CITY COUNCIL
CITY OF NEW YORK

---------- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION JOINTLY WITH COMMITTEE ON PUBLIC SAFETY

---------- X

December 3, 2018
Start: 1:38 p.m.
Recess: 3:44 p.m.

HELD AT: 250 Broadway – Committee Rm. 16th Fl.

B E F O R E: DIANA AYALA
Chairperson

DONOVAN J. RICHARDS
Chairperson

COUNCIL MEMBERS: Alicka Ampry-Samuel
Fernando Cabrera
Robert F. Holden
James G. Van Bramer
Justin L. Brannan
Andrew Cohen
Chaim M. Deutsch
Vanessa L. Gibson
Rory I. Lancman
Carlos Menchaca
I. Daneek Miller
Keith Powers
Ydanis A. Rodriguez
Paul A. Vallone
Jumaane D. Williams

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

Dr. Hilary Kunins, Assistant Commissioner, Bureau of Alcohol and Drug Use Prevention, Care and Treatment, New York City Department of Health and Mental Hygiene, DOHMH

Susan Herman, Deputy Commissioner of Collaborative Policing, New York City Police Department

William Aubry, Assistant Chief, Detective Bureau New York City Police Department, NYPD

[sound check] [pause]

CHAIRPERSON AYALA: Good afternoon everyone. I think we're ready to start. Good afternoon, everyone. I'm Council Member Diana Ayala, Chair of the Committee on Mental Health, Disabilities and Addiction. I'd like to thank my colleagues Council Member Donovan Richards, Chair of the Committee on Public Safety for chairing this hearing with me this afternoon. I'd alike to also welcome Council Members Holden, Menchaca and Gibson. Hey, Jumaane Williams. Today's hearing will explore holistic approach to addressing the opioid crisis in the Bronx. I use the word crisis because that is exactly what we are dealing with in my district, Council District 8, which includes the Mott Haven, High Bridge Concourse, Longwood and Port Morris neighborhoods in the Bronx. For too long these neighborhoods have had carry the burden that comes with opioid misuse. It has taken a toll on our residents and our local businesses, and our law enforcement agencies and in our communities. In 2017, there were 1,487 unintentional drug overdose deaths in New York City, 82% of which involved an opioid. That means that every six hours someone in

New York City dies of a drug overdoes. More New Yorkers die of drug overdoses than homicide, suicide and motor vehicle crashes combined. Fentanyl, a highly potent opioid is involved in about half of these overdose deaths. In the South Bronx specifically Highbridge and Morrisania and Hunts Point and Mott Haven the unintentional overdose rate is more than double the city average. Today's hearing will give the committee an opportunity to hear from the Administration and from advocates about the work that we're doing to address this epidemic. We are already committee—we have already committed resources to ensuring harm reduction for opioid users medicated such as treatment options, peer programs, opioid antagonist training programs for city agencies, cleanup efforts and syringe exchanges and a law enforcement regime that should focus from criminal enforcement to treatment of health—of a health crisis. We in the city are doing a lot of—a lot to address this, but we need to do more so that his not become normalized for our children living the South Bronx. No child should have to grow up seeing struggling people in the streets, and discarded needles in the parks and playgrounds. We need to do

better for our communities. I want to thank the Administration for the commitment that they have made to bring more resources into the Bronx, and I look forward to hearing more about all of the work that we're doing, and the role that the City Council can play. I also want to thank committee staff Counsel Sarah Lis; Policy Analyst Christie Dwyer; Finance— Finance Analyst Janette Merryl; my Chief of Staff Miller Bonilla, and my Legislative Director Bianca Madina for making this hearing possible. I now turn it over to Chair Richards for his opening statement.

CHAIRPERSON RICHARDS: Good afternoon, and I want to thank Council Member Ayala for convening this hearing, and inviting the Public Safety Committee to join for this important topic. The truth is part of me wishes that I didn't have to be here. I wish the Public Safety Committee didn't have to be here.

Drug addiction should be a topic for the Mental Health Committee and I look forward to a day when I or whoever chairs this committee doesn't have to wonder about the NYPD is arresting for having what I believe is a medical illness, and I'm not saying that to be critical of the NYPD for doing exactly

what we have asked them to do, what the Penal Law tells them to do. Drug addiction has been a problem since long before the opioid crisis, and the choices made by public officials here in New York City and in the State Legislature over the last four or five decades have required NYPD officers to arrest people for being sick. Decisions made by people with the court system meant that these sick people were sent to Rikers Island to get better until they could pleads out and end up back where they started, and we all know how that works. Today, I'm encouraged that some things have change that drug courts or alternative stay in incarceration, community based solutions have been utilized more and more and jail less and less, but that shift also means that we need to come up with other answers for New Yorkers who live in places like the South Bronx. People who on the way to work see addicts injecting themselves out in the open, people who kids see syringes piling up in their parks and on their street corners, they rightly wonder what we are doing to fix this problem, and our first line of defense. They ask the NYPD to please do something, and I'm sure for the officers who take their mission to clean up the streets to

heart, it is hard to see someone they've taken off the street end up right back there the next day. I wish I knew exactly how to get us out of this crisis. Hopefully today we can move forward with a solution and my guess is that the esteemed witnesses who are before us have some good ideas that I'm looking forward to learning more about, but one thing I do know is that we are not going to arrest our way out of this crisis. It has to be a medical solution, a community solution not just a law enforcement solution. Thank you, Chair

CHAIRPERSON AYALA: I want to also recognize Council Members Miller, Van Bramer and Council Member Cohen, and we saw him. We will now— Committee Counsel will now administer the affirmation.

LEGAL COUNSEL: Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before this committee, and to respond honestly to Council Member questions?

PANEL MEMBERS: [off mic] I Do.

[background comments/pause]

DR. HILARY KUNINS: Good morning or Good afternoon Chairs Ayala and Richards, members of the

Council and committees. My name is Dr. Hilary Kunins. I am an Assistant Commissioner at the—at the New York City Department of Health and Mental Hygiene heading up the Bureau of Alcohol and Drug Use Prevention, Care and Treatment. I am joined by my colleagues at the NYPD Deputy Commissioner of Collaborative Policing Susan Herman and Assistant Chief William Aubry from the Detective Bureau.

Thank you very much for the opportunity to testify on the opioid overdose epidemic with a particular focus on the Bronx, and before I begin, I just want to share my own personal commitment to improving the situation in the Bronx. I'm a physician and practice in the South Bronx at 149th Street and Third Avenue, and then all the way far up north to 161st Street for more than 15 years, and I know first hand from my patients and colleagues about the many challenges and opportunities that we can find there. As Council Member Ayala really very clearly said, we are indeed in the midst of a national drug overdose epidemic being driven by opioids primarily heroin, but also the potent synthetic opioid called Fentanyl. Between 2015 and 2016 the rate of overdose deaths increased by 51% in

New York City. From 32016 to 2017, the citywide rate of increase did slow to 2%. However, there were still almost 1,500 overdose deaths in 2017, the highest number on record. This works out to one New Yorker dying every six hours of overdose. The vast majority of these overdoses involves an opioid, a total of 82% of these deaths. In 2017, for the first time Fentanyl was the most common substance involved in overdose deaths in New York City constituting 57% involvement in all these overdoses. I know that I indicated there are some signs of progress here in New York City. In 2017, there fewer overdose deaths among Staten Island and Manhattan residents compared to the year prior, but the rate of overdose deaths among Bronx residents continued to increase with a 9% rise from 2016 to 2017, and in 2017, more—363 Bronx residents died of overdose, which was the highest among our city's five boroughs. In particular, as you already heard, the South Bronx neighborhoods of Highbridge, Morrisania and Hunts Point, Mott Haven have overdose death rates more than double the New York City average. If the South Bronx were its own state, it would have the fifth highest overdose rate in the country. In response to the city's overdose

epidemic, the Administration launched Healing NYC in March of 2017. For a more than $60 million investment, New York City has led the nation in funding and implementing effective public health strategies to address these preventable deaths. Healing NYC is now a 13 strategy plan aiming to prevent opioid misuse and addiction, increase connections to care, prevent overdose deaths, and reduce the supply of dangerous opioids. Recognizing the Bronx's—the South Bronx's outside burden of fatal drug overdose, last week Mayor de Blasio announced a Bronx Action Plan. Before describing that plan, though, I want to acknowledge the role in particular of inequities in race, in economic opportunity and in others in shaping the severity of the Bronx epidemic. I also want to acknowledge this is not the first drug overdose epidemic the Bronx has seen. There are many root causes of overdose and substance misuse including too frequently prescribed opioid medications and the emergence of Fentanyl and the drug supply, but the root causes of the opioid overdose epidemic in particular for communities of color and in the Bronx also include poverty, lack of economic opportunity, trauma and importantly past

drug policies that have not, as you also have heard from Chair Richards, addressed addiction as the health condition it is, and which have led to missed opportunities for people to engage in health services. Now, I would like to summarize the $8 million four-part plan that will enhance and tailor Healing NYC and Thrive NYC strategies for the South Bronx. The first part of the plan will establish and expand programs to connect people who use drugs to care and services. The Health Department recently lost—launched Health Engagement and Assessment Teams or HEAT in a team consisting of a social worker and a peer advocate, HEAT will accept referrals form first responders including NYPD, FDNY and Parks Department staff to engage and connect with people who have substance use disorders and other mental health conditions. There will be two HEAT teams in the Bronx to support first responders in substance use related calls. Additionally, the plan will fund—provide funding to three syringe service programs working in the South Bronx. This funding will enable expanded outreach and engagement of people who use drugs in parks, other public places and connect them to ongoing care and support. The Administration is

also expanding programs that focus on reducing risk of overdose and increasing connection to care and treatment in other locations. At Health and Hospitals Lincoln Hospital an Addiction Counsel Team called the CATCH Team will expand the hospital's capacity to provide tailored care to patients with substance use disorders. At Bronx Care the Health Department will expand its Relay Program in the South Bronx bringing the program to a third Bronx hospital. Relay deploys peer wellness advocates to emergency departments 24/7 to provide overdose prevention information, Naloxone and follow-up care to patients following a non-fatal overdose. The Health Department is also expanding access to Buprenorphine treatment in primary care settings through our Buprenorphine Nurse Care Manager Initiative. Buprenorphine and Methadone are the two most effective treatments for opioid addiction and Buprenorphine can be prescribed in primary care settings where many patients prefer to seek care. Under the Bronx Action Plan two newly funded organizations will bring the total number of Bronx nurse care manager sites to eight, which is nearly one-third of the city's 26 sites. Additionally, we

will nearly double capacity to reverse overdoses due to opioids by distributing 15,000 Naloxone kits to Bronx Opioid Prevention Programs by the end of 2018. Since the launch of Healing NYC, over 20,000 Naloxone kits have been distributed in Bronx neighborhoods, and the Health Department's Rapid Assessment Response Team will initiate a new round of engagement in Bronx neighborhoods with overdose death rates to reach community members at risk who may not already be reached by harm reduction or treatment providers. In the second part of the plan, we seek to expand community partnerships. To engage community members in preventing overdose, reducing stigma and helping connect people to care, we aim to strengthen community partnerships across the many strong community organizations, local leaders including tenant associations, business groups, faith organizations and more. The Administration will use a number of strategies to accomplish this goal. The Health Department is partnering with Radical Health a Latino run South Bronx based organization, which takes a grassroots community organizing approach to improving health. We will also support the newly launched Faith and Harm Reduction Initiative, which

