF in New York City. We need to implement every public health tool available in the battle against addiction and overdoes and we hope that you will serve as a partner in these endeavors. The de Blasio Administration has made important investments in addressing issues on mental health illness and addiction through programs such as ThriveNYC and Healing NYC and I commend him on those efforts. However, I want to ensure that we do not lose sight of the needs of New York City's disability community. People with disabilities comprise more than 11% of our city's population and nearly 100,000 people use

wheelchairs. My borough of the Bronx maintains the highest percentage of disabled people and with more than 14% of our residents reporting a disability. Black and Hispanic people are—also represent a disproportionate percentage of disabled New Yorkers as do people living in poverty. From cognitive and ambulatory disabilities to vision and hearing impairment, it is imperative the we devote adequate attention and resources to disability issues in New York City. It is imperative to achieve our shared vision of an equitable and healthy city. The New York City Council has made substantial investments in supporting these populations through its Autism Awareness Initiative, and its Development, Psychological, and Behavioral Health Services Initiative and as chair of this committee, I will continue to advocate for this community. I also look forward to working with the Mayor's Office of People with Disabilities to ensure that we will not only adhere to Americans with Disabilities Act, but build a city rich with opportunities for people of all abilities. Finally, I would like to touch on a non—city—non-city funding in the Division of Mental Hygiene's Fiscal 2019 Preliminary Budget. State

funding comprises approximately half of the division's funding in Fiscal 2019 at $388—and $380 million. The Fiscal 2018-2019 State Executive Budget increasing funding for the Office of Alcoholism and Substance Abuse Services, the Office of Mental Health and the Office of People with Disabilities with Developmental Disabilities where their budget also includes proposals that concern our city services providers. For example, the Proposed State Budget delayed the provision of a new—of mental and behavioral health services for children on Medicaid such as peer support and skill building for children and respite for parents. Another proposal would alter—that alter the early intervention program potentially increasing administrative burdens and depriving some families of timely access to services. I look forward to learning more about the department's provision for these services for some of our city's neediest citizens. I would like to thank my committee staff Finance Analyst Janette Merrill, Policy Analyst Michael Kurtz and Committee Counsel Sylvester Yavana. You will now be sworn in. [pause]

COMMISSIONER BASSETT: Good afternoon.

DR. GARY BELKIN: Good afternoon.

LEGAL COUNSEL: Do you swear of affirm to tell the truth before this this committee, and to respond honestly to Council members' questions?

COMMISSIONER BASSETT: I so affirm. Good afternoon Chair Ayala, and members of the Committee. I'm Dr. Mary Bassett the Commissioner for the New York City Department of Health and Mental Hygiene. I'm joined by Dr. Gary Belkin, Executive Deputy Commissioner for Mental Hygiene, and Sandy Rozzo, 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're 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. We recently started the third year of Thrive NYC the city's comprehensive plan to better serve the mental health needs of New Yorkers. At the outside Thrive NYC 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 Thrive NYC initiatives and approaches, but this department has a key role in implementation and is where the majority of the 54 Thrive NYC initiatives are housed. One of the highlights from the past year is the continued success of NYC Well, a call to 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 the 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 directly connected over 4—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 Services Corps, social workers, psychologists, psychiatrists,

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 committee's— communities they'll serve, and half speak a second language. In Fiscal Year 2019, we plan to continue recruitment of corps members for additional placement citywide. During last year we've also focused significant resources on addressing the opioid epidemic, and 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's why last spring the Mayor announced Healing NYC the city's wide ranging effort to reduce opioid overdose deaths by 35% over five years. Built off the key principles of ThriveNYC, 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, as you've mentioned, there were 1,374 confirmed overdose deaths in New York City up from 937 in 2015. More than 80% of those deaths involved opioids. The increase is driven primarily by Fentanyl, a synthetic opioid 50 to 100 times more potent than Morphine. Fentanyl is present in New York City's street drug supply found in Heroin, Cocaine, and pills and often without the knowledge either of the person using the drug or the person selling the drug. Provisional 2017 data showed that the number of overdose deaths remains at epidemic levels. However, the data also suggests that overdose deaths are leveling off.

Turning now to our budget, I'm 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 particularly tailored to them. This program will award funding to seven

community-based coalitions to address underage and excessive drinking and substance misuse among youth, and 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 the 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 fill—funding allows us to expand the real life 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 to the Preliminary Plan to create new Health Engagement and Assessment Teams or HEAT. This work is an expansion of our partnership with the NYPD an co-response teams, which intervene early to address emergency crisis. The new HEAT initiative will provide health focused support and resources to people referred by NYPD, EMS of FDNY. 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 repeated promises from our federal leaders regarding this dead--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 the 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'm happy to answer any questions.

CHAIRPERSON AYALA: Thank you and I would like to acknowledge by colleagues Council Member Fernando Cabrera, and Council Member Holden. I am so excited about chairing this committed. I asked to—to chair it when we going through interviews with the Speaker for personal reasons. This is a committee that is very near and dear to my heart. Many of the issues that you seek to resolve day in and day out, have been issues that have in some way affected me personally, and members of my family. And so, I am very committed to working with you, and to being a solid partner in the fight against the opioid epidemic and—and in trying to figure out best strategies for dealing with the mentally ill along with the many other wonderful programs that we're learning about today. And so, I will start. I'm going to try to keep this based on your testimony so that it makes a little bit of sense to the rest of us in the room. So, I will—my first question is--will be around the Thrive NYC program. So, one of the

chief criticisms of Thrive NYC that the Administration—is that the Administration's $850 million plan for increased behavioral health services in New York City concerns the allocation of resources. Some advocates think that the city has allocated disproportionate funding for mental health disorders such as depression and anxiety to the detriment of more serious conditions such as schizophrenia. For example, this year's budget includes $5 million for the Mental Health First Aid program, which includes a Choose the Best Words Awareness Campaign. How do you respond to these criticisms, and do you think that the department's Fiscal's 2019 Preliminary Budget includes adequate funding city's services to the mentally ill?

COMMISSIONER BASSETT: Thank you for that question. I'll begin and then I'll ask Dr. Belkin to add further. If I could just preface my remarks, though, with a thanks for you, Chair for you openness about the personal toll that opioids has taken on your family. A big part of our effort to tackle this epidemic and the problems of mental illness are a willingness to talk about, and people telling their own stories is an important part of—of reducing

stigma. Now, you asked the question about the allocation of the Thrive budget and in particular to our focus on depression and anxiety, which, of course, is the most common form of mental health issue than any of us may encounter. I believe that the questions that you have pointed to come from advocates who feel that we've somehow neglected serious mental health issues. In other words, psychotic mental illness. We have looked at our budget. We believe that we're spending about $300 million a year on serious mental illness, but let me just say further that the-there is a natural history of any disease, and when we intervene early, a core principle of Thrive, we have a much better chance of having a better outcome. So, the idea that we should only focus ourselves on the most advanced and intractable stages of any condition including mental health issues in my view is as a public health expert with over 30 years experience is misguided. Of course, we need to focus on serious mental illness, but we also have to focus on issues that may come before somebody becomes so incapacitated that they've lost all ties to their family, and are, you know, really disconnected and in trouble. Let me ask Dr.

Belkin to be sworn in or whatever it is that you do or can he can he just introduce himself for the record. [pause]

DEPUTY COMMISSIONER BELKIN: I'm Gary Belkin the Executive Deputy Commissioner for Mental Hygiene in the Health Department.

CHAIRPERSON AYALA: You don't have to be sworn in.

DEPUTY COMMISSIONER BELKIN: I don't have to be sworn in?

CHAIRPERSON AYALA: As a general rule you don't have to be.

DEPUTY COMMISSIONER BELKIN: I will tell you the truth.

CHAIRPERSON AYALA: You were sworn in whether you liked it or not. [laughs]

DEPUTY COMMISSIONER BELKIN: Yeah, amplifying the Commissioner's remarks a couple of things. One is we speak regularly with—with the same advocates and—and our dialogue around I think (1) sharing information the Commissioner shared that actually the bulk of our budget, our division's budget is earmarked around contracts and—and spending that is specifically for what is often referred to as

the seriously mentally ill, and a big chunk of Thrive itself fills in gaps in that portfolio especially around individuals who have often been triaged into the Criminal Justice side of things rather than the public health or care side of things, and some of the things that the Mayor announced yesterday is yet added investment in those sorts of approaches. So, we think on the face of it, we have increased, and I've always had a very large footprint of commitment to that population. Where we've had very—much more limited attention to are these much more common and actually in—in total affects a greater burden of illness on the population as a whole. So, we think we're looking—we're never losing sight of and being vigilant about the needs of that higher new population, but we're also trying to look across the population at needs that really have not been addressed, and that can often be just as tragic and just as—as deadly. And also to just remind that term serious mental illness is often used to mean many different things. Often I think people have in their mind's eye individuals with psychotic illness, psychosis, schizophrenia. However, the technical term and how it's measured actually refers not to a

diagnosis specifically, but to a level of disability. So, it's having a mental—a certain major mental illnesses that lead to a certain degree of impairment is called under federal guidance a serious mental illness, and actually when we did some studies of the prevalence of serious mental illness, individuals who meet the functional impairment, most often reported giving—have been given a diagnosis of depression. So, these diagnostic categories often can distract from where—just how powerfully impactful and—and-and deadly substance misuse can be, depression can be, as well as Schizophrenia, can be and we take all that seriously, and are looking to really build out a portfolio that mirrors the needs in that community.

CHAIRPERSON AYALA: I mean I—I think I kind of—I think I understand where the concern is coming from and I—I appreciate, you know, all the efforts that have been put in practice, but I think as the person again who has personally been affected by mental illness, and the impact that it has on—on a family, I personally had a sibling that had to be committed for a mental illness that was undiagnosed for many years who I thought was at the time, you know, a danger to themselves and to other, and the—

You know, there was no real communication with, and this several hospitals so I'm—I'm not going to name any because I think it's irrelevant because I think I thinks it's more about, you know, the general practice. But I was never really informed about my rights, right, as a sibling or as a family member or- of alternative practices for people that refuse to take medication, and then are released into, you know, into the streets, and could potentially be harmful to someone. So, I think that there is sort of a disconnect, and I—I understand where the advocates are coming from, but I do—I—I also get your perspective that if we're treating this from the early onset, then it—it doesn't get there. But the reality is that we have people that are—whose—whose illness has already exacerbated to the point that they are a danger to themselves and can be a danger to someone else, and that we may not necessarily be doing everything that we can to treat them in the way that they deserve to be treated. I, for instance had an idea about Kendra's Law, right, and so, I didn't— as it's even been told to me recently that, you know, if a person refuses to take their medication, there are alternatives, right. Maybe getting some sort of

Injectable medication so that the person doesn't have to have to constantly be, you know, go back in and out of hospitals. These are—these are just services that we're not made aware, you know, that I was not aware of, and that I am sure many families are not aware of. And do I think that's kind of where the disconnect comes because now we're—we become kind of culpable, right because we're releasing individuals into the street that may be not—may not be ready to—to interact with others.