will engage faith communities in overdose prevention and build capacity to provide educational resources to their communities. Latinx Thrive will host round tables with local leaders and NYCHA resident leaders and Thrive NYC will sponsor a Bronx Opioid Awareness Day of Action this January. I also want to commend and make you aware of the work of the Bronx Opioid Collective—Collective to which City Council has generously contributed funding. The Bronx Opioid Collective is a consortium of service providers and community organizers—organizations convened by Acacia and the Third Avenue Business Improvement District. The Health Department and the Administration will continue to work with this important group providing technical support and Naloxone as well as staff to aid with weekly street outreach to people who use drugs. [Coughs] During these outreach efforts, we offer a range of services and referrals including harm reduction services and other referrals to health services. The third part of the plan seeks to increase public awareness about the dangers of Fentanyl and the availability of medications to treat addiction. The Health Department will launch a campaign focused on the risk of Fentanyl, which is

being mixed into illicit drugs including Heroin, Cocaine and Crack Cocaine. Because Fentanyl is very potent, a person can overdose even after ingesting very small amounts. We will also relaunch our Living Proof Public Awareness Campaign that features real New Yorkers including several Bronx residents. In these ads New Yorkers speak about their own opioid addiction and their treatment with Methadone or Buprenorphine. Together these advertisements provide accurate information, spark open conversations about substance misuse and addiction and decrease stigma associated with its treatment. The final and fourth part of the plan responds to community concerns about public drug use and syringe litter. In response to community concerns about syringe litter and public injecting in parks in the South Bronx in particular, the Health Department joined with the NYPD, Department of Parks and Recreation and Social Services as well as local community based organizations and syringe service programs to implement a multi-prong solution. The Parks Department has installed 44 syringe disposal kiosks in 41 parks with the greatest number of unsafely discarded syringes. These specially designed kiosks

include signs that encourage proper syringe disposal and raise awareness about available addiction related services. In this plan, the Administration is also expanding its capacity to clean up syringe litter the Parks Department will dedicate six new staff to routinely canvass and clean high volume litter areas of the South Bronx parks, and the Department of Sanitation will address syringe litter in heavily affected areas outside of Parks. I want to especially thank Chair Ayala and Council Member Salamanca for organizing the walk through of several key blocks in the South Bronx last week. It was helpful for me and the rest of the Administration's team to see these issues first hand, and to discuss possible solutions. I want to also thank the Mayor and First Lady for their unprecedented support for his effort and Speaker Johnson, Chairs Ayala and Richards and the other members who are here today for your partnership and voices. Together I believe we will be able to change the course of the opioid overdose epidemic in New York City. We are happy to take your questions.

CHAIRPERSON AYALA: Thank you. So, I think—I think the question everybody wants to know is

when did the city know that the Bronx was in crisis, and why would it take us so long to get here?

DR. HILARY KUNINS: So, I very much appreciate the question. As you know, we had a city wide plan, and we have already launched a number of services that I'll also just highlight to hear some of which you heard about already. We have Relay, our ED based Non-Fatal Overdose Response Program in two hospitals already. All of the Health and Hospitals programs are advancing Emergency Department based work. We already have launched six Buprenorphine treatment programs. We've already funding—providing funding and expanded funding to syringe services and working with other treatment programs. So that citywide approach has been important, and I think is part of what has slowed the overdose rate down from that very large increase of 50% down to only 9%, but as you know, no—no life should be lost, and I think what we learned by looking rapidly or more rapidly at data we knew that we needed a tailored response that goes beyond the original citywide and Bronx specific plan, and so this is what this represents.

CHAIRPERSON AYALA: Do you feel that—is it—is it your opinion that the closing of what was

formerly known as the "Hole" in the South Bronx contributed to the rise in opioid related deaths? I mean what was the city's strategy? Because I know there was—there was a lot community concerns about what was happening in the Hole, but I don't remember and I can't seem to find any data that explained to me what the city's response after closing the Hole was and so obviously we're getting a visual effect, right because we're seeing individuals now opening and using on our streets and our playgrounds, but was there a response in 2017 when the Mayor announced that he was going to shut down the Hole?

DR. HILARY KUNINS: So, that effort made by the city was really a collaborative effort across the many city agencies as—as—and I know the Mayor feels strongly and—and obviously we—we share that those conditions were unsafe, and this is something we wanted to address. Many of the agencies went in to offer services ahead of time, and following up to engage as many people as possible in ongoing care. So, I think for—and the other thing I'll just mention is we believe that some displacement has taken place, but as we also know that people are being displaced from other parts of the city, and not—it isn't a

single issue problem. So, I think we have started outreach, and I mentioned the Bronx Collective as whether-as well as the Bronx Taskforce that has been taking place, and I think what this represents is further enhancement of those efforts and for their resources.

CHAIRPERSON AYALA: So—so we don't know really what the root cause was for the uptick in the South Bronx? Is that what you're saying?

DR. HILARY KUNINS: For those?

CHAIRPERSON AYALA: Yes.

DR. HILARY KUNINS: Well, the other thing to call out is the increasing presence of Fentanyl in the drug supply. So, for people who may have been—have a substance use disorder or an addiction who used Heroin without Fentanyl, it may not have been lethal, but the current challenge that the city is facing is with increasing amounts of Fentanyl in the drug supply. Even very small amounts of Fentanyl can be deadly. So, the—the usual image that people give, and if you—you can see this on the web widely is a picture of a penny with very small amount of grains of Fentanyl, and that is something that can cause a fatal—non-fatal or fatal overdose, and so we think

that is really a big part of what's driving what we're seeing now.

CHAIRPERSON AYALA: Understood but I'm sure that Fentanyl is also being distributed in Brooklyn, and it's being distributed in Queens, it's being distributed in Manhattan. Why the high number in the South Bronx specifically? We're trying to figure out why in that particular part of the district are we seeing it.

DR. HILARY KUNINS: [background comments] It's—it's possibly more. It's possibly that we need to work harder to reach more people with information tools such as Naloxone, awareness about the—the presence of Fentanyl. I'll also note that Brooklyn also saw an increase in overdose deaths, and we are continuing to work hard there as well.

CHAIRPERSON AYALA: Okay, when the Administration announced the launch of Healing NYC in March of 2017, and the initial $38 million investment in the initiative it stated a goal of reducing opioid deaths by 35% over five years. However, between 2016 and 2017, opioid overdose deaths increased by more than 51% and between 2017 and 2018, they increased by more than 4%. Is there a 35% reduction in overdose

deaths by 2022 still a realistic goal, and if so, specifically what actions will be taken to ensure that—that declines?

DR. HILARY KUNINS: Yeah, I mean I think so—so Healing NYC was announced, of course, in the third month of 2015—2017, and we are still and I think this is an example—able to grow and tailor programs as we go. I think we are keeping on that goal, and really trying to explore every strategy and be flexible and through collaboration with colleagues across the Administration to try everything that we think could possibly have an impact.

CHAIRPERSON AYALA: You mentioned the R collect—the—the Opioid Collective. Were they involved in—in advising in which—in ways in which the—the broader Bronx Action Plan would be implemented or should be implemented?

DR. HILARY KUNINS: So, we are—our—my staff as well as staff from other agencies have been working very closely with them. They were part of what raised our awareness, and informed the plan around in particular syringe litter and the in particular around—around public drug use. So, our work with them and their—our general experience with

their experience informed some of the approaches we're taking here, and will continue to take with them.

CHAIRPERSON AYALA: Can you explain a little bit more about the Syringe Litter Program? Well, the part—part of the initiative?

DR. HILARY KUNINS: Sure. So, I think it really consists of a couple of different parts. One is the presence of-of kiosks and that are labeled as safe places to dispose of syringes, and I think what is part of our approach with both outreach and making kiosks available is supporting people to dispose of syringes safely in neighborhoods to care for parks to care for communities. So, it's pay—it's really providing access to safe disposal. The other part is making staff more available, city staff to provide efforts to clean up from the grounds as—as we saw when we walked with you the number, the great number of syringes that are disposed in streets and in the park, and it is really an effort to clean that up and keep that clean. The other part is to have more present and consistent outreach to people who either both themselves at risk of overdose. You might be

interested in obtaining access to services as well as supporting their use of the kiosks.

CHAIRPERSON AYALA: So is Sanitation going to be taking—is Sanitation going to be out there?

DR. HILARY KUNINS: [interposing] So there's a piece both—sorry—I'm—I'm being more abstract than I need to. So, both Parks is getting additional staff who will increase cleanup within the parks and Sanitation will be increasing cleanup around the parks.

CHAIRPERSON AYALA: And I'll assume that they'll be trained specifically on how to properly pick up--

DR. HILARY KUNINS: [interposing] Absolutely.

CHAIRPERSON AYALA: --those.

DR. HILARY KUNINS: Absolutely, and Parks staff are already being—were involve with this effort—are already being trained to do this safely and certainly that's a very important part of this.

CHAIRPERSON AYALA: [interposing] How frequently?

DR. HILARY KUNINS: I don't—they have been trained, and there is I'm sure regular training, but I have to get back to you.

CHAIRPERSON AYALA: Well, how frequently are they going to be—is it—are the pickups scheduled to occur?

DR. HILARY KUNINS: I—I'll have to get back to you on that. We'll have to get back to you.

CHAIRPERSON AYALA: Interestingly enough this summer I came across the block—one of the blocks that you—you referenced earlier that we had the privilege of walking through to familiarize ourselves with some of the issues that are impacting the—the South Bronx, and in the specific community we have five programs. We have safe haven that is act—is actually occupied by active users, and I was really shocked at the number of people that we're having. I got there at 9:00 in the morning because they are Collect—the Bronx Collective was actually hosting one of their activities at the local playground where they were distributing needles, and there were needles distributed throughout the entire block. There was a daycare program right across the street from the Safe Haven. We knew what we later found out

that the city knew that all the occupants in the building were active users, and that we have a problem in the South Bronx. I don't know why—and I'm assuming that that was part of the—the rationale for placing that—that there, but it was right across the street from the public housing development and the playground, and the daycare program, which is half a daycare, half a church, and yet nobody seemed to have picked up on the fact that this was happening, and I got there at 9:00 in the morning. I parked my vehicle and immediately--I was there three minutes when I witnessed several people shooting up, shooting themselves up in the neck. I got out of my vehicle. I'm like horrified because I'm, you know, my place, I really had never witnessed something like that face to face. I've heard it. I've never seen it. I walked the entire block to get to the park where this—the activity was happening, and the entire block seemed to me like they were under the influence of something. There was an evident K2, you know, being used as well, a lot of people shooting up, actively injecting. I want to use the proper language, but needles everywhere, just littered everywhere. Now, why I mention this because I had asked that police

presence be placed there because while we do not want to police our way out the situation, there was—there's a local playground that was infested with just needles that have been improperly discarded, and people were actively injecting while there were children playing on the opposite of the fence. This is what—this is what my constituents have to deal with on a daily basis. This is what my children are learning, and so it was—I was just really dumbfounded that no one had every approached me while I was actively trying to resolve this to say, Council Member, the problem is that we are inundate with a gazillion programs. We have a Safe Haven, and I—I walk into the Safe Haven, and they didn't even realize or they would not accept responsibility for their clients not only being in the front of the—the—the building and really taking over the entire block, but the fact that everybody was actively using, and they didn't have any programming. They didn't appear to me they-they had any programming in that site, and so there was—there didn't seem to be very much coordination of—of efforts between the city agency, between the Parks Department between NYPD, between the Department of Health, between DHS, the community

board. Nobody knew what was happening, and it just like a big hot mess. So, I wonder what is the coordination and how do I as a representative voice for that community feel comfortable enough that this is not only going to address it, but it's going to do that consistently, and it's going to take into account, you know, my constituents and what they're going through every single day. [background comments]

DR. HILARY KUNINS: So, I really appreciate everything you just said.