COMMISSIONER BASSETT: I don't know if that was a statement or you just were commenting, but—but the committee should be aware that-that we have—have increased our use of assisted outpatient treatment or Kendra's Law by something like 23% and also increased the duration under which we ask that people remain in—in mandated treatment. Before this Administration there were no requests in excess of six months and now something like 50%. Just sort of 50% of them are in excess of six months. So, we are using the capacity of AOT to we hope, we would like to look at it not as punitive, but as a more vigorous way of giving people supports to remain in treatment and because their physicians feel more accountable

for keeping track of individuals. In addition the department has hugely expanded its ability to—to do street outreach and bring—bring high levels of clinical care to people where they are wherever they want to meet if it's, you know, on a street corner or in a corner coffee shop, you know, they—we have greatly expanded outpatient capacity with mental health professionals who go and find people where they are. All that said, nobody who has had to interact with our mental health system is happy about it. It's a very—it's vey difficult to feel that you've gotten the care that you need, and I—I don't want to minimize that. But certainly keeping people out of that system is our—is a principle goal and enhanced—enhanced outpatient capacity is an important part of that.

CHAIRPERSON AYALA: I just want to acknowledge Council Members Ampry-Samuel and Council Member Van Bramer, and I think that Council Member Cabrera did you—you wanted to—?

COUNCIL MEMBER CABRERA: [off mic]

CHAIRPERSON AYALA: So, he's going to skip me a minute because he has to leave but—

COUNCIL MEMBER CABRERA: Thank-thank you so much for the opportunity. Commissioner, thank you. Thank you for all the work that you have done especially I think the last time we were together in a press conference it was regarding cigarette smoking, and a reduction, and it's-it's been historical, monumental, and for other cities to follow. It's one of those things that I constantly brag about when I go to other places, the work that we're doing, because we're literally save lives. And talking about saving lives, I—I wanted to ask you regarding—getting back to opioids where are the vast majority of people who are using the legal use of opiates, where are they getting them from?

COMMISSIONER BASSETT: Okay. Let me—let me just make one tobacco related comment—

COUNCIL MEMBER CABRERA: [interposing] Yes.

COMMISSIONER BASSETT: -- just so this committee can realize that where—where—that that it is relevant to you. People with mental health issues have much higher rates of tobacco use, something like 40% smoke cigarettes and people who use substances it's much higher than that, 70% or so smoke

cigarettes. So, they're related. We don't want anyone to smoke. As Health Commissioner I would like the smoking rate to be as low as possible, and I'm—I'm very pleased that the Council worked with us to pass this whole—whole group of bills. Now, now, we don't know how many people are using drugs in the city. The main way that we track use is by the tragic event of an overdose death. At this point, although we know that the current epidemic has the door open to it through prescription opioids, physicians and other people are able to prescribe opioids that have—bear a great responsibility for this—for current use, but now among overdose deaths, 80% are—are opioids and of those 80% are Heroin, which is a street drug.

COUNCIL MEMBER CABRERA: Right.

COMMISSIONER BASSETT: So, the majority of opioid deaths are now from street opioids, and increasingly these are laced with this new drug and to us, to our drug market in New York City with Fentanyl, which has made it so much more lethal. So, these are illegal drugs. The majority of overdose deaths from opioids are not—not any longer

prescription opioids. They are—it'—it's—it's Heroin, and other drugs that are laced with Fentanyl.

COUNCIL MEMBER CABRERA: The reason why I--I ask is because when we had—with K2 when we started to see a surge in the city at the state level. I mean every elected official saved base. I mean everybody went immediately to the root of the problem: Who was selling them? High penalties, and we saw a dramatic change happen almost instantly. I wonder if we should have the same approach if we know where the source is because, you know, we had Heroin for—before I was born. So, it's been around for along time, but now, you know, there—there is a—they're being laced. So, and making it more popular, and making it more part of the drug culture.

COMMISSIONER BASSETT: Acceptable.

COUNCIL MEMBER CABRERA: So, I'm—I'm—I'm hoping that we could come up with strategies so if it's medical doctors because I see in the news doctors being arrested. If that's the source or pharmaceuticals or, you know, how are people obtaining this stuff illegally that we cut because the gangs are really not really involved thank God, when it comes to a lot of the pharmaceutical type of

drugs, and I would hate for it to get there because once it gets there then we really are going to see a even more problems. So, I'm hoping that we could identify that and working that. And my last question because I don't want to take a lot of the time. Thank you and congratulations on your new position. Is—in regards to treatment, are we—are we leaning more towards harm reduction and similar type of programs or do—ore are we focused still on programs where people are going cold turkey? Do you happen to have a percentage of who—who's going to what type of treatment?

COMMISSIONER BASSETT: So, thanks for those remarks. I—I just not that interdiction of the drug supply, the illegal drug supply really remains a police matter, but I very much appreciate your remarks, and I'm proud of the combined efforts that we made to tackle K2. Your—you asked a question about treatment, and about our strategy regarding harm reduction. Our first goal always is that the person who uses drugs should survive their drug use. You can't recover if you're dead, and that's why the department working with many others has been so committed to the distribution of Naloxone, which is a

drug that reverses an opioid overdose. As you know, opioids suppress your ability to breathe, and this drug simply displaces the opioids and anybody who has administered it will never forget it, and we've had several campaigns to alert people to distribution of Naloxone. We want anyone who uses drugs and anyone who knows people who use drugs to be aware of their access to Naloxone. The city is committed to distributing 100,000 kits, which each up a dose. We are big advocates of treatment. Not everybody who survives an overdose wants to be in treatment. We want all of them, however, to survive, and eventually people will come to treatment. Treatment is the best way to get your life back, and I would direct committee members to a campaign that I'm personally very proud of and we've gotten very good feedback from, which is titled Living Proof, which are testimonials of people on Buprenorphine or Methadone. The fact is that I could be on Methadone talking to you now.

COUNCIL MEMBER CABRERA: True.

COMMISSIONER BASSETT: We—we need people to understand that people can be on treatment and be lawyers, doctors, and—and that the stigma associated

with treatment needs to go away. That's the best bet. This language about being clean. This notion that what we—people should seek to achieve is being drug free is something each of them can discuss with their doctor, but I would like everyone who wants to get their life back to have a clear pathway to treatment.

COUNCIL MEMBER CABRERA: Do we have a percentage of who goes what type of treatment?

COMMISSIONER BASSETT: Yeah, we do. We have many—we have many more people on—on Methadone. We have something like 32,000 people on Methadone n the city and we have vacant slots. So, given the fact that we're in the midst of an opioid epidemic, I would rather not have vacant slots for treatment and part of it I believe is that Methadone remains highly stigmatized, but we now have another drug Buprenorphine [coughs] which has provided about half as much—half again. It's often probably about 14,000 people on Buprenorphine, and that can be prescribed in a doctor's office. You can go there and get a prescription just like you'd like you'd get it for high blood pressure.

COUNCIL MEMBER CABRERA: It's good for a month right as I recall?

COMMISSIONER BASSETT: I don't know the duration of the prescription, but I—I wouldn't be surprised if were a month only, but the—the fact is that—that Methadone is heavily regulated even though any doctor with DEA number can sit there and prescribe opioids to you on which you might become dependent. In order to take Methadone you have to, you know, go through a whole—a whole set of steps. Buprenorphine, however, is prescribed in a doctor's office. I've been joined by Dr. Hilary Cummins. I don't know if she needs this work for us. I don't know if you have further questions I could recommend her.

COUNCIL MEMBER CABRERA: No, I will ask--

COMMISSIONER BASSETT: [interposing] I want everyone to know to what a great team we have at the Health Department.

COUNCIL MEMBER CABRERA: Oh, that's fantastic.

COMMISSIONER BASSETT: So, I want to give you a chance to--

COUNCIL MEMBER CABRERA: I don't you're--

COMMISSIONER BASSETT: --talk to as many of us as possible.

COUNCIL MEMBER CABRERA: I don't think anybody doubts that. It's something that we're all very proud of and the last thing I'm just going to make is a quick 15-second comment, and that is to encourage the Administration to work with a group of people that have been here for a long time, and it doesn't stop the work and that's the faith-based community groups like Teen Challenge, New Life for Youth. I could go down the list. They've been around for over 50 years, and literally touch lives of tens of thousands, and they have an approach that even nationally in national studies that were done it shows the success rate of 86%. And so I know that sounds pretty amazing, but it's proven to have worked, and I—and I that we could work in parallel lines hand-in-hand together because this is bigger than just anybody could do, and so I appreciate all your work. Thank you so much. Madam Chair, thank you so much. I'm so proud of you. So, excited to be in this committee with you.

COMMISSIONER BASSETT: Thank you Council Member.

CHAIRPERSON AYALA: And I, you know, I believe fully but I really want to commend Hilary Cummings for her work on the synthetic marijuana issue. She was very diligent and worked collaboratively with our office to try to come up with the best strategy in dealing with that issue, and I think that what was different about K2 was that it was readily available over the counter at any bodega. Whereas, you know, Heroin is a little bit harder to find, and so, you kind of have to go and you have to dig for it, and—and so there's a—there's a—there's a big difference in how people are just, you know, getting access to it, but I will add that just a few weeks ago there was an arrest in front of my building and it was a 16-year-old that was arrested for sell Oxycodone. And it was the first time that I can remember that a person of that age was actually arrested for selling Oxycodone. Usually, you know, our young people unfortunately get caught up, you know, selling Marijuana, but never have I heard of an incident where they were selling Oxycodone. So, it just speaks to how readily available and accessible these drugs are to anyone, right. And so, we have to also be holding, you know,

the pharmaceutical companies and our doctors, you know, responsible for the distribution of these drugs. My mother had a bag, I kid you not, this big of medication that went unused that we, you know, I helped her discard, but if people don't know, you have a lot of—you know, people that have debilitating pain and they get prescribed medications that sit on a shelf, and then, you know, our young people get access to them, and that's kind of, you know, it's not, it's like-- So, I appreciate Dr. Cummings and all of her work, and thank you so much. Did you have questions? Yes.

COUNCIL MEMBER HOLDEN: Thanks Commissioner, for your great work. I just have a couple of questions on New York City Well. There's a 170,000 calls in Fiscal 2017, Fiscal Year 2017. How does—how do you follow up on that? Does—does somebody—let's say somebody calls in—they-they get some advice. Is there--somebody contacts them later? Is—can you tell us a little bit about how that works?

COMMISSIONER BASSETT Sure, I can start and Dr. Belkin can add in if—if you want more detail. But anybody who calls NYC Well 1-886--, you know, 1-888-NYCWELL will be answered by an operator who can

either speak English, Spanish, Mandarin or Cantonese. That's—those are the languages spoken by operators, and then if speak another language we—they-they can be assisted through an interpreter call line. And then the conversation begins, and it may be counseling. It may be that they are concerned about an emergency and then would have to be referred over to 911 or advised to call 911. If the person wants to get a call-back because remember people are calling anonymously. We don't have to give your name--

COUNCIL MEMBER HOLDEN: Right.

COMMISSIONER BASSETT: --but if they want the-to have somebody check in on them, the operator will do that. So, there can be call-backs and I can't remember the exact numbers, but we do a fair number of call-backs of the calls that come in, and all of those are with the caller's consent because in a sense they're identifying themselves. Additionally, if they want—we—there's an agreement between the counselor and the caller that an appointment at a behavioral health clinic would be valuable for them, they—the operator or his counselor wills stay on the line while they navigate making

that appointment. That happens much less often, but it is a service available.

COUNCIL MEMBER HOLDEN: Now, there's also—they could also do a chat, right, a text?

COMMISSIONER BASSETT: Yeah, where they can—they can text and they chat, which is online, too.

COUNCIL MEMBER HOLDEN: Right, sure, and—but do, but most of them I would imagine are calls.

COMMISSIONER BASSETT: 75% of them are calls.

COUNCIL MEMBER HOLDEN: 75% and do you have enough funding for that, for the program so far? Is it--?

COMMISSIONER BASSETT: Yes.

COUNCIL MEMBER HOLDEN: It's probably going to expand, I think, right?