CHAIRPERSON AYALA: Thank you.

DR. HILARY KUNINS: And I think you've been—we have some examples of good coordination in other parts of the city that I think really can be strong models. One example is 125th Street Task Force, and I think elected official leadership there has been vital to its success. I think you have our commitment that we want to replicate some of the coordination that has been effective in other parts of the city, and I think with these additional resources we can make that happen and do that well.

DEPUTY COMMISSIONER HERMAN: I would just like to add that I think the HEAT Teams and the two

hospital based programs are going to be enormously helpful because in addition to arresting people for possession, which we still do, you're going to have a more—a different skill base and a different kind of assessment that's possible with these health only responses, people who will do outreach, conduct outreach in parks. They're going to be responding to requests by local precincts. We're a primary client actually of the HEAT teams. We consider ourselves, the Police Department considers itself a primary client being able to say this corner, that corner, please talk to this person or that person. That's a whole new level of outreach that we haven't access to before.

CHAIRPERSON AYALA: So, one of the interesting things that I did witness while I was canvassing the site throughout the summer was that while—and—and again, I want to be very clear that we have no intention of criminalizing anyone chemically dependent in any way, shape or form and needs help, but because this one block happened to be overpopulated with active drug users, it attracted a lot of drug dealers to this community, and so there were active drug sales happening day in and day out.

Sometimes all the police were just really like 10 or 12 feet away. How are you addressing that?

DEPUTY COMMISSIONER HERMAN: So, we have lots of investigations and we are-we are focusing on dealers more than we are on users and that's—that's our commitment and that's what's happening. So—so you might see somebody, but that doesn't mean that there isn't an undercover who's around. It doesn't mean that there isn't a case being built and dealers who are being investigated.

CHAIRPERSON AYALA: Anyway that, and I mean I understand that some of this is confidential, but if there is a little bit better coordination with these local elected officials so that at least we know, because it's very difficult when constituents and when you're personally observing and when--

DEPUTY COMMISSIONER HERMAN: [interposing] Uh-hm.

CHAIRPERSON AYALA: --and when people are coming up to you on a daily basis and saying we're drowning here. Nobody is helping us and then maybe work that's being, that's happening around the scenes that we're not privy to that information. Is there any way—

DEPUTY COMMISSIONER HERMAN: [interposing] I think—yeah, I think when you give us information about a particular area or a particular concern, we can't tell you—obviously we can't tell you details of a particular investigation, but we can tell you that we have people in that area or we don't and that's—we'd be happy to increase that communication.

CHAIRPERSON AYALA: I don't want to—I don't want to monopolize all of the time, but I wanted recognize Council Members Power—Powers, Samuel Ampry who stepped away and then Council Member Salamanca. I'll hand it over to my Co-Chair.

CHAIRPERSON RICHARDS: Thank you and we're also joined by Cabrera, Cohen, Lancman and Williams. So thank you. Thank you Chair for your great questions, and first I wanted to start off by jumping straight into a very interesting question, which some jurisdictions are exploring the idea of safe injection sites for drug use, and I think that's something the Health Department was looking into the last I checked. The idea that drug use would at least not be happening in parks and around kids, and that health professionals could control overdoses,

and make sure people are using clean needles. Where are we at with that proposal? Is that something the Police Department would support? Is that—I'm just interested in hearing where the Health Department is at.

DR. HILARY KUNINS: Sure. Thank you for that question, and as for—as it sounds like you're aware the Mayor announced—indicated his support of—as we are calling it here Opioid Prevention Center or OPCs pending a few key steps including state authorization by the state Health Department, and that is what is still pending at the moment.

CHAIRPERSON RICHARDS: And—and—oh, so, sorry about that.

DR. HILARY KUNINS: And should that authorization come, which we are hopeful for, other steps include district attorney support in—in the borough, elected—local elected officials' support and community engagement. So, at this point we are awaiting State Department of Health authorization.

CHAIRPERSON RICHARDS: And you're in communication with them? Do you anticipate a specific timeline on when you'll hear back?

DR. HILARY KUNINS: I don't have that information.

CHAIRPERSON RICHARDS: Okay, and when was the last communication with them? Do you--?

DR. HILARY KUNINS: I don't exactly know, probably within the last month or two months.

CHAIRPERSON RICHARDS: Okay, and—and if a specific site was to be placed in the community, you-it—I'm assuming you'll follow some sort of ULURP process I would you. So, real robust community engagement. Have you thought that far down the line yet on what that would look like?

DR. HILARY KUNINS: I just want to correct--Deputy Commissioner Herman just corrected Overdose Prevention Center, not Opioid Prevention Center or OPC.

CHAIRPERSON RICHARDS: [interposing] Got it. I got it. Uh-hm, Uh-hm.

DR. HILARY KUNINS: Yeah, we don't—we don't have the—the full plan for community engagement laid out. We are very -we share your—what sounds like a recommendation about a robust process including working with local elected—elected officials.

CHAIRPERSON RICHARDS: So, I would hope that in anticipation perhaps that this may happen as we start to look at drafting a plan from now and not waiting until we get an approval. We have seen this happen before in many different areas, and I would hope that the Health Department is really working in advance of an authorization to start that conversation now or at least address that's a process so that we're not waiting last minute. I'm going to shift my—to PD. Do you have any stance on open—?

DEPUTY COMMISSIONER HERMAN: I think Commissioner—Commissioner O'Neill has said on many occasions that if they come to New York, that we'll do everything we can to make them work.

CHAIRPERSON RICHARDS: Okay, great. Alright, I want to stay with you Ms. Herman, Commissioner Herman for a second. How many officers are currently in the Bronx Opioid Squad?

DEPUTY COMMISSIONER HERMAN: [off mic] I'm going to turn to Chief Aubry to answer that.

CHIEF AUBRY: Last year the Detective Bureau picked up 95 officers that specifically work in each overdose team, and in the Bronx, they have 19 of those 95.

CHAIRPERSON RICHARDS: And I know you mentioned that there are some open investigations. How long do investigations normally take?

ASSISTANT CHIEF AUBRY: So, we have it depends on what type of investigation. So, there's—there's long-term investigations, which average six to nine months. They could take over a year. Sometimes they could be—they could closed earlier than six months, and then we also have our shorter term investigations, which—which could from 30 days to 3 months, 90 days.

CHAIRPERSON RICHARDS: Right, and I know this issue has been going on for around at least two years. I think it's been well documented. So, have there been any large scale take takedowns?

ASSISTANT CHIEF AUBRY: Yes. So, right now specifically to Bronx because I could—let me just give you a little overview and I'm going to turn it over to Chief McCormick to—to get into the specifics, but right now citywide we have well over 2,500 overdose investigations actively going on, and of those 592 are in the Bronx. So, out those--

CHAIRPERSON RICHARDS: [interposing] These are investigations not arrests?

ASSISTANT CHIEF AUBRY: These are investigations involving overdoses. So, they can be fatal and non-fatal. So, what we built in last year was whenever there's a death, we take it upon the police officer and emergency personnel, EMS, at the scene to—to determine right up front, to make a decision right up front. This could possibly an overdose, and what we do is we try to preserve that—that scene because there's a lot of valuable evidence that we have that could help us solve that. It's treated like homicide right up front. We err on the side of caution, and we'll preserve it—the packaging that's there. We'll preserve that packaging. We'll send it to the NYPD lab. There's a lot of value in that. There could be markings on there. There could be prints. There could be DNA evidence that could lead us to who provided that, who sold that to the individual as well as media evidence such as-such as a cell phone. A cell phone, we had an incident in Staten Island where a cell phone led to eight other overdose deaths because they used either text messaging, phone calls or these encrypted applications to communicate with these cells. So, there's—there's a lot of work that's done upfront. I

could go on if you want, but if you want specifics on—I know Chief McCormick has some specifics on successful investigations that we've had. We could have him come up and discuss that.

CHAIRPERSON RICHARDS: Sure and you said there are 2,500 active investigations?

ASSISTANT CHIEF AUBRY: Yes so--

CHAIRPERSON RICHARDS: [interposing] Investigations citywide.

ASSISTANT CHIEF AUBRY: So, so--

CHAIRPERSON RICHARDS: 592 in the Bronx. How many have been closed out total thus far?

ASSISTANT CHIEF AUBRY: So, right. So, so--

CHAIRPERSON RICHARDS: [interposing] But these are all active?

ASSISTANT CHIEF AUBRY: --so these--

DEPUTY COMMISSIONER HERMAN: [interposing] None of them closed out

ASSISTANT CHIEF AUBRY: No, no they—no this year—

CHAIRPERSON RICHARDS: Okay.

ASSISTANT CHIEF AUBRY: --we took over 2,500 investigations. There's over 200 arrests on—on

investigations, overdose investigations. Now we have—the -the issue—these are complex cases so the issue with overdose and especially when you have a death with prosecution. So there's a federal charge. It's conspiracy to distribute a controlled substance, which results in a death. It's a minimum of 20 years. It's a federal charge that we work with the DAUSA. That is our hope to bring every overdose death to that. We've had a dozen arrests this year just with that, and we're learning. Last year we realized the importance of this charge and how to work with the USA and each borough and each overdose team is working aggressively with the DAUSAs to continue on with these type of arrests, and then there's also another federal charge, which is conspiracy to distribute a controlled substance, and there's two levels there. If it's 500 grams that's a minimum of five years, and if it's one Kilo, then it's ten years. That's another federal charge and—and then we also have the state laws, buy again, if we have to prove that I provided either sold or distributed that narcotic, that specific narcotic evidence that caused your death to charge that, on the state level a lot of times we've been successful

with the conspiracy charges, which you're selling a controlled substance and then we'll—we'll arrest you for that, but Chief McCormack Could tell you about some specifics on that.

CHAIRPERSON RICHARDS: Yeah and let me go back for a second because this conversation sounds very familiar leaning back to the 80s and early 90s and showed crack of the minute, and I'm interested in knowing who are the people selling on the streets? Are these the same ones who perhaps are adding the Fentanyl or is this happening at a higher level? So, I want to hear a little bit more who are these individuals who are—who are selling and being busted.

DEPUTY COMMISSIONER HERMAN: Okay.

CHAIRPERSON RICHARDS: Street dealers or are these the individuals—

DR. HILARY KUNINS: You're asking just selling Fentanyl?

CHAIRPERSON RICHARDS: Yes.

DR. HILARY KUNINS: What you're asking?

CHAIRPERSON RICHARDS: Yes, I'm trying to get—

DR. HILARY KUNINS: Okay.

ASSISTANT CHIEF AUBRY: Chair, just as it relates to two cases I could speak about in the Bronx one where 10 subjects were arrested. About—just about 4,000 glassines of Heroin over—over $200,000 worth of cash that has been recovered. These people are not low-level people. They're high level people that we're prosecuting. There's another case in the Bronx where we arrested 18 people, seized over four kilos of Heroin, and these are all high level people.

DR. HILARY KUNINS: Where are they getting it from is the question?

ASSISTANT CHIEF AUBRY: Very—we-when we conduct an investigation, the idea is always work up the chain, up the ladder so to speak. So, we want to get the people that are pushing this product onto the street and killing our children. That's what we're looking to do.

CHAIRPERSON RICHARDS: And does this work—I'm assuming you work with the Special Narcotics Prosecutor?

ASSISTANT CHIEF AUBRY: Yes.

CHAIRPERSON RICHARDS: I guess it's so—so we could we think about coordination here so we vendor cases on them.