COMMISSIONER BASSETT: Yes. Well, as you know, this is our—our prime commitment to the First Lady, and if there's a need for more funding, as there has been already, it has already exceeded our initial projections of volume. We have been able to—to allocate more taxpayer dollars to this service.

COUNCIL MEMBER HOLDEN: Good, you know, what the chair was saying earlier about it, it really affects everyone, everybody's family. We're seeing an explosion of the opioid crisis, and I just found a study, and again, the doctor probably would be able to—I don't know if you're aware of this study that actually the—in—in—Oxycodone, Fentanyl and Vicodin in—in chronic pain, and that's you start off if somebody has an injury and certain, you take this, but there were actually—this study out of Minnesota said it—it really didn't help—those opioids really didn't help that much better than the over-the- over-the-counter drugs like—like Tylenol—Tylenol and Advil. Are you aware of that study? It's almost like why are we—why—why are they manufacturing these drugs?

COMMISSIONER BASSETT: Well, yeah. No, I'm not aware of that particular study, but certainly there's broad concern that there's been overuse of opioids as a way of controlling pain, and a big part of our agency's response to this is promoting what we call judicious prescribing. The first question is, is an opioid necessary, and we believe that too often clinicians have prescribed opioids when a non-opioid

pain killer would have done the job. And the next question is, and what dose for how long, and they—rarely does anybody need an opioid for acute pain control for more that three days, and we also have—can support clinicians in figuring the—sort the Morphine equivalents, what the dose should be. We have been promoting these two guidelines were developed first here in New York City and how have been adopted by the Centers for Disease Control at the Federal Public Health Agency, and additionally we go door-to-door peddling our wares of—of public health to clinician's offices talking about judicious prescribing in a—with a program that we call Public Health Detailing. We usually reach about a thousand people per campaign, and we're about to start either the third of the fourth campaign. Third? [background comments] Third campaign. So, we expect to have reached 3,000 providers talking individually at the doctor's office giving them materials, studies perhaps such as the one that you've mentioned and also giving them additionally supports so that they can prescribe in a way that we think is more appropriate. In spite of all these efforts we have

something like 2 million opioid prescriptions being offered--

COUNCIL MEMBER HOLDEN: [interposing] Yeah it--

COMMISSIONER BASSETT: --to. Every year in New York City we have about six million adults. Now some of these are people in with, you know, who need opioids. These are useful drugs. So, we've been very reluctant to sort of put a limit on any—on doctors' judgment. What we want to do is improve doctors' judgment, and remind them of what the drug dose--

COUNCIL MEMBER HOLDEN: [interposing] To give you a—to give you a first hand of my experiences. This past summer I—I had a fall and broke a couple of ribs. I was prescribed an opioid. Just had no—no background information on it. It just said to take these, and then I looked at it and actually, they gave me one in the hospital. I was—it made me very dizzy and I—I couldn't focus and was—I could see how bad this drug is, and—and these drugs are. Obviously, they're overprescribed. We know that, and I think—and I know there are limits. There—they are looking at doctors that are

overprescribing these and they have done some good work, but it almost seems that not only are they unnecessary, the doctor could have offered me Tylenol or something else with two broken ribs. I could have been offered something else first, and I was offered the opioid first, and I think we have to change that culture, and change it, and I—I think you're trying now. You're doing that, but we really have to actually step it up bit I would imagine.

COMMISSIONER BASSETT: Yes. Well, part of the context here is aggressive marketing by pharmaceutical companies, which did their level best to convince physicians that they should loosen their controls on these drugs, and prescribe them much more liberally. As you know, the city has—has sued the pharmaceutical industry for knowingly promoting the use of habit forming drugs on which dependents could and should have been predicted, and many other jurisdictions have sued as well. I think there will be reckoning, but at the same time we, you know, we are doing our best to counter-market, and to remind physicians and other prescribers of what judicious prescribing means.

CHAIRPERSON AYALA: Thank you. Council Member Samuel.

COUNCIL MEMBER AMPRY-SAMUEL: Good afternoon everyone. My question is in reference to the CLEAR Program. So, the Brooklyn District Attorney, Eric Gonzalez recently joined forces with the NYPD, and the New York City Council to launch Brooklyn CLEAR, a diversion program that aims to assist individuals who suffer from drug dependence and misuse by giving offenders an opportunity to get treatment instead of jail time. Brooklyn CLEAR is recently running--Brooklyn CLEAR is currently running in six precincts in Brooklyn that report the highest overdose rates in the borough. How will Brooklyn CLEAR compare to the Administration's Diversion Center Program or Initiative?

COMMISSIONER BASSETT: Let me—let me give this a try. This is the idea that people

COUNCIL MEMBER AMPRY-SAMUEL: [laughter] [interposing] That he wanted to do it.

COMMISSIONER BASSETT: He's another one.

COUNCIL MEMBER AMPRY-SAMUEL: Why I'm answering it on. [laughter]

COMMISSIONER BASSETT: So, it's very clear. So, Brooklyn has a program, the Brooklyn district attorney has a program. The-the-this was sort of pioneered by the Staten Island District Attorney and a program called the HOPE Program. Yesterday at the announcement of the expansion of Healing—Healing NYC, the Bronx District Attend— Attorney Darcel Clark also talked about receives additional funding to adopt the same strategy of—of— of trying to ensure that people have access to treatment, and don't—don't go to jail. She also has a program that's a pre-trial program even before you go to trial to go into treatment. They—how—at the Health Department we are really big supports of the idea that people should not get "treatment" in the Criminal Justice System when they—what they need is— is medical treatment, and the Diversion Centers, which you—which have noticed we probably that we have—are still working towards establishing help us answer the question that when a police officer picks up somebody and is concerned that they would have a mental health of substance issue, you know, where do they take them. They can arrest them on something and take them to jail. They can take them to an

emergency department. They could take them to one of the mental health shelters or now our hope is that we will succeed in establishing these centers. We have the contracts established now, and there'll be a place that they can be taken where they can be connected to care, and they can forego the whole criminal justice experience altogether, and just go to the Diversion Center and be directly connected to services. Mr. Volpe who has joined me here at the table has worked passionately to make these diversion centers a reality. If you—if you'd like to ask—ask any further questions, I'm sure he'd be happy to answer them.

COUNCIL MEMBER AMPRY-SAMUEL: So, you did mention—you mentioned before the 32,000 slots with the—the 32,000 who are part of the Methadone like maintenance program--

COMMISSIONER BASSETT: Yes.

COUNCIL MEMBER AMPRY-SAMUEL: --and that there are still open slots. Would that be considered one of the like plans or recommendations for someone who might be picked up and diverted to some kind of program?

COMMISSIONER BASSETT: Well—well, let me just start. Yeah, I mean the idea is that many people drop in and out of care whether it's care for their mental health issue or care for their substance use, and sometimes what people need is it be guided back into those supports, and not to go to jail. But to, you know, whatever it was the real problem was that they have substance use disorder, and they need to get back in treatment. They don't need punishment. They need treatment. Mr. Volpe, do you want to—? I don't know. Do you want to add anything to the diversion center activities?

COUNCIL MEMBER AMPRY-SAMUEL: I would—I would just like for you to explain it a little further because I'm just trying to figure out if the go-to treatment would be like a Methadone maintenance or if there are any other like program or on the contracts with detox centers or actual in-patient treatment centers as opposed to Methadone maintenance.

JOHN VOLPE: Okay. So, John Volpe, Special Advisor on Criminal Justice. Good afternoon. I'm not going to swear, but like Gary said I'll tell the truth. So, I'm not sure. I'm going to ask you

just to refine the questions, but I just—I will say that, you know, I think as the Commissioner said, you know, upstream early approaches to moving people away from criminal justice and into support and treatment is what both hope and diversion centers. The key difference being one is post-arrest, pre-arraignment, the HOPE Programs, and one the Diversion Centers are where officers will not even use an arrest as a tool. It will be simply a hand-off to the health system, and as the Commissioner said, we really think issues like substance use and—and the social need that often police are interacting with people and the history—history has led to over-criminalization, it can now be dealt with in the health system. And I—I will just say the diversion centers will be oasis licensed. So, they'll have a license through the State office of Substance Use, and they will provide licensed substance services including withdrawal services and the induction of Buprenorphine. So, we see that as a pivotal point when police identify need, they hand off, they don't arrest, and then depending on the person's desires, and engaging them, we'll—we'll either use peer approaches and support or

we'll just more clinical approaches. It's a mix of clinical and non-clinical.

DEPUTY COMMISSIONER BELKIN: If I could—I think your question all of the treatment options these are gateways to all treatment options. The spectrum of trying to get someone who's been in contract with the Criminal Justice System, the—the stack is that—the deck is stacked in favor of them being connected to any of those options either through the Diversion Center or through these other options that are happening across the boroughs.

COUNCIL MEMBER AMPRY-SAMUEL: Okay. I was just trying to get a sense of once they are actually received and—and connected, what happens after that? Like what type of programs were they being connected to? Because I just hear nowadays about Methadone and I don't hear a lot about funding for actual more detox through city resources, and more in-patient treatment centers, and that's just coming from-- I represent Brownsville and Ocean Hill and Crown Heights and East Flatbush and Bed-Stuy, and in my area, I can just tell you now and I have a lot of different locations where we have Methadone clinics and you just see a lot of lingering. And—and I know

you mentioned Commissioner that, you know, you can continue to still thrive and—and live a full life, but at the same time we do see a lot of lingering around a lot of the centers, and I've had ongoing conversations with organizations that are willing to come and looking for more funding and support around actual in-patient treatment, and we just—I just don't hear that conversation. I'm hearing more about stopping the deaths and-and Methadone as opposed to just detox and getting people and on the path to actual treatment. So, that's why.

CHAIRPERSON AYALA: Don't leave, John. Don't leave. [laughter] Since we have your attention—since we have your attention.

JOHN VOLPE: [off mic] Why certainly.

CHAIRPERSON AYALA: [laughs] That was quite an answer and thank you. I know you were really enthusiastic about testifying today. But as a follow-up to Alicka question, the—so, I know—we know that we've—we've invested $90 million into these diversion centers, two I believe and they're supposed to be opening up this year, but we've kind of been having this conversation for the last couple of

years. Could you speak to the status of where we are in terms of possibly opening?

JOHN VOLPE: So—Dr. Belkin, do you want to take this or do you want me to take it.

DEPUTY COMMISSIONER BELKIN: You can take it. (sic)

COUNCIL MEMBER AMPRY-SAMUEL: Tell Dr. Belkin. [laughs]

DEPUTY COMMISSIONER BELKIN: You missed your license.

JOHN VOLPE: I feel like I've been saying it for five years. No, we are—we are eager, and we're frustrated and we're anticipating these as much as you all are, and I think the advocates are and the public and our friends at the NYPD are. This is an important additional tool in this continuum, which you guys—that we've been talking about. So, as the Commissioner mentioned, the contracts are in place. We have two vendors identified. We're working to identify sites in the South Bronx, and the Upper—Upper Manhattan area, and we—we—we can't say today that sites have been identified but there is—there's ongoing negotiations about sites that are possibilities.

COUNCIL MEMBER AMPRY-SAMUEL: Both of those centers are there in my district. So, I hope to hear from you soon.

JOHN VOLPE: And we appreciate your support going back years for, you know, meeting with us, talking about this program, seeing it for what it really is, and—and different for New York City, and so we will continue to support it.