ASSISTANT CHIEF AUBRY: For the Bronx. I have the benefit of working with the Bronx DA, with the Special Narcotics Board here in Manhattan with the Assistant U.S. Attorney in Manhattan and also with the Assistant U.S. Attorney in Brooklyn. So, I ha e the availability here. It is very difficult. It's very complex. We have these compounds that are coming into our country from Mexico, from China, and we work on not only the street level where we have the user, but, you know, as we move up, we're—we're moving internationally also.

CHAIRPERSON RICHARDS: And you said 10 subjects arrested. So these were all local individuals or--

ASSISTANT CHIEF AUBRY: The—I—because these investigations are active, and I—I—I'd rather not say who they are, but they're significant people who are preying upon our loved ones on the city—in the city and particularly the Bronx for me.

CHAIRPERSON RICHARDS: And how old are these individuals normally?

ASSISTANT CHIEF AUBRY: I'm not—I don't want to get into demographics of them, but—but I assure you the—the object here is I do acknowledge

that some users will sell product to support their own habit. I think we have a way of dealing with that through the court system, and that's not what my objective in the Bronx is to do. My objective is—is to get high level people.

CHAIRPERSON RICHARDS: And just go back to how many arrests were specifically made in the Bronx.

ASSISTANT CHIEF AUBRY: For—just for me for my overdose team this year have made 35 arrests, 25 of those arrests are related to fatal deaths and 10 are related to non-fatal deaths.

DEPUTY COMMISSIONER HERMAN: I just want to be clear you're talking about the overdose investigations not everything? Okay.

CHAIRPERSON RICHARDS: Let's go into non-fatal for a second now. So, what agencies other than the Police Department come to the scene in the event of a non-fatal?

ASSISTANT CHIEF AUBRY: We have that come here, the 911 call comes in. You have FDNY, EMS that responds. You have NYPD that responds. You have the OCME would respond whether it's--

CHAIRPERSON RICHARDS: OCME?

DEPUTY COMMISSIONER HERMAN: Medical Examiner.

CHAIRPERSON RICHARDS: Is that medical?

ASSISTANT CHIEF AUBRY: Office of The Medical Examiner.

CHAIRPERSON RICHARDS: Uh-hm.

ASSISTANT CHIEF AUBRY: Generally a med— medical legal investigator will show up.

DEPUTY COMMISSIONER HERMAN: Not in a non-fatal. Only in a fatal.

CHAIRPERSON RICHARDS: Only in a fatal—in a fatal. So a non-fatal I want to hear that

DEPUTY COMMISSIONER HERMAN: With that— that's an NYPD and—and sometimes. I mean many—many of the non-fatal overdoses because we—the city has been so good that most of the Health Department is also good about getting Naloxone to all kinds of people. A lot of the non-fatal overdoses are getting Naloxone at a community health center and families are administering Naloxone and then call 911. So we are—if 911 is called, it's police and EMS.

CHAIRPERSON RICHARDS: So the Health Department so these HEAT teams can just speak specifically—

DEPUTY COMMISSIONER HERMAN: [interposing] The HEAT teams are not responding to 911 calls?

CHAIRPERSON RICHARDS: They're not?

DEPUTY COMMISSIONER HERMAN: No.

CHAIRPERSON RICHARDS: Okay. So Health Department no one shows up, just EMS specifically?

DEPUTY COMMISSIONER HERMAN: So, so, the Health Department and Dr. Kunins can respond to this, but the Health Department would get involved in that case if the person is taken to the ER--

CHAIRPERSON RICHARDS: [interposing] Okay.

DEPUTY COMMISSIONER HERMAN: --and the Relay Program is in the hospital there, they would engage that person--

CHAIRPERSON RICHARDS: Okay.

DEPUTY COMMISSIONER HERMAN: --and offer ongoing assistance, treatment—

CHAIRPERSON RICHARDS: [interposing] So no arrest would be made at the hospital. Are arrests made?

DEPUTY COMMISSIONER HERMAN: No arrests are made there at the home or at the hospital. That's—that's the Good Samaritan Law.

CHAIRPERSON RICHARDS: Okay. I know the department has largely been focused on dealers instead of addicts. It is ever difficult to distinguish between the two and how do you handle that? So, I know you went into it a little bit about the focus not necessarily being on arresting the dealers.

DEPUTY COMMISSIONER HERMAN: So, I think the—we are still--

CHAIRPERSON RICHARDS: [interposing] Which criteria is used.

DEPUTY COMMISSIONER HERMAN: -arresting people who possess controlled substances and in Bronx soon but in all the other boroughs except for Queens. So Brooklyn, Manhattan and Staten Island we have---

CHAIRPERSON RICHARDS: [interposing] The post?

DEPUTY COMMISSIONER HERMAN: --post-arrest, pre-arraignment, diversion programs either Hope or in Brooklyn it's called Clear. In the Bronx it's going to start within the next couple of months. We'll have a Hope program there, but the Bronx and Manhattan also have post-arraignment diversion. So, once you get to court they have the OR Program that

is diverting people, and there—there are assessments done as to what would be the next most helpful way to reduce harm. They are all harm reduction focused. So, it's not a cookie cutter approach. Everybody is assessed and, you know, Staten Island has been up for two years in January. I think they've had a great deal of success. Brooklyn is doing very well. Manhattan is only in Manhattan North at this point, but these programs are I think helping a lot of people get back on track, and then if they meaningfully engage, that's the word, whatever that means is different for each person. Their—their case is dropped by the prosecutor and the arrest is sealed.

CHAIRPERSON RICHARDS: Hm. Let's just—I just want to delve in a little bit before I turn to my colleagues, just on the Local. So, obviously, this has been quality of life issue that I don't think would be tolerated in all parts of New York City, and I certainly believe that, you know, anyway I—I will try not to go there, but I just find it horrible that our children have to watch people shooting up next to them in a playground as they play, and I find it hard to believe that this would

be acceptable in other parts of the city. What options does the NYPD have for dealing with the neighborhood that is frequently overrun with users this way? So can you just go through your--

DEPUTY COMMISSIONER HERMAN: Well--

CHAIRPERSON RICHARDS: [interposing] So, obviously every day they're experiencing people shooting up in public, which has enforcement, and like I said, I know there's that delicate balance. We don't want to lock people up, but what are we doing to ensure they can have a better quality of life.

DEPUTY COMMISSIONER HERMAN: Well, we are arresting people. We are also now looking forward to particularly in the Bronx really using these HEAT teams a lot because that's exactly what they can do is intervene. We are working with community partners, you know, syringe exchange programs, everybody that the Health Department is talking about, we are trying maximize the outreach that's possible so that people know that help is available to them. That'd—the—the police role is really enforcement and diversion.

CHAIRPERSON RICHARDS: Okay. So, if you arrest somebody at a spot today, what does the spot look like tomorrow?

DEPUTY COMMISSIONER HERMAN: Well, if we arrest somebody at the spot today, if that person— just in terms of our interaction with person?

COUNCIL MEMBER RICHARDS: Uh-hm, um-hm. Well, now I'm just saying with the community. So, you went in and you showed a level of engagement, you arrested, took somebody off the street. Are those individuals back there the next day? Are people still utilizing at the same spot? What does that look like?

DEPUTY COMMISSIONER HERMAN: They may be back there the next day because the individuals that are all eligible for all the diversion programs are all DAT eligible. The ones that are going online may not be back there the next day. They ones that are DAT eligible are being offered services. Many of them are being accompanied immediately from the precinct to an assessment center, and many of them starting treatment right away. That's what's happening. That will happen in the Bronx as soon as HOPE starts, and every precinct will peer navigators

coming directly to the precinct, training them in how to use Naloxone, giving them Naloxone and talking to them about services, and in many cases if it happens the same way--and I have no reason to believe it won't--as it is in Staten Island, Manhattan, and Brooklyn, it will right then to an assessment center who will help someone think through what's the next best step for you, and that's—that's where we're hoping they won't be back in the park the next day.

COUNCIL MEMBER RICHARDS: Uh-hm.

Alrighty. I—I come back, but I—I just want to make two point, one that I really hope are focusing on the individuals who are bringing the stuff in by the boatloads. You know, the last I checked we don't have manufacturing hubs in our communities for these things, and I'm hoping that the-the investigations that are happening are really focused on the individuals bringing this stuff in by—by the boatload. Second, I'll add that in terms of enforcement, I believe that the NYPD can do more. I'm not saying you're not doing anything, but I find it hard to believe that if the department is specifically aware of locations and if they are specifically focusing on these locations, that even

as investigations that are ongoing that we can improve the quality of life for residents who are just trying to get home or paying their rent. These children have to walk by this, and I don't think in New York City that this should be tolerated. I understand it's a big problem, but I do believe based on what I've read, based on what I've heard from my colleagues that there's a bit more that we can do. Do you acknowledge there's more that we can do until these programs are specifically rolled out, and lastly what impact do you really think these programs will have that are being rolled out by Health?

DR. HILARY KUNINS: [off mic] I think HEAT—[on mic] I think HEAT will have a tremendous impact. We've been talking about HEAT for a long time, and I think the Police Department being able to call and mobilize HEAT for these parks or other locations I think will be very helpful.

CHAIRPERSON RICHARDS: So, we're going to turn the heat up and—

DR. HILARY KUNINS: Yes.

COUNCIL MEMBER RICHARDS: Okay.

DR. HILARY KUNINS: Yes.

CHAIRPERSON RICHARDS: So, can you just speak to—so these programs are going to take just as most city programs a little bit of time to roll out. What can we do in the time being until these programs are fully implement to make sure that residents have a better quality of life?

ASSISTANT CHIEF AUBRY: We can—we still encourage our citizens to report their complaint. We can take that in and investigate each one of those complaints, come up with some comment, and our mayor is in them, and investigate those persons that are preying upon us that are dealing it.

CHAIRPERSON RICHARDS: And are you working with local non—I'm sure there are some local non—I think you mentioned non-profits. What can they do in the meantime specifically?

DR. HILARY KUNINS: Outreach.

CHAIRPERSON RICHARDS: Okay.

DR. HILARY KUNINS: I mean—

CHAIRPERSON RICHARDS: [interposing] So you're working with them and providing them funding to do outreach?

DR. HILARY KUNINS: We are not, you are.

CHAIRPERSON RICHARDS: Okay, I know we are, but—

DR. HILARY KUNINS: Yeah.

CHAIRPERSON RICHARDS: Okay.

DR. HILARY KUNINS: Yeah, yeah, but I mean if—if we are—if we're looking at this as a multi-prong approach, right, it's trying to get people into treatment, trying to find the people who are really flooding the community with Fentanyl, and other horrible poisons, we've got to have as much outreach as possible. We have to find other ways to get people into treatment than the Criminal Justice System--

CHAIRPERSON RICHARDS: [interposing] Right.

DR. HILARY KUNINS: --but that doesn't mean that we're stopping our part of it, but it requires everything that you're talking about: The HEAT Teams, the hospital based programs--

CHAIRPERSON RICHARDS: [interposing] Uh-hm.

DR. HILARY KUNINS: --and they've all been ramped up over the last few months, but none of them have been in for a long time.

CHAIRPERSON RICHARDS: Uh-hm.

ASSISTANT CHIEF AUBRY: [interposing] And Council Member, I'll add that, you know—

CHAIRPERSON RICHARDS: [interposing] do you need more resources is the questions. Now is the time you understand in front Oleg and Susan, could your precinct use a little bit more resources in the meantime, and I don't mean to come down on you.

ASSISTANT CHIEF AUBRY: [interposing] If you put it out there, I'll always ask for more. There you go.

CHAIRPERSON RICHARDS: [laughs] So, over the course of the next six months, so can the police Commissioner, can you Susan agree to ensure that they have a tad bit more resources so that the residents could have a better quality of life?

ASSISTANT CHIEF AUBRY: So, built into our investigation the ground—the boots on the ground that we truly need to speak with are our neighborhood coordinating officers, our steady sectors. They're built into my investigations. Where we see fit, they provide us with intelligence, we do investigations. Where we have people that are in desperate need of help that are using, we have them as our microphone

to NYC Well to HEAT that they can—that they can suggest—suggest to them that listen, you truly need to get help—

CHAIRPERSON RICHARDS: Uh-hm.

ASSISTANT CHIEF AUBRY: --while we still conduct our investigations. Unfortunately they will probably still use, but we'll encourage them to the best of our ability while we are still conducting investigations.

CHAIRPERSON RICHARDS: Aright, so Susan, can we get them a tab bit few more officers to—to work with them?

DEPUTY COMMISSIONER HERMAN: I think you know, it's not my decision—

CHAIRPERSON RICHARDS: Okay.

DEPUTY COMMISSIONER HERMAN: --but I will relay your request.

CHAIRPERSON RICHARDS: [interposing] Okay. So, you'll let the Police Commissioner know about it.

DEPUTY COMMISSIONER HERMAN: I will relay your concern.

CHAIRPERSON RICHARDS: Okay.

DEPUTY COMMISSIONER HERMAN: I already have it done.

CHAIRPERSON RICHARDS: Alright, great. Okay. Thank you.

DEPUTY COMMISSIONER HERMAN: Yes.

CHAIRPERSON AYALA: I mean I think the Council—Council Member Richards has a point. We're dealing with unusual circumstances that require more hands on deck. Just out of curiosity, does this extend—do these resources—do the NYPD also extend to PSA5—PSA7 because I know that public housing has been, you know, impacted more and more in the last year than, you know, than ever before and there really hasn't been—I've been hearing some of this from some of my resident leaders, but I haven't really hearing anything from the city around how is it addressing the improper needle dis-disposals at the public housing development. Specifically I'm seeing it at Patterson Houses for obvious reasons, but I have, you know, received complains. I'm also seeing it at Mill Brook, which is a little bit further south, and I'm not—I'm not sure. I wanted to make sure that the PSAs were a part of this conversation.

DEPUTY COMMISSIONER HERMAN: I can speak to Patterson Houses. Yes, we—the Parks Task Force has been meeting with tenants there as well as Patterson Playground and I'll check about Mill Brook, and any other sites that you let us know about, we'll—we're happy to follow up. Thank you. I wanted to recognize—acknowledge Council Members Rodriguez, Brannan and Deutsch, and I want to turn it over to Council Member Menchaca who has a few questions.

COUNCIL MEMBER MENCHACA: Thank you to the Chairs, and to the NYPD and DOHMH. Thank you so much for being here. I—I just want to offer an opportunity to talk a little bit about some discrepancy that we're seeing on the ground. In Sunset Park I represent a few different precincts. So, I'll keep it general to protect identities on the ground, but—but what's really true and honest is the fact that you have community members that are really engaged on the ground that have been living, owning property for a long time have seen some changes, and the NYPD data that's coming down they're saying that there's no real in crime, no real increase in the stats, and specifically for kind of opioid crisis, and so you're people on the ground seeing changes,

seeing needles on the ground, and then the NYPD data is a little bit different. So, I don't know if that's a citywide issue, but I—I just wanted to let—let you know that that's-that's happening, and we'd like to maybe work with you to figure out what—what the discrepancy is all about. Second, I'm thinking about the—the focus for South Bronx is real, and how do we get in front of it in other neighborhoods where we're just seeing the beginning stages of some of this, and the Disposal Programs, for example, is an—is an opportunity for us to kind of think about our parks and other locations, and that are ready and able and willing and is—is—is it but for the funding issue? And so how do we—how do we take a very active community right now like in Sunset Park that I'm seeing that wants to do something proactive, that wants—that—that has seen both the kind of immigration issues come up, and they're there is a very kind of great coalition, and shelters, hotel shelters and—and then they're kind of overlaying this—this crisis the opioid crisis on top of it, and wanting to so something. How do we—how do we bring the resources to this community and work together to do that?

DR. HILARY KUNINS: We're happy-we're—I mean I'm speaking for many agencies. This is not just the Health Department work, but we're happy to talk more and think more with you. I'll just add that, you know, in—in the case of the kiosks when we were first talking about it, I think there were some real community concerns also, and I think one thing that's happened since they've gone is that it's earned the endorsement of community members. Initially it was I think seen as a negative flag for their community or potentially a way to draw problem or draw challenges. I think now already just after implementing for short time, we've very glad to see community support, and we're glad after meetings and speaking with people to see that they feel that it's an asset. So, if you are aware of other communities that would welcome it, we should—we're happy to speak more.

COUNCIL MEMBER MENCHACA: Great. I'll follow up on that, and we'll make sure to bring that—that effort. The last thing is—is how many of—of the impacted or impacted neighbors, users, English Language Learners, non-English speaking people, New Yorkers? Do we have a sense of that?

DR. HILARY KUNINS: So—so we have—let me—I'll—I'll share with you what we do know. We don't—we don't—there are some limits to our data so the folks who—who die of overdose deaths, we don't always know what their primary language is. I think what we know about the Bronx is that the highest number of people who have died of overdose in the Bronx are Latino. We know Latino communities in the South Bronx in particular are predominantly Puerto Rican. We know that many of those folks in those communities have been here for many years and, in fact, are bilingual, monolingual English, and then some monolingual Spanish speakers. I can share with you that in the Bronx all of our outreach and material is always in at least English and Spanish, and in other parts of the city we are also conscious of producing materials and hiring staff or working with community based organizations that have staff that can deliver services in languages specific to the population in that area. So, for example, in another part of Brooklyn and Coney Island we are attentive to large numbers of Russian speaking folks and try to certainly make all of our print materials as well as

services available in Russian and English by way of example.

COUNCIL MEMBER MENCHACA: I just want to note that I think when—when a question was asked earlier about what can—what can we all do and outreach, outreach, outreach was the answer. This is one of those things that I think we wait until we get to the problem that we realize we didn't put in a—a robust understanding, and so I hope the Mayor's Office of Immigrant Affairs is working with you on this, and if they're not, they should be, and really thinking about how they—they—they bring their knowledge, understanding and ability to communicate to everyone. So, that—that is not a barrier.

DR. HILARY KUNINS: Thank you for that.

COUNCIL MEMBER MENCHACA: Thank you.

CHAIRPERSON AYALA: Council Member Salamanca.

COUNCIL MEMBER SALAMANCA: Thank you, Chair. [coughs] Good afternoon everyone. I want to get to—first I want to do some fact checking here just to point out that the—the Bronx Opioid Collective was created by my office and Acacia to address the-the opioid issue on 100—on 149th Street

and to bring attention to it, and it was my office working in conjunction with Diana Ayala and the—the rest of the Council especially the BNT to ensure that we got them the funding necessary so that they can kick this program off. In 2014, the Mayor went and visited the Hole with then Commissioner Gilbert Taylor, and the community knew that there was an issues with opioid use, Heroin use in that Hole. But the Mayor, in my opinion, went there, held a press conference, took some pictures, cleared the area up, but never created a plan to address the issue of opioid in that area. And what happened was that the users now decided to go onto the streets and start using with what I call in your face where they were injecting in the streets on 151st Street, and by immaculate conception they were injecting in Saint Mary's—Saint Mary's Park. They were—they were out there. What was the Administration's plan to address that issue back 2014, and why did it take to the end of 2018 for DOH to actually do something about it?

DR. HILARY KUNINS: So, I-so first of all, Bronx Opioid Collective I know that your office was—was key to that work, and I—we really acknowledge that had—what a—it's a—it's strengthened the South

Bronx. So, I—I—I—to bot Council Member Ayala and to you. I just—so that—the work around the Hole let me—let me also just point out to DOHMH and sort of the changes that have been undertaken with Healing NYC.

COUNCIL MEMBER SALAMANCA: No, if you can just add to that specifically because I want to—I don't have much time, and I want to get to my other questions.

DR. HILARY KUNINS: So, it's—it's—it's relevant because the city for a long period of time had very little capacity to address substance use as a city. Most of the funding was in treatment programs and so in 2014, for example, we had a staff at the Health Department of 30 people addressing substance use. So, one of the very large transitions that's taken place is of the may programs you've heard about including the ones that are newly coming online as an enhanced capacity to do engagement oriented work that isn't about waiting for people to come in for care. It's about going to find people. So, what I'm aware of with the Hole and the—and the issues both coming prior to closing the Hole was that a lot of efforts were made to go in before hand to reach people who were there to offer them care, and

this was done across city agencies, colleagues at Department of Social Services, Police. This was not at that time a primary role of the Health Department. It—what I think I will share with you is that we have been doing work, you've been doing work for the Bronx Opioid Collective. We've been adding on new care since 2017, and will continue to enhance that work going forward, but I very much hear what you're saying, and we want to go forward, and continue fix this problem.

COUNCIL MEMBER SALAMANCA: On 149th Street and Third Avenue, 148th Street and closed by—by Diana Ayala's District. See, this is—this is very personal to Diana and I because we—that's our border, and this is what I called Ground Zero for opioid use, and in the city of New York. In that immediate area, even going up to 153rd Street there are 30, okay 30 opioid related healthcare facilities, methadone clinics-clinics, needle exchange programs and on and on and on and on. That is why there is a high concentration of opioid use in that are area. How can the city have allowed all these programs to be concentrated in that area? Now, and—and then my second part is: Does the city coordinate with OASAS, the New York

City Office of Alcoholism and Substance Abuse Services. Do you coordinate when we're talking about siting for these areas? Because it's easy for the city to say oh, we have no control over those licenses. That's the state and the state then approves the, but is there coordination? Does the city and the state talk and say: There are too many of these programs in this area. Let's spread them out?

DR. HILARY KUNINS: So, in answer to—to two questions: One is to my knowledge there have not been new physical substance use disorder treatment programs in that area since in the time period we're talking about. So, the majority—these programs predated this time period. So, that's one—one issue, on--

COUNCIL MEMBER SALAMANCA: [interposing] Which—which time period?

DR. HILARY KUNINS: Well, certainly since 2014 and even before since to my knowledge. So we do coordinate. The—the process is as follows: We coordinate with OASAS. When a new treatment program desires to open a new location part of the certification process, which is a state process they

are required to have what's called a consultation with the city and we as a city make a recommendation about whether—about the location and about the content of the services. So, we very much do coordinate.

COUNCIL MEMBER SALAMANCA: You know right now I just got wind that on 152nd Street and Elton, there's an organization that's trying to open up a substance abuse in-patient facility. I wonder if you're—DOHMH was aware of that, and I'm just asking because I want to know if this coordination with OASAS and DOH actually exists.

DR. HILARY KUNINS: Let me—let me get back. We will get back to you, Council Member.

COUNCIL MEMBER SALAMANCA: Yeah, okay. Alright, thank you. My other question is safe havens. Do you—do you know how a safe haven operates or does—does DOHMH know what a safe haven actually is other than it just being a shelter?

DR. HILARY KUNINS: We—we are aware of them, and we do work the Department of Social Services in terms of the harm reduction approach or access and linkage to care and services, and it sounds like, as you know, they are run out of DSS.