COUNCIL MEMBER AMPRY-SAMUEL: We're very support on it. It's unfortunate that we—we as a city haven't done more to help identify locations that would best, you know, meet the needs of this program. So, after—in these where am I? So, assuming that we're able to open the centers soon, how many people do you anticipate that you'll be able to serve in the first year, and how much funding will the initiative receive from the State Office of Alcoholism, Substance Abuse Services, and the State Office of Mental Health, you happen to know that.

JOHN VOLPE: So, in terms of services depending on when they open obviously. If we're in the middle of a year, then we're going to have a middle number on the number served. We projected

roughly 500 people for the first full year, which is—we will emphasize a conservative estimate.

COUNCIL MEMBER AMPRY-SAMUEL: Is that based on numbers from NYPD. Base on the number arrests they did?

JOHN VOLPE: Based on numbers from NYPD but also based on ramping up of the program, getting kind of all of the systems to be working the way that we hope in like Year 2 they'll be working, and it's going to be a learning process, right? It's going to be a change in process for police. It's going to be a change in the process for healthcare providers, quite frankly. So, that said, we-at any given time 25 individuals could be receiving services, and in other jurisdictions including one that's open in Duchess County, somewhat different, but similar, the average stay is four hours. So, this for some people is an important touch point for them to meet with peers and nurses and clinicians, and potentially go—move onto other services or supports. Others who need a longer length of stay, we have the capacity for 19—what we call overnight or bed assignments. So, the total capacity 25 and bed capacity 19.

COUNCIL MEMBER AMPRY-SAMUEL: Could you speak to the funding?

JOHN VOLPE: So, your question is the funding of it. We have a commitment from the State Office of Alcohol and Substance Use of $2 million annually, which will be included in the overall funding, and I'm looking to Sandy now, and—[pause] and then the Office of Mental Health half a million dollars.

COMMISSIONER BASSETT: And the administration so far we've been rolling over funding for this, as you're aware.

COUNCIL MEMBER AMPRY-SAMUEL: Thank you so much.

JOHN VOLPE: Thank you.

COMMISSIONER BASSETT: Thank you.

CHAIRPERSON AYALA: Did you have any further questions? Okay. So, going back to the opioid funding. So, the city has invested millions of dollars in opioid related services over the past two fiscal years including funding for public outreach campaigns, prescriber education and training and Naloxone distribution. How do you ensure that these resources reach a variety of populations

including people on the front lines of the epidemic who may not come in contact with city agencies or other traditional settings? So, I think we—you and I had a conversation about this, about how important it is to ensure that, you know, we're training providers on the use of Naloxone, but we're not necessarily training the abuelitas and the moms and the dads and the siblings of individuals that may be using. And so how do we—what do are doing in terms of marking to ensure that we're getting this information, and the Naloxone kits into the hands of regular people?

COMMISSIONER BASSETT: Well, that's exactly where we want Naloxone to be. For it to be effective, it needs to be in—in the vicinity of someone who's using drugs. So, people who use drugs or syringe exchange programs have been a very important place that we distribute Naloxone. This is where people come to get syringes. It's a great place also to distribute Naloxone. Probably that's one of the most common distribution points that we have. We've run several public education campaigns now. The first one had the tag line of Save a Life. Carry Naloxone. The next one were testimonials from people who had saved friends and family members, and

that was on, you know, billboards and on bus—bust shelters, and—and those are called kings, those big side—things on the sides of buses on our subways, and we did do some television time with these. So, we're trying to alert the general public to the fact that we are distributing Naloxone throughout the city. They can call 311 to find out where to get it, and additionally it is available through pharmacies. I used now several years ago, a standing order that basically makes Naloxone available over the counter. It's a very safe product, and the chain pharmacies also all make Naloxone available over the counter.

CHAIRPERSON AYALA: Without a prescription?

COMMISSIONER BASSETT: Without that, yeah, that's what I mean, without a prescription, and the state has figured out a way for people who haven't health insurance to offset the co-pay for—for getting Naloxone. So, we are in the process of getting out there and educating pharmacies about this. We want pharmacies to accept our standing order to stock Naloxone, and to teach people how to use it who come and request it, and if, additionally we're distributing at no cost 100,000 kits a year. We also

want it to be in the hands of frontline workers. As you know, the NYPD were early adopters. We just announced yesterday, the Fire Commissioner announced that FDNY is going to begin a program called The Leave Behind Program. So, when they respond to somebody who has overdosed maybe they reverse them. While—in the time that they're, you know, dealing with the person, getting them into ambulance, the people around that person are people who should have Naloxone, and that is the genesis of what our staff came up as the Leave Behind Program that-that's a way to reach into people who, you know, active users and—or we want to make sure that they have Naloxone. The-the word here is that anybody who uses or knows someone who uses should carry Naloxone so that they can save a life.

CHAIRPERSON AYALA: Do you know what the co-pay amount would be?

COMMISSIONER BASSETT: No, I don't know. I'm going to say about $50, which sounds expensive, and I could be completely wrong.

CHAIRPERSON AYALA: Okay. [background comments]

COMMISSIONER BASSETT: But the, yeah, but the—I know that a kit we're paying about $75 a kit. So, I must be wrong on the co-pay, and Dr. Belkin has just reminded me that in addition—in addition to the Leave Behind Program we yesterday, as part of the announcement, the department will be establishing and End Overdose Training Institute. We work with many large social service organizations, and instead of just training one individual at a time we want to build training capacity within organizations so that they can train and distribute Naloxone on their own. So, we will train other Naloxone distributors as well as train people in the administration of Naloxone through this training institute. Dr. Cummings has come and gone. What is the co-pay?

MALE SPEAKER: $40.00

COMMISSIONER BASSETT: $40.00. So, I want's far off. So, the—but that co-pay for people who have insurance there's a mechanism that the State Health Department came up with under it's HIV drug facility to offset that cost, and I don't know they figured it out, but if—but it is a way to offset the co-pay. It has a very long shelf life. I mean pretty long, a year to 18 months. So, it's not like

it, you know, you buy it and you can keep it, and use it.

CHAIRPERSON AYALA: I'll ask this final question because I don't think that we've—we've touched on this, but in April of 2017, First Lady Chirlane McCray announced Relay of 24 State Hospital based support system for non-fatal opioid overdoes. DOHMH recently expanded the program to St. Barnabas Hospital in the Bronx. Does this site—it launched in June of 2017. Relay will receive $4.3 million in annual funding when it expands to 10 emergency departments in 2019. How many individuals has Relay reached since its inception, and how does the department select hospitals to participate in the program?

COMMISSIONER BASSETT: They're all very good questions. The Relay Program is the program aimed at people who are near misses for a fatal overdose. The thinking is that that's a really good time to get to somebody and talk with them about being in a safer place. We deploy peers who reach the person in the emergency department and then make an arrangement to see them afterwards. The numbers are about 225 people have—have been contacted and

we're able to follow up subsequent to that with about half of them. Not everybody, you know, wants to talk, and you've already alluded to that in talking about your own family, but we really feel it's important to-every time it's a possibility of an open door to knock on the door and see if we can open it a little wider, and having had survived an overdose, I—I think is one of those times. So, that's where we are. The Mayor just announced further funding. So, rather than just 10 hospitals, because that's what we're committed to by the end of t his calendar year. We are expecting to expand to an additional five to make the total 15 in our—in our private hospitals. The public hospital system has a sort of similar peer based program in their emergency departments, and that's why the Health Department is focused on the private hospitals.

CHAIRPERSON AYALA: Every public hospital has been built into that or just a few of them.

COMMISSIONER BASSETT: They have just committed to expansion. They also got some additional funding, and they've just committed to an expansion to all 11 of their emergency departments.

CHAIRPERSON AYALA: That's wonderful. Okay, so we—we're actually going to take a couple of questions from some of the viewers. So, given the—given the attack on immigrants at the federal level, what additional resources are now being made available in New York City to support immigrants in accessing free and low-cost mental health services.

COMMISSIONER BASSETT: We are committed to access for all New Yorkers regardless of their social position including their immigration status, and that's what, you know, anybody who's in that position should call the 1-888-NYCWELL and begin the conversation.

CHAIRPERSON AYALA: I mean in—in this current political climate has there been an increase in immigrant families needing resources , children in schools that may be, you know, are living in fear that a parent may be picked up at any moment?

COMMISSIONER BASSETT: That's a really good question and, of course, there have been many anecdotes that are truly hear wrenching, people being afraid to keep appointments with their doctors or people just, you know, being very fearful. You know, parents taking turns alternating leaving the house in

the event that one of them might not come home, but we—we don't have anything in our surveillance data to—that reflects that at this point. If this ominous climate persists, I—I fear that we will be able to see it in more data, but right now we're just—we're hearing stories, stories that are true I'm sure.

CHAIRPERSON AYALA: Yeah. Maybe it should be part of the screening process when an individual walks into a public hospital and is, you know, communicating with their medical health—health provider. Maybe that's part of the, you know, question of whether or not, you know, they—they feel a need to talk to someone. Can Thrive explore ways of expanding to have a—a project focus on immigrant access to mental health services?

COMMISSIONER BASSETT: Can you just say this, how—how are we working to improve access?

CHAIRPERSON AYALA: So, the question was: Can Thrive explore ways of expanding--

COMMISSIONER BASSETT: [interposing] I mean or Thrive.

CHAIRPERSON AYALA: --to have a project closely adjust (sic) on immigrant access to mental health services.

COMMISSIONER BASSETT: Well, as I said, all of our all of our services and our entire public hospital system is available to all New Yorkers regardless of their immigration status.

CHAIRPERSON AYALA: Okay, well, I think we might pass on the supervised injection facilities. Yay. We are all really excited, and hoping to get in here—here on the findings of the study that the City Council commissioned in Fiscal Year 2017. Have you heard of any timeline and--

COMMISSIONER BASSETT: Yes, there-the Mayor and the First Lady announced yesterday that the report will be released in April as will the administration's response to it.

CHAIRPERSON AYALA: Oh, that's wonderful. Okay, I think I had a question about [pause] Are you—oh, okay. So, let me just read it because I'm going to just mess it up. So, as I'm, you know, as I mentioned in the—in the opening statement, I know that we're—you know, that there was money allocated for—through City Council. Does the Administration anticipate a less politically contentious environment next--? Wait, was that it? No, I think I messed it up anyway. After the release of the study, what are

the next steps for DOHMH and the Administration? For example, how do you plan to engage communities in discussion the study's findings and the implications?

COMMISSIONER BASSETT: We'll just have to wait until the report is released.

CHAIRPERSON AYALA: Yes. I know that this has been a huge concern, and there have already been meetings in my district about--

COMMISSIONER BASSETT: [interposing] Yes.

CHAIRPERSON AYALA: --about the potential impacts of a safe injection facility coming into neighborhoods that feel like they're already overburdened.

COMMISSIONER BASSETT: Yes.

CHAIRPERSON AYALA: So, it's going to be an important part of this process is to, you know, better educate communities about the—the importance of using every tool in the toolbox to really eradicate this—this issue, and so I look forward to having that discussion in my district, but I think it's a conversation that needs to be had citywide because there are a lot of people that feel that, you know, safe injection facilities are just a way of the city condoning a behavior that maybe should not be

condoned. Does that even make sense? Which doesn't make sense to me, but it is what, you know, is being discussed, and I know in communities like mine. So, I look forward to-to—to the release.

COMMISSIONER BASSETT: Yes. So, I—I—I can assure you that there's a—a great interest in being mindful of—of public response including the issues that you've just read us--

CHAIRPERSON AYALA: Yeah.

COMMISSIONER BASSETT: --raised of some communities feeling that they already have, you know, quite a burden.