COUNCIL MEMBER SALAMANCA: Alright, so if—so does DOH and DHS speak to each other before they are opening up a Safe Haven in a certain community? You know Safe Havens are for those individuals that are homeless that are chronically homeless, which 95% if them have substance abuse problems—substance abuse problems, and they're living in, you know, inhabitable conditions. Most of them underneath bridges, stairways, and so to convince them, to get them off the street, they say hey we'll give you a bed with no restrictions. So, you can come in and out as you please, but the goal here is to take them off the streets, and my, you know. And so that's what I want to know. Does DOHMH and DHS actually speak to each other? Because in my opinion putting a safe haven where there is a high concentration of Methadone clinics and Heroin use and drug use is a recipe for disaster. I think the city is, you know, creating a monster and, you know, the city—making the situation worse than improving that situation.

DR. HILARY KUNINS: Well--

COUNCIL MEMBER SALAMANCA: [interposing] So does DOH and DHS coordinate before--

DR. HILARY KUNINS: [interposing] So, we do coordinate services. We typically don't directly get involved with siting before that happens, but from the content programming side of things we do.

COUNCIL MEMBER SALAMANCA: Alright, well, I question that. The—the $8 million, and by the way, you know, I—I—I am a big supporter of—of getting individuals who are addicted to opioid the help that they need. When the Mayor announce a safe injection site, one of them was in my location and I accepted it with open arms. My only concern was the siting of the location, which is something that the Administration said we can work with. So, to hear that, you know, the—the Bronx Action Plan will dedicate $8 million solely to the Bronx so programming and advertising, it's extremely exciting to me, and—and I thank you for that, but I have yet to see the Bronx Action Plan on paper. When can we get that? I mean it's good to sit in a press conference and say I came up with plan. I haven't read it. When do I—when can I get access to this plan?

DR. HILARY KUNINS: We will get it to you soon.

COUNCIL MEMBER SALAMANCA: Thank you. Now, is there money dedicated to help NYPD with enforcement as part of this plan to address the—the drug dealing that's happening, and I'll explain why? Diana and I—I'm sorry Council—Chair Ayala and I we share the 40 Precinct, and—and we're constantly having conversations with Inspector Hennessy, and I think he's a very competent and well spoken. I really like him, but I want to make sure that he has the resources necessary. Does the 40 Precinct have the manpower to number 1 patrol 149th Street and Third Avenue, which after Times Square has the most foot traffic in the city of New York, has one of the highest concentrations of NYCHA developments in the city of New York. Okay, has one of the highest crime districts in the city of New York and also has to address and has to patrol these areas where there's high concentration of drug dealing and homeless shelters.

DEPUTY INSPECTOR VAN: I'm Deputy Inspector Ronnie Van (sic) from Patrol Bureau Bronx. Thank you for inviting me. The 40 is actually going to fit on the job like you said under Inspector Hennessy. Right now he's experiencing a dip in crime

year to date. He's also worked with the BID and yourself about putting extra resources into the district especially 149 and Third. So, right now, the overall belief is that he has enough resources to address the conditions he's facing.

COUNCIL MEMBER SALAMANCA: I would have to respectfully disagree. I think that Inspector Hennessy and the 40 Precinct need more resources. They need more officers to help them again. Number 1, you know, with the—with NYCHA developments, with 149th Street yes you added a task force to deal with that corridor, but they need more resources, and I don't think that they have enough manpower to really, you know, have a presence in that community to serve as a deterrent for those drug dealers. And then my last question in speaking to some higher-ups in NYPD, some of their frustrations were that the judges when you're arresting these low-level drug dealers the—the and they go to the Criminal Court, the judges are either not giving them, you know, enough sentence—an adequate sentence or they're putting them in programs opposed to actually giving them jail time for selling illegal drugs. Is NYPD having a good conversation or coordinating or in discussions with the District

Attorney and the judges, and asking them for help and again, I don't think that—I don't think that arresting individuals is a solution for this opioid problem. I think programming and getting into programs the right way, but those—that's for the users. The dealers we need to address them in a separate way.

DR. HILARY KUNINS: We're in conversations with all of the district attorneys' offices talking about when diversion is appropriate and when it's not appropriate, and those are ongoing conversations. I think the HEAT teams will be pre-arrest trying to reach everybody including people are low-level dealers who are users, but we are in constant conversations with the dealers.

COUNCIL MEMBER SALAMANCA: Alright, thank you. It is a message that we're getting out of here. We have to get the 40 Precinct more resources, and we need to get a copy of this Bronx Action Plan. Thank you, Chairs.

CHAIRPERSON AYALA: Thank you. Council Member Powers.

COUNCIL MEMBER POWERS: Thank you. I want to just taking some of the lessons here and

making them more citywide, I also want to talk about, and it's in your testimony, too, that frequently prescribed opioid medications and the role of that of—of prescriptions and the access. Can you—can you tell us any efforts that the city is taking to ensure that we're not overprescribing and that we are limiting access where we can, and it's, of course, related to not solve—we're trying to solve the problem. At the end of it, we're trying to prevent access on the first hand, and is there—is there a role for the city in that? What is the role? What limitations do we have versus state and federal in terms of limiting and—and being preventative in access?

DR. HILARY KUNINS: Sure. Thank you for that question. So, the—the city Health Department is involved in a number of ways. One is we have issued guidance for what we call judicious opioid prescribing that is less risky forms of prescribing. We issued those guidelines first in the prior administration and just recently released them in order to ensure that prescribers know about them. We disseminate them widely using what we call a detail—a public health detail and strategy. We go door-to-

door visiting practices to make sure that prescribers know about what we recommend, and urge them to adhere to those guidelines. We have visited more than 3,000 prescribers over the last couple of years to do that, and we've evaluated our efforts that show decreases in high dose or the—the riskiest form of prescribing in two of those three efforts. We also as a city have sued the manufacturers and distributors of opioid prescription or prescription painkillers based on the fact of marketing and—and distribution that far exceeded what was sort of best practices or known scientifically. We-the state maintains a prescription monitoring program database. Because of state law prescribers are mandated to check that database before prescribing any controlled substance, and that has been part of what together with what we believe are city efforts have led to decreased patients from seeking multiple prescriptions from multiple providers through multiple pharmacies. We also use that database so that we don't have identified information as an overall evaluation of the amount of prescribing that's happening in the city, and we know from that database that prescribing has gone down on a per capita basis.

COUNCIL MEMBER POWERS: And can you tell us how much it's gone down and what time period?

DR. HILARY KUNINS: I need—I need to look for specific numbers. We can get that to back to you. It's since when we first had the data come available in 2012 through our last available data is through 2017, and I can get you that exact number.

COUNCIL MEMBER POWERS: Okay. Appreciate that and—and as we follow this issue nationwide, one of the—one of the cities that has been I would say devastated, but recovering is Dayton, Ohio. That's where I went to college, a city I follow very well. Dateline and the New York Times have actually re—have done a lot of coverage around their efforts to—to economically distressed area, high usage. There's been—the New York Times has a coverage that there is 54% reduction in fatal overdoses over one year, which seems like one place to—to—even though there's a high usage to look at in terms of how do we—how do we learn from other cities that have been doing this maybe as long or longer. The New York Times created mitigated expansion and funding of Naloxone as major factors in decline. I'm wondering New York City, which has a robust Medicaid program has $60 million

invested in opioid treatment and prevention whether we are expecting to achieve similar declines when and if there are other efforts in other cities that we should be taking and, of course, if those need legislative support whether we should be looking at them.

DR. HILARY KUNINS: So, a couple—a couple of things I just want to mention about Dayton and other jurisdictions. On thing to just be aware of, the way in which our epidemic is different from other epidemics, which are occurring in the Midwest is that for the entire period of our epidemic we've had lower proportion of overdoses involving prescription opioids than almost other—every other jurisdiction across the country. Our problem throughout this whole period has been dominated by Heroin, and more recently Fentanyl. So, just for context. Not to say we're not-we're letting up on prescription opioids. I think Dayton saw some quick wins because of medicated expansion, and because there was real pent up demand for treatment. I think it is possible that we would have had a worse epidemic had we not had treatment as available as it is. So, we have more to do. We have the largest Naloxone distribution in

the country, and I am confident and—and we get together and with Deputy Commissioner Herman and representatives from other city agencies and we were just doing this this morning to think about best strategies to distribute that Naloxone. I'll just also add to the Dayton, Ohio experience. That was also mentioned in the same article is that they saw a brief uptick in carfentanyl, which is for those of you who are aware an even more potent form of Fentanyl, that carfentanyl appeared, and then seemed to disappear. The article didn't attribute to what reason it disappeared, but the Health Department there and other—and colleagues felt that he disappeance of carfentanyl was also contributing to the decrease in fatal overdoses. The last thing I'll say is to really sort of call out the—the work of our administration as we are all in conversation with jurisdictions around the country borrowing from—stealing from what other people have found to work, and, in fact, our Relay program, which is the 24/7 post-non-fatal overdose program was based on an earlier pilot in another state. We adapted it for the New York City context. We would like to think we

improved upon it, and this is what allowed us to both pilot and now scale that up.

COUNCIL MEMBER POWERS: Thank you and I—I—I appreciate that distinction between the jurisdictions, but also the usage and, but I—but just on the opioid side, one—and just—just in general, the DOH I think this was probably two or three years ago had partnered with folks around a drug take-back program. Can you just tell us any—any metrics or level of success in terms of—or how do we measure our success in terms of the Drug Take-Back Program?

DR. HILARY KUNINS: So, Drug Take-Back programs it was—it was not actually the city Health Department that those Take-Back programs have often been conducted by DEA sponsoring local offense. I think NYPD has sponsored some events. We think they are good strategies to raise awareness. Often the result is tracked in pounds or times of total medications. We don't know how much are actually opioids often unfortunately. We think that we have also messaged to patients to dispose of medications by mixing them with noxious substances, kitty litter, coffee grounds and so forth, and in the city we have also after much discussion with our environmental

folks as the FDA does recommended flushing or other means of disposal are not necessary. Increasingly pharmacies are also having boxes to take back medication, and so we want to make it part if everybody's daily routines to take unused medicines out of medicine cabinets.

COUNCIL MEMBER POWERS: Thank you.

CHAIRPERSON AYALA: Council Member Gibson.

COUNCIL MEMBER GIBSON: Thank you so much. Thank you Chair Ayala and Chair Richards. Good afternoon everyone. It's good to see you here. First and foremost, certainly appreciate all of the work that's being done by DOHMH, NYPD and really a lot of the other agencies. I think, you know, today's topic is very relevant when it relates to the opioid crisis in Bronx County, but I do appreciate Assistant Commissioner, the acknowledgement that a lot of the addictions that we have suffered in the Bronx have been well before this Administration, and so I—I really want to appreciate a lot of the work that's being done. Chair Ayala and Council Member Salamanca representing the South Bronx, but I share Morrisania with Council Member Salamanca, and I share

Highbridge with Council Member Ayala. So, this is very, very important to me, and the numbers. I mean we know the numbers, we know the data, certainly the faces of, you know, behind the numbers are community members and residents and family members, and I don't for a lot of New Yorkers the recognition of the real crisis that we have. And even before Healing NYC before Thrive, we still faced challenges in the Bronx, and I'm grateful that there has been a very aggressive approach to going after, you know, the abusers, those who are using, but really making sure that we develop a real plan from a holistic perspective, and not just a law enforcement perspective. Law Enforcement has its work to do, but Law Enforcement are not social workers. We work with them, but this to me is really a public health crisis, and because of that, it leads to a public safety crisis as well. So, I just had a few questions specific ally about the announcement that was made last week with the Mayor when he was in the Bronx, and I wanted to understand a little bit further of what we're doing in the borough that I represent. So, I wanted to first ask in terms of the—the Naloxone distribution, we have already given

out 20,000 Naloxone kits in the Bronx. By the end of this year we are adding an additional 15,000. So, of that 15,000 we've already started to distribute correct? Or is that all in the 20,000?

DR. HILARY KUNINS: So, I will check my number--

COUNCIL MEMBER GIBSON: [interposing] Okay.

DR. HILARY KUNINS: --but we will reach 15,000 just in this calendar year.

COUNCIL MEMBER GIBSON: Okay.

DR. HILARY KUNINS: The 20,000 represents since the start of the Healing NYC--

COUNCIL MEMBER GIBSON: [interposing] This is right, right. [interposing] Okay.

DR. HILARY KUNINS: --in March of 2017.

COUNCIL MEMBER GIBSON: So, it is—okay, and initially when we started distributing Naloxone kits, they were all given to all of the members of service in the NYPD, new recruits that are graduating from the Academy, and then we started to expand. So, who are the stakeholders that are now getting these Naloxone kits?

DR. HILARY KUNINS: Besides the number--

COUNCIL MEMBER GIBSON: [interposing] Besides PD?

DR. HILARY KUNINS: --the place that we actually started Naloxone distribution were with people who themselves were at risk for overdose, people who use drugs--

COUNCIL MEMBER GIBSON: Uh-hm.

DR. HILARY KUNINS: --and their social networks and I want to call out in particular the syringe service programs, the Syringe Exchange Programs who are really early adopters of this practice really counseling and working with our clients around risk reduction, safety planning and Naloxone kit distribution. As we continue down this path we expanded Naloxone kit distribution to many different kinds or organizations who could sign up to be opioid overdose prevention programs and give kits out to clients. This includes treatment—Substance Use Disorder Treatment Programs, shelters, and they were also—those two constituents were also sort of early to this work. I would say that we're very fortunate that PD also became interested and willing to carry Naloxone kits, and that is certainly happening. One new program I'll just mention since

you're asking is a program that started in September of this year and that is FDNY EMS our—have started a Naloxone Leave Behind Program. If they respond to a suspected overdose, they will offer a Naloxone kit to the person who experienced an overdose. If they're awake and able to—to get some information as well anyone else on the scene, friends or a family member. So we are looking for every opportunity to get Naloxone and information into the hands of people who could be at risk or in a position to witness an overdose.

COUNCIL MEMBER GIBSON: Okay, so in the Bronx, there are a number of community based organizations that have really started at the—even well before this administration called Not62 Campaign, which is our borough wide effort to really focus on health disparities like heart disease, diabetes and childhood obesity. It involves a number of CBOs, local hospitals, school based health centers and others like Bronx Health Reach, Institute for Family Health, and many, many others. The list is very long, but what I appreciate about this collaborative—collaborative effort is that it involves not traditional stakeholders so clergy.

Faith based organizations are involved. So, with the work that you're talking about the Public Service Campaign, and really expanding into areas where, you know, we normally may not necessarily have a relationship with them. What is the work that you're doing in consort with the Bronx District Public Health Office with Dr. Jane Bedell, who I love. Her office does great work, but are we looking at expanding on these opportunities the Local Community Boards and all the other outlets that already exist where we have an audience of people to talk to?

DR. HILARY KUNINS: So, thanks for that question and I want to particularly mention Dr. Bedell and the Bronx Action Center who is already distributing the Naloxone. They are active participants in the coalition that you mentioned, and we are as well as a couple of other organizations that are already distributing Naloxone and doing much of—much of the work that we're describing. So, that's exactly the approach we want to expand upon is thinking about non-traditional partners, engaging with organizations and coalitions that already exist who are working on other health issues, other economic issues, other issues that are pertinent to

the Bronx to continue to expand our messaging Naloxone access to care, engagement and building upon work—the good work that's already happening.

COUNCIL MEMBER GIBSON: Okay. Can you just explain a little bit about the Relay Program because you are expanding to a third hospital in the Bronx, and it happens to be my hospital--

DR. HILARY KUNINS: [interposing] Okay.

COUNCIL MEMBER GIBSON: --Bronx Care formerly Bronx Lebanon, and they have two large sites, one on the Concourse, one on Fulton, a tremendous amount of work with, you know, local stakeholders on the ground. So, what would that program look like to an average constituent to one of my residents?

DR. HILARY KUNINS: So, I think to the average constituent it may actually end up being invisible because it is a very--

COUNCIL MEMBER GIBSON: [interposing] Right.

DR. HILARY KUNINS: --because it is a very targeted program. What the Health Department is doing is deploying peer coaches. We call the Wellness Advocates to the Emergency Department when

we are called 24/7 to work with somebody after they come into the Emergency Department after a non-fatal overdose. The hospital, the partner hospital just calls a single line and we dispatch the peer worker. So, we're up and running at Saint Barnabas. We've been very—they've been great partners. We'll—we're very excited to be working with them, and we're really looking forward to working with Bronx Care as well. In terms of the specifics about the sites, we are based in thee Emergency Department so that's our—that's our primary site, and as programs rolled out—roll out, we've learned that we start in one site typically. As things are up and running and going well we're able to expand if they have a secondary emergency department site nearby as in the case.

COUNCIL MEMBER GIBSON: Okay. So, in the network of stakeholders that we're actively working with as well as expanding on, what is the relationship with the medical professional sector in terms of doctors, nurse practitioners because in many of the cases that I personally know of with an opioid addiction, or misuse, it usually starts at the very beginning from a pain management, from an injury, and that patient is prescribed medication and then for

whatever reason the pain medication stops and then that patient has to find, you know, meds somewhere, the Black Market, et cetera. So, what are the conversations we're having with the medical professionals because they play a crucial role in this process, and all the great work we're doing we certainly don't want their work to counter what we're doing. So, have there been active conversations? Are we looping them in on all of these efforts and initiatives that we're embarking on?

DR. HILARY KUNINS: A lot of looping. [laughs]

COUNCIL MEMBER GIBSON: Okay, I can imagine and arm twisting.

DR. HILARY KUNINS: You know, I think health professionals want to do the right thing and they need the accurate information and resources just like we're talking about community members. Just like we're talking about law enforcement. So, we're actively working with the health professions community not only around promoting judicious opioid prescribing that is shorter duration, lower doses only when needed and as I think you were in the room when I was speaking with Council Member Salamanca or

some—someone else about our Public Health Detailing Campaign where we go door to door. We've reached more than 3,000 prescribers in New York City around various guidance that we issued around the opioid epidemic and we will continue to do that. Additionally, we are really working hard to engage health professionals in—in getting the training and then starting to prescribe the medication called Buprenorphine, which is one of the most effective treatments for opioid addiction. We are hosting trainings in which they get information about addiction generally as well as prescribing the medication Buprenorphine and then we are providing help technical assistance to those practices to help them get going, and begin to offer treatment to patients in primary care and other settings.

COUNCIL MEMBER GIBSON: Okay, great. So, I had one final question, but before I get to it, I did want to also echo the sentiments of Council Member Salamanca in terms of the partnership with OASAS. As a former State Legislator, I cannot tell you how important that is, and then in January, it's going to be even more important when things change, but it's really essential because of the ongoing work

that OASAS is doing, and I know why you indicated that you're not involved in terms of siting locations of Methadone clinics and drug treatment programs, but, you know, that work again we don't want it to be counter to what we're doing. And so, if you look at the borough of the Bronx, and you look at where many of these facilities are located, they're all in the same communities, the same distressed communities of color where you have the most addictions and the most people using drugs. So, as we have future conversations, it's really important that our partners in Albany understand that they have to work with us in terms of new contracts, siting these facilities because until that dynamic changes, we're going to have the same challenges over and over and over again. And with a lot of the success we have, all of the money we're expending we certainly don't want Albany to do things that's not in line with what we're doing. So that's my one plug. My second plug is on the Syringe Expansion Program, and I know this is really Parks and Sanitation, but even with the initial announcement, most of the locations are the largest parks we have particularly St. Mary's Park in the Bronx. But I want to encourage you as you talk

to Commissioner Silver and Commissioner Garcia that the playgrounds are very important, too, and people are complaining to us about, you know, the syringe use, needles everywhere in the smaller playgrounds as well. So, yes the big parks need attention, but please don't forget the small playgrounds. My final question is about the Public Health Diversion Centers. I think I've been having this conversation for a while when I chaired Public Safety, and we were talking about alternatives to arrests, and allowing officers an option on taking individuals who were using drugs into a safe space, a safe location because in many instances when they go to the emergency room, they stay there for hours and they're discharged, and who know where they go. So, the $90 million commitment we have the two providers I believe the last time we talked, Deputy Commissioner we were talking about a site in East Harlem. So, I wanted to know if you had an update for us on our Diversion Centers.

DR. HILARY KUNINS: I—I think we will have an update very soon. I know it's been a longstanding conversation.

COUNCIL MEMBER GIBSON: [interposing] I know those aspirations soon and very soon, the hurry up and wait approach. [laughs] Not ready end of the year probably early next year?

DR. HILARY KUNINS: Early. I think next year, but I think things are—we're very optimistic that things are moving forward, and I know we've been—I've been talking with you, and Council Member Ayala for—for a while about that.

COUNCIL MEMBER GIBSON: Okay. Thank you very much. I appreciate it, and thank you, Chair Ayala for all the work you've done. You know, this is not just a profession for us, but we take this very, very personal as we all do, and so I appreciate the work of, you know, the department, the agencies and encourage us to continue to talk and make sure we are talking to people on the ground. There's nothing like advocates and stakeholders and people who are affected who can really be the powerful voices at the table. So, I appreciate it and thank you, Chair.

CHAIRPERSON AYALA: Thank you. Council Member Holden.

COUNCIL MEMBER HOLDEN: Well, thank you, Chairs for holding this important hearing. No

neighborhood is exempt for the opioid crisis as we know. My neighborhood has been—in Queens has been hit hard. I'd like to focus on the Public Awareness Campaign, the Living Proof, which we all see. We can't turn on a TV without seeing a pharmaceutical commercial, and we're seeing hundreds of them. Yet, we don't see as many on the—on the opioid crisis, and I don't remember a campaign. It should be a national campaign put out there, but certainly a city should be doing this round-the-clock on—on my stations. I know it's expensive, but it's really hard. I don't—I don't know who to target on this because it runs the gamut, the ages, the demographics, and how do you reach them with a public service campaign. It's a—it's a tough, you know, it's really tough, but it really should go out there. It should be on bus shelters. Anything that the city owns or the city contracts out we should have the message out there. Again, it's hitting everyone. It's hitting everyone hard, and we need to involve the drug companies obviously. I guess we're trying. We're—we're suing them, but how do you plan to deliver the Living Proof Campaign? Because that's—it's a good testimonial on people's, you know, lives. It's a very, very

important way to reach everyone, but how do you deliver it?

DR. HILARY KUNINS: So, thank you for the question, and I think that's something that we think awfully hard about when we launch a new campaign or we run an additional campaign. As you point out, running things on television is expensive, and it doesn't always reach people who may be more on social media and other ways of consuming information. So, we increasingly in addition to television, the Living Proof during its last run also ran on social media including Facebook, including Twitter. We also use print campaigns and as you point out, we do use bus shelters and buses as well as subways to disseminate a variety of Health Department messages. In our campaigns, we also use our data around non—non-fatal and fatal overdose to target areas of the city in particular using through our media contracts ways to target messaging to people both age and geographical who we want to reach. And then finally, we have used the testimonial style ads, and in that way we can include a range of New Yorkers, a range of both ages, race, experiences in an effort—in an effort to reach people as—as effectively as we can.