CHAIRPERSON AYALA: A burden. Yeah, a real burden and we don't want that to kind of minimize the effectiveness of having such a facility. Council Member Holden had a question.

COUNCIL MEMBER HOLDEN: Yeah, I had question. Now, the outreach, I know the at-risk population. I think the age group was 24 to 39 or it's—am I around that—the at-risk for opioid addiction?

COMMISSIONER BASSETT: No, it's actually a little older.

COUNCIL MEMBER HOLDEN: Older?

COMMISSIONER BASSETT: Yeah.

COUNCIL MEMBER HOLDEN: It's what—what is that—what would that be?

COMMISSIONER BASSETT: Well, we're—we're seeing hardly any use or deaths under the age of 30, none, and—well, very rarely. Certainly not under the age of 20, and the average opioid user in the city is more likely to be somebody in their 40s to early 50s.

COUNCIL MEMBER HOLDEN: It is, wow. Okay.

COMMISSIONER BASSETT: Yep.

COUNCIL MEMBER HOLDEN: Now, the creative outreach like a non-traditional outreach, have you thought about—I mean I don't know if it's invasion of privacy. I guess it is an invasion of privacy like a—a mass texting just if you have—if you're addicted or if, you know, you have a substance abuse problem click here. Is there anything like that, blast text? I know the city is probably reluctant to do that, but--

COMMISSIONER BASSETT: [off mic] Probably so—[on mic] probably so, but I—you do give me a chance to talk about something that we're calling the rapid like, you know, the—a rapid assessment and

response, which is almost—you know, kind of a—almost like a swat team approach to when we see over—fatal overdoses occurring in communities where we haven't ever seen them before or when we see clusters of overdoses that we deploy an epidem—an epidemiology team, as well as the public education team together to both go to the area, and try an assess what's going on, and also make sure that the healthcare providers, pharmacists in the area are educated about opioids. There are communities in the city that have longstanding and brutal experience with opioids, and there are communities in the city that have never experienced it before. So, we want to make sure that people get information they need, and they are able to rapidly asses what's going on. So, in the last year we've had several deployments of these rapid assessment teams to communities in the Bronx.

COUNCIL MEMBER HOLDEN: Yeah, I've spoken to a few people who have been addicted to opioids and a few of them were saying how fast they could get addicted. It was a matter of weeks. It—it—it and I think that needs to go out that it doesn't take six, seven or eight months or a year. It—you can actually literally in weeks, two weeks get addicted to this,

these drugs, and-and then move on to certainly more heroin and so forth. So, has that been put out? I mean just how easy this—these drugs are highly addictive, and that's why they need—we need obviously these should be limited. The doctor should limit the prescriptions obviously. We talked about that, but how easy this can be—

CHAIRPERSON AYALA: [off mic] Yeah it can be.

COMMISSIONER BASSETT: I think that one of the—one of the messages that those of us who work with the problem of substance misuse are so bitter about from pharmaceutical industry is that people with so-called real pain, you know, if you had an injury or something like that somehow that you wouldn't become dependent on these drugs because you just needed them for your pain, and you wouldn't become dependent. But pharmacologically these are—are—are compounds to which people become dependent, and it doesn't matter what the reason is that you're taking them. You have a risk of dependence that can be quite variable from person to person. So, this notion that since you got it for a good reason as opposed to I guess what used to be seen as a bad

reason, you are not going to be at risk of becoming dependent, that was just baloney. It had no basis in fact, and it—it—it shouldn't, you know, it shouldn't have been put out as a reason to prescribe more—more exuberantly.

CHAIRPERSON AYALA: Okay, so I discussed in my opening statement, I'm particularly concerned about the funding for Disability Services. In Fiscal Year 2019 Preliminary Budget allocates about $12 million to the Developmental Disabilities Program in Fiscal 2019 and about $17 million in the current fiscal year. Does this funding prove adequate to move the—to meet the needs of our city's developmentally disabled population, and how would these programs and services benefit from an increase in the city tax levy?

COMMISSIONER BASSETT: Yeah, I'm going to ask Dr. Belkin to respond to this, but you should be aware that most of our funding for disability comes from-comes from the state. So-so let me ask Dr. Belkin to speak to your concern that we are underfunded to meet the needs of the city?

DEPUTY COMMISSIONER BELKIN: So, and we've had this discussion directly. Unfortunately,

our portfolio in this area is small. It's largely a result of the State and City Division of Labor that this is an area that has been mostly funded out of, and managed by the State Office of Persons with Disabilities. We do, however, contract over 90 programs throughout the city, and what we try to do is fill in the spaces where that State funding is not capturing. So, different kinds of family support, supporting caregivers and different kind of respite and recreational after school activities, camp programs. We try to also provide parent education and training. So, it's really working on the support systems to individuals, issues needing as those individuals age. So, that's where we have tried to complement where there's less of a—we think there's a service gap around the state. One of, in terms of where the state is leaning in, your question about what are the unmet needs is a—is a good one that we're starting to look at, and we haven't traditionally surveyed and explored understanding how those play out in the community than—than we have for other things. And so, we're actually looking internally as to ways that we can understand those gaps better.

CHAIRPERSON AYALA: That is a—it's—when I—when I took this committee one of my concerns was that that that was going to be a conversation that was going to kind of be lost in the—in the wave of— You know, we—we get a lot—we put a lot of resources and attention to mental health issues and to the opioid epidemic, but we're not really necessarily focusing enough of our attention on the needs of the people with disabilities and the—the challenges that they have to go through day in and day out. There are, you know, I mean there's a variety of—of issues, right from infancy through adulthood. Right? What happens to a child that has aged out of these programs and then, you know, is now receiving reduced services and home care because we're—we're making cuts to Medicaid as well that affect family members that then have to, you know, choose between going to work or taking care of a disabled child. So, this is something that's really important to me that we do not. We don't lose sight of that through this committee and that is—it is just as important as anything else that we're discussing. So, in any way that we can be partners, we would appreciate continuing the dialogue, and I thank you so much,

unless Council Member Holden unless you have any questions.

COUNCIL MEMBER HOLDEN: No, I don't.

CHAIRPERSON AYALA: Thank you, guys so much for your testimony--

COMMISSIONER BASSETT: [interposing] Thank you.

CHAIRPERSON AYALA: --today and I look forward to working with you.

COMMISSIONER BASSETT: We look forward to working together, and thanks to my team. [pause] [background comments] Okay, we'll—we'll be calling up the panelists. [background comments, pause]

SERGEANT-AT-ARMS: Keep it down, please. Keep it down please. [background comments]

CHAIRPERSON AYALA: We're calling up Marjory Antoine; Nora Moran; and Douglas—I'm sorry. I'm a little bit blind—Barman—Berman. [background comments, pause] Now, you're testing me. [laughter] Marjory Antoine, Nora Moran and Douglas—is it Berman? [pause] You don't get sworn in. We're—it's a general blanketed swearing in. [laughs] [background comments] Good afternoon, and thank you for coming.

MARJORY ANTOINE: Good afternoon, Madam Chair Diana Ayala and members of the committee. I am Marjory Antoine Deputy Director of Education Programs for Birch Family Services. I appreciate the opportunity to testify before you today in support of autism care and family support in our city. For more than 40 years Birch Family Services has provided comprehensive and quality services of education, rehabilitation, family support and residential programs for individuals with autism and other intellectual disabilities throughout New York City. Birch has an ecosystem of schools, residences, rehabilitation 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 Autism and 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 according to estimates, found CDC's Autism Developmental Disabilities monitoring network. 500,000 individuals with Autism will age into

adulthood over the next 10 years with 17,000 in New York City and adjacent counties. As these individuals age into adulthood and attempt to gain meaningful employment, they will face many challenges. There's an 85% unemployment rate for college students with Autism. In 2011 to 2012, the rate of unemployment for individuals with intellectual disabilities was 21%, twice the rate for individuals without disabilities, which was 9%. 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%. Iris, a single mom whose son has Autism once—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 and the trajectory for Anthony's future was opportunity. We provided him with the employment readiness skills, job placement, support and guidance that he needed to flourish. Services dedicated to supporting adolescents and 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 New York City. Thank you.

NORA MORAN: Thank you. Good afternoon. My name is Nora Moran, and I am the Policy Director for Government Affairs at Safe Horizon is the nation's leading victim assistance organization and New York City's largest provider of services to victims of crime. We offer a whole host of services, but I'm here today to discuss our work under two mental health initiatives: The Children Under 5 Initiative and the Court Involved Youth Initiative and to request that the City Council restore these initiatives in FY19. This work happens out of our Counseling Center, which is one of the few licensed mental health clinics in New York that focuses on trauma focused treatment for survivors of crime and abuse of all ages. So, under the Children Under 5 Initiative, this supports our work with young children who have either been victims of crime or

witnesses to crime. It allows us to train our Counseling Center staff in child/parent psychotherapy modalities and other trauma-informed treatment so that young children who are coming to Safe Horizon through other programs like the Family Justice Centers, the Child Advocacy Centers can be referred to our Counseling Center for trauma-informed treatment. This also allows us to do clinical consultations at all eight of our domestic violence shelters. You know, we often know that it's important to work with parents who have experienced domestic violence, but often times children who are in shelters with them have witnessed violence. So, we know that it's important to intervene there as well, and make sure that those children are receiving treatment because if we don't, we know that there are often developmental consequences when young children who have experienced or, you know, witnessed abuse if—if that goes untreated. We're very grateful to the City Council for supporting this work for many, many years and there's still more to be done. We're still seeing high volumes of children coming through to our child advocacy centers, and we, you know, request that the Council restore the C-5 Initiative

in FY19 so that Safe Horizon and other providers can continue this work. We also receive funding through the Court Involved Youth Mental Health Initiative, which allows Safe Horizon to share our vision and our expertise by developing clinical guidance for screening traumatized youth who are involved in Criminal Justice System. We often find that these young people are often trauma survivors themselves who also need to be linked to appropriate mental health treatment. We're currently developing and piloting a training for providers on how to intervene effectively with youth who are engaged in what we've called extreme coping. We've presented this concept to other Court Involved Youth Initiative providers describing how trauma, race and gender socialization often lead traumatized young men and boys and often young men of color to verbalize or express distress in aggressive terms or aggressive actions even though this is often an attempt to solve the problem of any fear, pain, shame, et cetera that they're experiencing themselves. So, by developing this training and materials and we're going to be piloting it with other [bell] CFI providers, we're hoping to extend our clinical reach. So, to continue that

work, we request that the Council continue its support of the Court Involved Youth Initiative in FY19. Thank you.

CHAIRPERSON AYALA: I have a quick question before we get to the next panelist. Is the—is—is gun violence considered trauma because I don't—I don't hear enough of—about that, and I—I think that, you know, I represent a district that has had some of the highest gun violence incidents where children have actually witnessed crimes being committed in their own community. That have gone home and gone to bed and the next day gotten up and gone back to school as if nothing ever happened or no real access to any sort of—of program or service that would help them address and kind of go through the—the events that they experienced.

NORA MORAN: That's a great question, and that's something that we're considering when we're looking at our—especially the training we're doing around extreme coping. We know that often times gun violence impacts men of color, young men of color, and there are very few outlets to talk about what that experience is like. So, that's something that we're trying to incorporate more into our work

especially with, you know, all the dialogue that's happening now around gun safety. [pause]

DOUGLAS BERMAN: I'm Douglas Berman. I'm the Vice President of Policy at the Coalition for Behavioral Health.

CHAIRPERSON AYALA: [off mic] The mic, it's on?

SERGEANT-AT-ARMS: It's on.

DOUGLAS BERMAN: It's on.

SERGEANT-AT-ARMS: Just a little closer.

DOUGLAS BERMAN: Let me—I apologize. I'm Douglas—can you hear me now?

CHAIRPERSON AYALA: [off mic] Yes.

DOUGLAS BERMAN: I'm Douglas Berman. I'm the Vice President of Policy at the Coalition for Behavioral Health. I'm here representing our CEO and President Christy Parque who unfortunately sends her regrets at not being able to be here today.

CHAIRPERSON AYALA: I thought that you didn't look like a Christy. [laughter]

DOUGLAS BERMAN: Well, it could have been Chris. The Coalition for Behavioral Health has 140-member organizations that are members of our Coalition. All of them are based in community-based

behavioral healthcare clinics across the city. They provide a full range of mental health and substance use services and reach about a half a million New Yorkers every year. I would like to say I'm very grateful for the Mayor of New York putting an additional $22 million for opioid treatment into the budget this year. I'm pleased because they're investments that work. He's looking to put the money into prevention and treatment, and not enforcement or other activities that don't deal with real people. The behavioral health community and commute—the behavioral health community is at a critical moment right now. We're at the zenith of the epidemic unlike any other. In reality we are threated by federal reductions not only to cuts in Medicaid, but to cuts in behavioral healthcare services, and we are also facing the introduction of valued-based payments, a new and complex delivery and financial system that does threaten our community in terms of having to adapt. We are also very pleased and thankful with the additions of Thrive New York City and Health New York City. They couldn't have happened at a more urgent time in our city. Some of the programs are rather successful. Our members are

letting us know that they are actually thriving, and they're bringing extra resources to agencies and increasing access to care, and increasing the quality of services that are being provided. Also, we're very fortunate for the mental health providers for the Mental Health Service Corps really including and creating a next generation of behavioral healthcare providers. [pause] It's vey important that we bring in new providers into the behavioral healthcare system. A recent study out in California looked at New York City, found that we have about 80 behavioral healthcare professional in the—in the short—designated shortage areas, but in order to serve the need we would have to bring on about another [bell] 118 providers. Can I just go for two minutes? I just want to say that like my colleagues, we're very supportive and receive funding from the Mental Health Initiatives. They are and there is an attachment in our document about the two—the mental health services for vulnerable populations and the Court Involved Youth Mental Health Initiative that we get in order to train other—our providers in order to keep up with what is happening in the system today. But we also support the whole suite of services, all seven of the

initiatives that actually are given to over 90 organizations, and we feel that this is absolutely essential that we have an established network of community based services, and we very much appreciate previous funding from the Council and hope that it will continue again.

CHAIRPERSON AYALA: Thank you and thank you for lending your voice to such important causes. Council Member, do you have a question?

COUNCIL MEMBER HOLDEN: [off mic]

CHAIRPERSON AYALA: Alright, yes.

COUNCIL MEMBER HOLDEN: Marjory, can I ask you a question regarding employment, Autism, people with Autism.

MARJORY ANTOINE: Yes.

COUNCIL MEMBER HOLDEN: How do you educate the employer? I mean that—that—that seemed to be something that you have to overcome tremendous hurdles on that.

MARJORY ANTOINE: Yes, that's a very good question, and part of our program we do training, on-site training with the employer. So, we provide them with not just information, but real scripts in terms of how to dialogue with people with Autism. What to

expect when they're communicating or given a directive, and what he response might be back because of some of the executive functioning issues that they have. So, we really do a lot of on-site training with the employers.

COUNCIL MEMBER HOLDEN: And—and do you—and obviously you—you stress the success stories and--

MARJORY ANTOINE: [interposing] Yes.

COUNCIL MEMBER HOLDEN: --and I think that would and actually—but it would seem like a daunting task to allow them to expand that citywide, and—and really. I mean, I mean only—you can only do so much obviously.

MARJORY ANTOINE: Yes, yes.

COUNCIL MEMBER HOLDEN: So, are there a lot of organizations also helping?

MARJORY ANTOINE: I believe that the Autism Awareness Initiative is not just given to our agency. There are lots of other assist organizations that--

COUNCIL MEMBER HOLDEN: [interposing] Good, okay.

MARJORY ANTOINE: --participate within the Initiative itself. So, I think together, though

collectively we can have a very large impact across the city if we're able to utilize and pool those resources together and get into the communities where we're not already very present. Because there are a large number of communities that don't have a large awareness of what Autism really is, and the potential that people with Autism have.

COUNCIL MEMBER HOLDEN: Yeah, it's such a win-win program. So, thank you so much.

MARJORY ANTOINE: Absolutely. Thank you.

COUNCIL MEMBER HOLDEN: Thank you for that. Thanks.

CHAIRPERSON AYALA: Thank you so much, Marjory for being here.

MARJORY ANTOINE: Thank you.

CHAIRPERSON AYALA: And we're going to call up the next panel, and I just wanted to say that we're kind of running a little—we're trying to rush through these a little bit because we're—there's another activity that's happening in the next room at around 4:30ish. So, we're trying to make sure that everybody gets their time in. The next panel Joo Han, Leonard Biddle, and Jeannine Mendez. [pause]

Good afternoon. Thank you for coming. Who wants to go first? [pause] You can do it. You can do it.

JOO HAN: Thank you, Chairwoman and the Committee on Mental Health, Disabilities and Addition for holding this preliminary hearing. My name is Joo Han. I'm the Deputy Director of the Asian-American Federation. We are a Pan-Asian, a non-profit leadership organization that strengthened its capacity of about 70 Asian serving member groups in New York City. We—our mission is to raise the influence and wellbeing of the Pan-Asian American community through research, policy advocacy, public awareness and organizational development. As you may know, Asians are the fastest growing racial and ethnic group in New York City. We increase about 50% from 2000 to 2016, and we now comprise about 15% 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 ten leading causes of death in New York City from 1997 to 2015. Last October we released a report on Overcoming Challenges to Mental Health Services for Asian New Yorkers, which is based on a year-long study that we conducted on the mental health issues and service capacity

challenges that 22 Asian led and Asian serving community-based organizations had observed among the different Pan-Asian communities served 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. In our report we identify four challenges—major challenges to mental health services for our Asian New Yorkers. There's a scarcity of community education programs that are linguistically and culturally competent to build awareness and acceptance of mental health as a health concern as mental health is deeply stigma—stigmatized in many Asian communities, and mental health care is still viewed as a western concept. There is a shortage of linguistically and culturally competent mental health practitioners and services, which is particularly egregious in areas of special such as drug or alcohol abuse, gambling addiction, domestic violence—violence, and LGBTQ topics. Access to mental healthcare services is a challenge as there are few entry points beyond individualized therapy

and the cost of services is a deterrent for those without mental-without health insurance. There's also a lack of research into the mental health needs of and service models that work best for the Asian community, which is due to the absence of disaggregated data for Asian ethnicities and funders propose a criteria that often times excludes the integrated or alternative service models that are often used in the Asian community. To address these challenges the Federation proposes to launch an enhanced mental health services in the Asian community. We will take the lead on designing and implementing programs based on our research, which help to reduce stigma and other barriers to mental health services, increase awareness of the mental health needs of Asian-American residents, and foster greater collaboration between formal service systems and community resources to reach these residents. In order to increase access to mental health services, we must fund Asian organizations' efforts to engage community members at the places where they seek help. We must support programming that integrates mental health services through other social services, and we must invest the support groups run by Asian

organizations for clients who are receiving treatment and/or medication. To avert what's quickly becoming a mental health crisis in the Asian-American 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 groups using models of non-clinical service capacity—the non-clinical service deliver—delivery that utilize existing services and programs. This kind of program would utilize models which integrate mental health concepts into existing programs, or services such as youth leadership programs, parenting skills workshops, senior services, et cetera. Use peer training to share successful models across Asian communities; support organizations adopting these new models to ensure success; incorporate mental health first aid for key touchpoints in the Asian community that is culturally adopted for those communities. Where people seek help such as social service frontline staff, religious leaders, primary care physicians and other alternative medical [bell] providers. Our program also includes creating of non-clinical--

CHAIRPERSON AYALA: [interposing] I'm going to—I'm going to have to kind of cut you off. Are you--

JOO HAN: [interposing] Sure.

CHAIRPERSON AYALA: --almost wrapping up? Do you want to just—?

JOO HAN: I—one last thing. So, we want to create a network of shared services, shared resources for non-clinical services in the Asian Community as well as create a database of mental health service providers in the city. Thank you.

JEANNINE MENDEZ: Good afternoon. My name is Jeannine Mendez, and I'm the Director of Development, Public and Government Relations for the Children's Foundation or 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 currently serve. I appreciate the opportunity to testify before this committee—the committee. Astor services for Children and Families, which is celebrating its 65th Anniversary 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 in the 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 premier 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 that come to Astor come as a result of some type of trauma whether it be physical, mental or emotional. Our dedicated staff work with each and every client and

their family on and individual level in order to empower those families to work through those traumas and grain strength and healing through the process. Today, Astor's programs and services in the Bronx have grown from a single free-standing outpatient clinic established in 1974 to a multi-service agency serving the neediest areas of the Bronx. Services include collaborations with New York City Department of Education as well was services contracted through the Department of Health and Mental Hygiene and the Administration for Children Services. [coughs] Excuse. Astor's range of services in the Bronx include mental health screening and referrals, school response team services, outpatient clinics, Children's Daydreaming (sic) programs, school-based Daydreaming Programs, Transitions programs and the Lawrence F. Hickey Center for Child Development, a therapeutic pre-school for children ages 3 to 5. Most recently Astor extended its programs in the Bronx to include the Mayor's Renewal School Initiative geared towards improving and uplifting family 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—for the new State Primary (sic) services serving youth in their communities. The program bring behavioral services to our at-risk vulnerable youth directly in their homes, schools or even after school locations. Astor was also selected to participate in the City Council funded Court Ordered Youth Initiative that enables us [bell] to provide training to clinic staff and further funds a clinician to work with probation and Family Court to link children with behavioral challenges at risk of criminal charges to receive those needed services that give them the tools they need to re-enter the community. As—as the work recent Astor programs have expanded in the Bronx, the need for space and operational resources is falling behind and resulting in greater challenges for Astor and our ability to serve our communities. Astor is desperately—desperately in need of office space so that we can accommodate our growing programs, the respective staffs and your constituents. Additional space would allow us the opportunity to centralize programs with staff

resources as well as provide the much needed space that Astor needs in order to continue to provide quality services in the Bronx. Astor believes, as I'm sure all do, that every child deserves a childhood and we look forward to working with the mental health, disabilities community 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. [pause]

CARLA RABINOWITZ: My name is Carla Rabinowitz, and I'm the Advocacy Coordinator of Community Access and the Project Coordinator of a Coalition called CCITNYC, trying to bring a fully comprehensive CIT system to New York City. Community Access is a 44-year-old non-profit that helps people with mental health concerns through providing what most need, quality supportive housing and employment training. Our Coalition and Community Access really request that you ask the Mayor to revive his task force on behavioral health and criminal justice. This task force met in 2014, and it's defunct. What we need now is to sufficiently empower a new task force to design non-police solutions that will stop the

deaths of mental health recipients in crisis encounters. In this task force we need what we had before, all stakeholders and all city and state government agencies at the table to suggest non-police alternatives to responding to EBP (sic) calls. Some of the contributions of the original task force have already been taken up by the city, RBD is really doing great training, but we want more officers trained. But CIT training alone is not going to be enough to prevent this recurring deaths. Since NYPD started CIT training, at least nine mental health recipients have died. That's in 2-1/2 years, more than any time I can remembers. Three people of the mental health community have died in the last six months. We need—we need to support the police by fully funding diversion centers to provide a rapid hand-off of New Yorkers in acute crisis from police custody to get the immediate care and long-term connections to the community resources that these diversion centers will bring. Therefore, we just that you're going to revive this—ask the Mayor to please revive this Mental Health Task Force or committee with all the many, many players that were on it so that we can stop the deaths that are constantly

occurring right now in—in field police encounters.

[pause]

LEONARD BIDDLE: Yes, good afternoon. My name is Leonard Biddle and I'm an Advocacy Specialist for Community Access, and I'm just going to repeat a small portion of what Carla just mentioned, but since the NYPD started CIT training, at least nine mental health recipients have died in police encounters. Three people of the mental health community have died in the last six months. Mario O'Casio age 51, June, 2015; Rashan Lloyd, age 25, June 2016; Deborah Dana, age 66, October 2016; Ariel Garza, age 49, November, 2016; Duane Juni, age 32, July 2017; Amby Supvio, age 29, August 2017; Miguel Richards, age 31, September 2017; Cornell Lockhart, age 67, November 2017; and Duane Putzell, age 48, January of 2018. We need more non-police solutions. That's the main thing. We need to expand co-response teams throughout the city, add mobile crisis teams and pair mental health peers with police to de-escalate these encounters. These and other ideas require funding commitments. We need to support the police by fully funding diversion centers to provide a rapid hand-off 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. Can I just read one more small thing? 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. Thank you.

CHAIRPERSON AYALA: And I—I hope that—that you got from today's testimony that we all agree and that, you know, we're—we're looking forward to the first and second diversion centers opening up this year, and we hope that the model proves successful enough that we can replicate it through-throughout the city. Jeannine, again, we don't have a lot of time because we have another—we have—actually, we're going to be mobbed in a few minutes, but I would love to talk to you a little bit further at least before we leave. I will give you my card to see how we can be helpful in terms of—of helping you find the space, and Joo, thank you. Thank you so much for this. I happen to represent a district. Part of my district is split and I actually made this

trip. It's evenly between East Harlem and the South Bronx. In the East Harlem part of the district, we have seen in the last few years a growing Asian population that is going without resources, and it—it has never even dawned on me. We've been fighting for better access to social providers and multi-lingual messages and in terms of-- You know, even in public housing we see that information is often in Spanish and English and we're not necessarily trying or doing the best that we can to communicate with primarily Mandarin and Cantonese speaking residents that are newly arrived to the—the district. But it's-it's alarming to hear about the numbers of suicides, you know, in the Asian community, and I would love to learn more about that. So, I—I think that we will be following up as well about maybe having a meeting because I'm—I'm curious to see if you guys are tracking also as waves of families that are moving, you know, from Lower Manhattan maybe into the Northern parts, because, you know, of—of being overpriced. If—if you're tracking these populations as they're coming into communities that have no way, shape or form ready or prepared to provide them with the services that they desperately need and deserve.

So, thank—thank you guys so much. The next panel. Chris Norwood. Hi Christ.

CHRIS NORWOOD: [off mic] Hi, how are you?

CHAIRPERSON AYALA: Bonnie Cohen. I—I am a little bit. I'm a little bit blind. So, I apologize. Allison Mahoney and Harriet Lessel.

[pause]

CHRIS NORWOOD: Oh, it has the red light when it's on. Okay, thank you. Thank you. I am Chris Norwood, Executive Director of Health People an entirely peer educator facilitated chronic disease and AIDS prevention community group in the South Bronx. I am here to urge the Committee on Mental Health, Disabilities and Addiction to recognize the major role of diabetes and worsening and often causing the conditions of such concern to the committee. Just for a summary, people with Diabetes have about double the rates of the depression and anxiety as others. Diabetes is clearly the greatest cause of preventable disability, including blindness, lower limb amputation and kidney failure with resulting dialysis, which plunges people obviously into further depression. Uncontrolled blood sugar

also makes it much—that much harder for people to deal with recovery from substance abuse. Preventing diabetes significantly reduces the risk of Alzheimer's. In the face of these undisputable and unacceptable devastation caused by diabetes, we have absolutely no plan for the New York City Department of Health and Mental Health. I didn't see the word diabetes mentioned once even in the City Plan for Mental Health and Mental Health spending, which is incomprehensible and completely unacceptable. I have to say this is all too obvious. Diabetes is not a priority in New York City, but while it's not a priority, it is a tragedy. Most of the devastation of diabetes is preventable. The National Diabetes Prevention Program is a multi-session course that reduces the risk that people with high blood sugar will actually get diabetes by 60%. This is an extraordinary result, but New York City will not allocated funding to put this course in the highest risk communities. I might say to this committee and I'm very proud to say we have done this course at mental health programs and people lose an average of 8% of their body weight, and that's confirmed by the CDC. Thank you. [laughs] The Stanford Diabetes

self-management program is a course for people who already have diabetes and teaches them good self-care, measurably reduces their blood sugar, depression, and long-term complications, but New York City will not fund that either. I am asking this committee to please look at ways that this epidemic does not to devastate and depress community after community. Most important, fighting diabetes is something community members including those form 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, those who may have disability and mental health problems themselves to deliver these courses and get outstanding measurable results and fight diabetes very successfully. We hope as communities now step forward themselves to start the effective diabetes and self-care that is so badly needed for the city's health and mental health this committee will support them. Thank you.

CHAIRPERSON AYALA: [off mic] [laughter] [pause]

BONNIE COHEN: I'm sorry?

MALE SPEAKER: Say your name.

BONNIE COHEN: Hi. I'm Bonnie Cohen and thank you so much for your thoughtful listening. Thank you for your progressive and continued support through the City Council for Children Under 5 Mental Health for 12 years. As the Senior Director for Family and Clinical Services at University Settlement, I have had the privilege to develop the Butterflies Program into the innovative and successful program that it is. I come to this work, of course, as so many in this room with personal family connection. The Children Under Mental—the Children Under 5 Mental Health Initiatives such as Butterflies continues to do—demonstrate that our work is continued to be needed. The more we do to get it right from the start, the less we will have to do to fix it later in life. My goal is to reach children and families before chairs are being thrown in classrooms or families are at their rope—at the end of their rope or police are handcuffing 5-year-olds. Some of the lessons in our work continue to inform the services provided under Thrive and serve families that would not be reached otherwise. We know that in low resource and immigrant communities families don't have the time or energy to travel to therapy nor the

trust to seek mental health services. Butterflies provides embedded supports in an effort to reach the most compromised and stressed families in two high need neighborhoods offering classroom support, teacher coaching, parent groups, outreach and engagement as well as the flexible service model providing individual, dyadic and family sessions. We're looking at building resilience and coping strategies at the earliest point that we possibly can, and identifying needs when they're small and very fixable or you—I don't even want to say treatable. Children don't need mental health treatment if we get it right, and we do our work well. We believe that we need to have place based services in East New York and the Lower East Side as well as other communities 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 treatment during the day at their school because their parents can't get to treatment after working a long day and traveling and commuting. A recent example of an immigrant mother with persistent mental health needs and a child with significant detachment issues finally engaged in

dyadic treatment after three years of tenuous engagement in our other Early Childhood programs. Butterflies provided case consultation from the start. Although the family—the staff of these programs identified this family as a family in need of referral, she wasn't willing to engage until she developed the trust to engage after casual encounters over three years. Now she's in treatment and things are going very well. So, we have an opportunity here. [bell] Butterflies has learned through practice that services are best when they're place based and target the children in the—his or her life, meaning that the port of entry must be where parents feel comfortable, safe and hopeful and services need to be local and accessible. Thank you.

HARRIET LESSEL: Hi. My name is Harriet Lessel, and I'm the Director of Government Contracts and Advocacy at JCCA. I want to thank the Committee Chair, Council Member Ayala for the opportunity to testify at today's hearing. JCCA is very appreciative to the Council's interest in issues facing court involved youth. I'm not going to read my testimony as is just in the interest of time just a short introduction to JCCA. We are one of the

oldest child and family serving organizations in the nation. We provide comprehensive care to thousands of children, young people and families who come from New York's diverse communities and especially those struggling with poverty, development disabilities and complex mental illness. Our programs include foster and residential care, preventive services, educational assistance and remediation, case management for young people with mental health challenge and services to families to prevent child abuse and maltreatment. I am here today to support the request of the Court Involved Youth and Mental Health Initiative in the amount of $2.5 million for FY19. 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 non-profits 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 prevention, 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 to best practices and support services and referrals. JCCA is—was fortunate enough—is fortunate enough to be one of the non-profit partners in that-in the initiative. Our program entitled Second Chances operates out of our Brooklyn office and provides services to youth referred throughout the borough. The purpose is to identify, engage and offer services to youth 12 to 16 who are actively involved or at risk of involvement with the justice system, and may be struggling with personal or mental health issues. The program includes outreach, screenings, crisis intervention, preparatory counseling, linkages or referrals to programs that meet the needs and a 12-week leadership group. We're already out of time. A young woman named Leslie is someone that we saw in our program. She was 12 years old when she was removed—when she was referred by her school. Her early life was traumatic, and she was removed from her biological family, and adopted [bell] at the age of four. She was in a lot of trouble in school related to the trauma that she experienced in her early years. I'm

just going to do a real quick recap, and as a result of attending for six months, has not been stealing, has not been having the angry outbursts and the other things that referred, and that she's recently been accepted in her first choice for high school. In its fifth year of operation, JCCA will work to continue to engage young people with these issues into our program. With any additional funding we will increase the vocational component because we know that that is something that attracts young people to the program and keeps them busy and actively engaged. So, we respectfully request that the Council fund the Court-Involved Youth and Mental Health Initiative as a $2.5 million request, and thank you.

CHAIRPERSON AYALA: Thank you. We'd like to add someone else to the panel. Allison Mahoney. [pause]

ALLISON MAHONEY: Hi. Good afternoon Chair—Chairwoman Ayala and members of the Mental Health Committee. My name is Allison Mahoney. I am the Manger of Accessibility at Lincoln Center for the Performing Arts, a member of the Cultural Institution 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 this Council's Geriatric Mental Health Initiative. We are here to request that the Council continues this funding in FY19. Pleas 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—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, schools and CBOs like Sinergia in East Harlem, Passport to the Arts provides kids with Autism and other disabilities free supported access to Lincoln Center's performances. Next month through Passport, 20 families with kids with Autism will get free access to Lincoln Centers' 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 2,000 were made available. With continued support in FY19 from the Council's Autism Awareness Initiative, we can address this unmet demand, and make this an 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 Ambassador's Job Training Program. In partnership with CBOs and District 75 schools Lincoln Center's Access Ambassador Program provides weekly hands-on job training to students with Autism and other disabilities. According to the University of Miami's Center for Autism and Related Disabilities, 80 to 90% of young adults with Autism are unemployed or under-employed. 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 Lincoln Center Moments programming 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 [bell] from the Council's Autism Awareness Initiative for our program serving kids with Autism and we also received $51,500 from the Council's Geriatric Mental Health Initiative for our programs serving seniors with dementia. Please support our request so that this funding continue in FY19 and an 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.

CHAIRPERSON AYALA: Thank you guys so much. We only have a few minutes we have just enough time to—for the next panel to—to come up, but I—I wanted to just again—to reiterate how—how grateful we are to have you guys out on the front lines and if there's an opportunity for a meeting independent of this hearing, then I am—my doors are open, and I'm here to listen, and I—I appreciate the testimony today because it does help to inform our decision making as we go into the budget season. So, thank you all so much because you all provide a very critical service. Thank you.

ALLISON MAHONEY: Thank you. [pause]

CHAIRPERSON AYALA: The next panelists are Reed Vreeland, Jerry Wesley, and Allen Ross. [pause]

JERRY WESLEY: [coughs] Good afternoon, Madam Chair. Thank you for this opportunity to testify. I am Jerry Wesley, Healthcare Transformation Futurist at Get Healthy Care Together, Inc. We specialize in satisfying customer care outcomes, help define workforce engagement, and

development, and restoring organizational financial health. One of the most overlooked populations when it comes to health and—health and mental health spending is the healthcare worker who often suffer in silence with mental health challenges on the job with little or no recourse. Here's the problem: Since the Affordable Care Act was signed in 2010, the healthcare landscape has been shifting towards higher quality, safety, value and healthier outcomes. These new regulatory demands are attached to models of care that come with payment models that are now used to generate revenue. Optimizing these payment models requires the performance levels that the current knowledge and skills of our workforce can't scale. Unable to generate enough revenue through the workforce, New York City Health and Hospitals Corporation that serves a huge mental health population 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 the New York City Health and Hospitals Corporation to meet these new

demand has been drastically too slow so much so that no one has adequately prepared our workforce for the new healthcare landscape. For this reason, New York City Health and Hospitals Corporation is struggling to provide care losing hundreds of millions of dollars they could otherwise be saving. Of the 34—of the 34 One Star hospitals in New York State out a Five Star CMS rating system, New York City Health and Hospitals Corporation has eight of them: Lincoln, Jacobi, Elmhurst, Coney Island, Kings County, Bellevue, Queens Hospital, and Harlem Center. And this puts our workforce in a very, very difficult challenge to able to scale the payment models that are required to be successful. The following description of the performance rating that describes the quality of care. 5 Star is excellence, above average is a 4 Star [bell] 3 Star average, 2 Star below average, 1 Star poor. We're seeking $40 million to upgrade New York City Health and Hospitals' Star rating performance from a 1 Star to a 3 to 5 Star within three years. We are also seeking $40 million to retrofit the New York City Health and Hospitals workforce, and address some of the mental health challenges that folks are suffering in silence

in order to optimize health outcomes results that the city and a lot of the underserved communities rely on for care. Thank you. [pause]

REED VREELAND: Hello. Thank your Councilman—Councilwoman and Chair Ayala for hearing my testimony today. The testimony in front of you is actually I—I did a—I printed accidentally the health testimony, but I'm going to send the—the Mental Health testimony tomorrow. Luckily, the first page overlaps exactly. So, that's what I'm going to be talking about today. So, my name is Reed Vreeland. I'm here with Housing Works, a healing community of people living with and affected by HIV-AIDS. We provide a range of integrated services for low-income New Yorkers living with and at-rise for HIV from housing to medical and behavioral care to job training. I'm here today to talk about the—the New York City overdoes epidemic which killed 1,374 New York City in 2016 and that a 46% increase, and you know, we've spoken about it a lot today. This amounts to nearly four drug overdose tests every single day including the day, the day we spent with this hearing. New York city undertake new evidence based approaches to preventing overdose deaths by

conducting a closely monitored two-year pilot of Supervised Consumption Sites in New York City to research the impact of supervised injection facilities on reducing drug overdose deaths, HIV and Hepatitis C and other negative health outcomes. Supervised Consumption Sites are places where people can use pre-obtained drugs in a controlled environment with support from staff trained to help participants to make sure their drug use is safer, and with—and to lengthen the healthcare services including drug treatment, and social services including housing. Internationally, there are more than 100 Supervised Consumption Sites in more than 60 cities across the world, and there's an appendix with more details. Just to be clear, and I've included some of the literature on this, Supervised Consumption Spaces are effective at: Reducing risk behaviors associated with Hepatitis C and HIV Infection; preventing fatal opioid overdoses and injecting related hospitalizations; decreasing improper syringe disposal and public injection use; increasing linkage to healthcare and education as well as social services for populations most likely to overdose or contract blood-borne diseases;

increasing the engagement treatment including opioid antagonist therapy and detox. So, we can reduce overdoses, improve health with this—the [bell] Supervised Consumption Sites. They do not increase crime or a nuisance. They do not increase relapse or decrease rehabilitation. They do not increase initiation of injection use. If this is good enough from Switzerland, Germany and other places around the work, New York City really needs to be looking at this as a serious intervention to a very serious problem. I've lost high school and middle school friends to overdose. You know, like I said, four overdose every single day. The time is ticking, and if we keep on looking at the same interventions, we will have the same results. I think it's very important to hear directly from people who are actively using drugs or recently used drugs. We should have a separate committee just to hear from them, and hear what's going to work for them. So, thank you so much for listening today.

ALLEN ROSS: [background comments] I'm going to do an abbreviated version of the testimony you have. Thank you, Madam Chair, you and your staff for giving us the opportunity to present today. My

name is Allen Ross. I'm the Executive Director of Samaritan Suicide Prevention Center. As you know, the latest statistics show that suicide the tragic and ultimate symbol of untreated mental health has increased in New York City for three straight years, and now leads to almost as many deaths each as homicide and automobile accidents combined, and that is before you factor in the devastation caused by the current opportunity epidemic. For 35 years Samaritans has worked to alleviate suffering, prevent suicide and safe lives in New York City by providing immediate ongoing support to those in distress, a path to healing for those touched by suicide, training in the keys to effective intervention for health providers and caring and confidential alternatives that clinical government run programs and services for the underserved, untreated and those most impacted by suicide. Ove 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. To Samaritan Hotline volunteers all caring members of

New York City's diverse cultural communities, suicide prevention is personal. We hear the voices of the people who are on distress—in distress who are having trouble coping. 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 learned in our hotline training if you're afraid of the dark, it's better to be sitting holding someone's hand than sitting alone. We also learned about sensitivity, the ability to receive signals, and you can't be listening if you're doing all the talking, but how many of us no matter what our education and training are really good listeners. 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 just what is needed. This is an important fact when you consider recent Harvard research that suggests as many as half those people who attempt suicide make that decision within 60 minutes of considering it, which changes a lot of the advanced planning about suicide prevention and

training, and—and assessment. But unfortunately, instead of supporting Samaritans' volunteers, devote efforts to prevent suicide and save lives in New York City for the past 35 years, the Mayor's Budget decisions find us fighting to survive [bell] each year. Forced to petition in 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—Samaritans is already doing what the Mayor says needs to be done. That means each year Samaritans has less funding to provide services and less ability to meet the growing need for suicide prevention. So, we turn to the City Council to once again support and restore, as you have the last three years, the $347,000 in hotline funding and help to maintain this quality community-based crisis response service. We applaud the Council's continued leadership in advancing suicide prevention and thank you for your continued support for the work of the Samaritans.

CHAIRPERSON AYALA: Thank you. Thank you so much. We have two panelists left and then we have to really run out of here because we're going to get kicked out any second. Thank you guys so much.

ALLEN ROSS: Thank you.

CHAIRPERSON AYALA: Donna Tillman and Kevin Allen. [background comments, pause]

DONNA TILLMAN: Alright. So good afternoon Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Service Committee, Chairwoman Diana Ayala and distinguished members of the committee. It's the honor of Local 372, City Board of Education Employees, District Council 37 asking to present testimony on behalf of the 279 Substance Abuse Prevention and Intervention Specialists otherwise known of SAPIS we represent under the leadership of President Sean D. Francois I. My name is Donna Tillman. I am the Chapter Secretary for SAPIS, and this is Mr. Kevin Allen who is the Chapter Chairperson for SAPIS. We're here to let you know that SAPIS provides essential prevention intervention services for 1.2 million public school students. We use and evidence-based curriculum to teach children the effects of drug use. We also teach the children we work with—there a curriculum, one of our curriculum is called Life Skills. We talk about self-esteem, how to make decisions. We talk about peer pressure, learn how to be assertive, solve

and resolve problems. As I stated before in our title that we do prevention services. We also do counseling with our—with our students. We've believe in prevention because if our students can be educated about the effects of drugs and the type of decisions that they make and learn how to cope with any issues that they are having in addition to knowing that they have someone at the schools, which is SAPIS, to speak to a counselor, that we can prevent some students later on become alcoholics or becoming drug addicts, and Mr. Allen will pick it up from here.

KEVIN ALLEN: Once again, thank you for inviting us to speak. Once upon a time there were over 1,200 SAPIS in the New York City schools. There are 1.2 million students, there are 1,800 schools, and now as of 2018, there are less than 300 SAPIS Counselors. There's 271 to 279. As—as you know by now, we're also dealing with the opioid epidemic, and we're figuring out ways to combat and one of the ways we found it is through the evidence-based curriculum. Along with being counselors what makes us different is that we are employed 12 months a year. We handle the complete K-12 grade systems. We deal with—we deal in each and every segment of every neighborhood,

and we have found that the more that we connect in evidence-based curriculum along the positive alternatives, along with social skills training, a lot of our evidence-based material lies in balance between speaking on the—the dangers of the various drugs that we're talking about, but also aligning it with problem solving, decision making, ads and advertisements in America, anger control, coping skills, resistance skills. Those type of things because we notice if we focus on what you want to do, and we become very proactive with that, we don't have to worry about what you will not do. So, we're a passionate group. We're—but we're also a-an empathetic group in reference to the plight of New York City and our children and we're so excited that we can do more with more. It does not mean we're going to stop doing what we're doing, and the program is over 40 years in the New York City Department of Education. We will continue to strive, and with greater resources, we can reach to a greater amount of children. If you look 1,800 schools, collocated along 1.2 million and there's 279 of us that spreads the net rather than. Thank you.

CHAIRPERSON AYALA: So you have a—do you have a physical ask? Are you asking for restoration of—of funding for this program? Are you asking for an enhancement?

KEVIN ALLEN: Well, at this point, at this point now we are seeing that it is a balance between the allocated funding for New York City and also from OASIS, the Office of Alcohol and Substance Abuse Services. So, what we're trying to do, recently we had a group of passionate, strong, highly educated people we were able to hire because of the renewal program. We were able to add 50—50 new counselors along with that because it took at least three to seven years since the last time we were able to do that, and less than a decade ago it was 1,200 of us. Of recent it was 500 of us. We are now excited that we're able to bring the number back up to 271 [pause] and yes our cost is $71,000 with salary for an average SAPIS, and—and because of that we're asking for and additional $4 million in next year's budget for SAPIS, the renewal part along there that was originally a $2 million add to maintain the current staffing levels we have an additional increase of another $2 million to hire and additional

25 counselors to reach thousands more children that are in need.

CHAIRPERSON AYALA: I appreciate it. Thank you so much for your testimony. I was actually having a conversation with someone the other day about the—when I went to school the Police Department would come by with briefcase. I don't know if you remember--

KEVIN ALLEN: Yes.

CHAIRPERSON AYALA: --with the papers.

KEVIN ALLEN: Yes, it was a jail program.

CHAIRPERSON AYALA: Yes, yes, yes, yes, but I found that it sacred the bejesus out of me, right, because I had never really encountered first—face-to-face contact with a lot of the—the drugs that they brought to the school us to kind of review. But, thank you again for your testimony today, and we look forward to having many more conversations in the next part.

DONNA TILLMAN: Thanks for having us.

KEVIN ALLEN: And thank you, thank you.

CHAIRPERSON AYALA: Thank you. Okay. [pause] Thank you guys. This meeting is adjourned. [gavel]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date April 6, 2018