COUNCIL MEMBER HOLDEN: Alright thank you. Just one other questions. I love the fact that we can go over—go after the drug dealers, the big drug dealers, and hold them responsible for the overdoses, the deaths. Have the—and—and I might ask, might ask the Chief this, but have there been some high profile convictions on this that have—you know, have—do we have that we-we can put out, we can actually advertise that you do this, you kill people, you'll be going to jail. You're held responsible for murder or whatever the charge would be that you're going a way for a long time. I mean I'd love to see that, you know, as—to go out there to the masses to the media, and this person was convicted and he killed five people or he killed three or whatever.

ASSISTANT CHIEF AUBRY: Yeah, we—we do do that. As I previously have said, we pick up case on every overdose, and particularly to deaths, and we've had our success with the federal charge of distributing a controlled substance resulting in a death. It's a minimum of 20 years, which is impactful considering what we were dealing with prior to this trying to figure out how we're going to tackle this problem. We do—many times we do do press

conferences announcing these take-downs and these charges. You'll see them. We just--

COUNCIL MEMBER HOLDEN: [interposing] Can—can you give me a case where somebody, you know, killed three people or four people, they were charged with that?

ASSISTANT CHIEF AUBRY: You want to talk about strategic?

COUNCIL MEMBER HOLDEN: Yeah, and-and they were convicted, not just charged, but they were convicted.

ASSISTANT CHIEF AUBRY: Most recently we—earlier this year in 2018 we arrested the person who personally delivered the product that killed our public school teacher up in the Bronx. The public school I think was 811. So that is one case from early this year. I cannot get into it further because I don't know where in the invest—in the prosecution that case is right now. I don't know if it's been finished, but that would—that's one high case that we have.

COUNCIL MEMBER HOLDEN: No, but is there any case that you can say this person was convicted. He's—he's doing time now for three deaths or four

deaths that was last year or the year before? Do we have any of those?

ASSISTANT CHIEF AUBRY: Not—not that I can give you off the top of my head.

COUNCIL MEMBER HOLDEN: Alright, but that's what we need to get. That's—that's—we need to put these guys away.

DEPUTY COMMISSIONER HERMAN: They exist. We know that.

COUNCIL MEMBER HOLDEN: Sorry.

DEPUTY COMMISSIONER HERMAN: They do exist.

COUNCIL MEMBER HOLDER: They do exist, but let's get them out there. Let's use them and—

DEPUTY COMMISSIONER HERMAN: [interposing] Yes.

COUNCIL MEMBER HOLDEN: --and actually scare off other dealers. They'll say wait a minute, you know, this is—they're going to get—they're going to be put away for a very long time if they are—are peddling these drugs and it's killing people.

ASSISTANT CHIEF AUBRY: The—the issue is is that we just started this last year, and as you know with the court proceedings it take some time.

So, I—I think the reason why we're not able to give you those convictions although there may be a handful, we just started really using this law, this federal law within the last year. So, they wouldn't have gone to trial already. For the most part, many of them haven't gone to trial, but there—there are numerous occasions where we have made these arrests, but the trial will take--

COUNCIL MEMBER HOLDEN: [interposing] But the—the federal law is only a year old?

ASSISTANT CHIEF AUBRY: No, no, what I'm saying is we've concentrated on these overdoses with these deaths with the overdose teams with-last year. It was the beginning-the beginning of last year--

COUNCIL MEMBER HOLDEN: [interposing] Okay.

ASSISTANT CHIEF AUBRY: --that we've really focused in on them, and we've really tried to take these and prosecute these individuals, poisoning people within our communities.

COUNCIL MEMBER HOLDEN: Okay, when we get them, though, when we actually—when they actually go to jail we need to—

DEPUTY COMMISSIONER HERMAN: [interposing] Yeah, it's right.

COUNCIL MEMBER HOLDEN: --put that out everywhere.

DEPUTY COMMISSIONER HERMAN: Yes.

COUNCIL MEMBER HOLDEN: Thank you. Thanks so much. Okay.

CHAIRPERSON RICHARDS: Okay it's just the last two questions. Why don't you think growing that gets to the 40th Precinct, why don't you think that would exist? And I know Council Member Salamanca was pushing certainly for more resources.

DEPUTY COMMISSIONER HERMAN: I don't think anybody in the Police Department would say not to more resources---

CHAIRPERSON RICHARDS: Okay.

DEPUTY COMMISSIONER HERMAN: --but it's not up to us to decide here who gets more.

CHAIRPERSON RICHARDS: And do you think that will assist in cleaning up the neighborhood temporarily until these programs come on line?

DEPUTY COMMISSIONER HERMAN: I—I don't think anybody would say that more resources aren't a good thing, but we have to balance the whole city.

If I may, I just want to clarify that the HEAT Program is already active. It came online this month, and—and so this is right now.

CHAIRPERSON RICHARDS: Okay, so since it's come online what have we seen?

DEPUTY COMMISSIONER HERMAN: So HEAT is the new resource that's coming online and Bronx Hope will be coming online very soon. Those are two big initiatives.

CHAIRPERSON RICHARDS: It came online as of the December—

DEPUTY COMMISSIONER HERMAN: As of last month, but still, you know, getting set up and happening. So, we're beginning to work through it and we're hopeful we'll see impact soon.

CHAIRPERSON RICHARDS: And how much they're asking?

DEPUTY COMMISSIONER HERMAN: So, there are—so overall, HEAT has teams throughout the city and in the Bronx there are two dedicated teams, each consisting of two people running 16 hours a day, and-and however, there are other teams to draw upon. Some of the other teams are getting staffed up.

CHAIRPERSON RICHARDS: And since those four individuals, two in the Bronx you said?

DEPUTY COMMISSIONER HERMAN: Uh-hm.

CHAIRPERSON RICHARDS: So, you're—the jury is still out on that I'm assuming so you're--

DEPUTY COMMISSIONER HERMAN: Right. So we're monitor—obviously monitoring very carefully in terms of numbers of responses what happens to those responses and—and-we're—and we're happy to--

CHAIRPERSON RICHARDS: [interposing] And do they wear a special color or T-shirt or vest or what's--?

DEPUTY COMMISSIONER HERMAN: So, they are coming soon--

DEPUTY COMMISSIONER KAPLAN: [interposing] I think so.

DEPUTY COMMISSIONER HERMAN: --wearing special—special--

CHAIRPERSON RICHARDS: Okay.

DEPUTY COMMISSIONER HERMAN: --outfits.

DEPUTY COMMISSIONER KAPLAN: Yes. They'll be recognizable.

CHAIRPERSON RICHARDS: Okay, the last question because I don't think we got the—the clear

answer on this. So, the people who are selling going back to that on the street, are these the same ones who are adding the Fentanyl or I that happening at a higher level?

DEPUTY COMMISSIONER HERMAN: I don't know. It should higher.

CHAIRPERSON RICHARDS: It's happening at a higher level?

DEPUTY COMMISSIONER HERMAN: Yes.

CHAIRPERSON RICHARDS: Do you want to answer? Now today you look like you want to.

ASSISTANT CHIEF AUBRY: Yeah, just—just to clarify just something. So, we were going back and saying about Fentanyl and I was listening to the doctor. So, we've consistently seen an increase in—in Fentanyl through the years. So, from—if you look at the lab, and you'll it doubled from 2016, and then you look at the percentages of Fentanyl and Heroin. So, back in 2016, it was 17% and pretty much half of the heroin that's coming in right now contains some sort of Fentanyl or Fentanyl Analog. [background comments] So—so—so when you look at—I'm going to get that—so when you look at that, we have a specialized major investigation team that targets and exactly

what you're saying: Where is this coming in from? And they've targeted specifically the Bronx. This year they brought in Heroin because half of Heroin contains Fentanyl. They brought in 734 pounds of Heroin. So, where does that come from? It seems like the Bronx is—is it's a thoroughfare for bringing in that Heroin at least from our major case investigations. It's originating as Chief McCormick had said from China. That's where it's manufactured and then also Mexico and then along the way, it could be cut in, the Fentanyl could be cut into the Heroin in any—any sort of the process, and—and if you look at [pause]

CHAIRPERSON RICHARDS: Go ahead. Keep talking.

ASSISTANT CHIEF AUBRY: So, if you're—if you're looking—if you look at the--

CHAIRPERSON RICHARDS: Deputy Commissioner [laughter] leave him alone.

DEPUTY COMMISSIONER HERMAN: Leave him out, leave him. [laughter] We really want him out.

CHAIRPERSON RICHARDS: [laughter] But I want to hear. I want him to keep talking. Go ahead. [laughter]

ASSISTANT CHIEF AUBRY: So, if-if you look at—and just look at that--

CHAIRPERSON RICHARDS: [interposing] I could see as you tap him on the leg from here, right. So—[laugher] So, I'm watching.

ASSISTANT CHIEF AUBRY: She was—she was going--

DEPUTY COMMISSIONER HERMAN: [interposing] Hit him.

CHAIRPERSON RICHARDS: [laughs]

ASSISTANT CHIEF AUBRY: But if you look at Fentanyl, too, it's like so in 2016 it was in a tablet form 20% of the time and that's kind of dissipated. It's only 2% of the now. So, the issue is the Fentanyl. The Fentanyl being cut into Heroin as you're trying to figure out at which stage, we are, too, and that's where we're targeting. We're targeting that. We have the specialized major case investigations going on in the countries as it's coming in in JFK. We have a task force in JFK getting it as it's coming in, but we are getting these investigations going to try to get those people cutting in the Fentanyl in the Heroin.

CHAIRPERSON RICHARDS: Right. Now so why the Bronx? Is it the water? Is it—why—why is the Bronx the-the specific--

DEPUTY COMMISSIONER HERMAN: Right.

CHAIRPERSON RICHARDS: No, I'm just saying the Bronx seems to be the place where it's out.

ASSISTANT CHIEF AUBRY: It—it could be the—the thoroughfare, you know, coming in from other states. So, you cut through New Jersey going to the Bronx. It could be coming from—from the north cutting in, you know, but—but we have seen 75% of the major investigations seizures of Heroin is coming from the Bronx this year--

CHAIRPERSON RICHARDS: [interposing] Okay.

ASSISTANT CHIEF AUBRY: --in which 700 pounds—that's a lot.

CHAIRPERSON RICHARDS: Yeah, and—and you're not seeing the Fentanyl being added locally is the question?

ASSISTANT CHIEF AUBRY: It's—it's not that—it could be cut in anywhere from China and Mexico to—to the Bronx or to any other—any other

country within New York City. [background comments/pause] And-and the answer is that they brought in so--

CHAIRPERSON RICHARDS: It could be done in any state, but I'm assuming if it's something—

DEPUTY COMMISSIONER HERMAN: [interposing] [off mic] It's often the low level dealers.

CHAIRPERSON RICHARDS: Right. Alright, right.

ASSISTANT CHIEF AUBRY: And the answer is yes. It can be done at eye level. It can be done at any level, but that's what your--

CHAIRPERSON RICHARDS: [interposing] Alright, give me a specific—a percentage then. Do you think it's half and half? Do you think it's 20% locally? I would assume that it's coming in more from the town. (sic)

ASSISTANT CHIEF AUBRY: Yeah, go up. (sic)

CHAIRPERSON RICHARDS: Come on back up.

ASSISTANT CHIEF AUBRY: I cannot (of f mic) [pause] I cannot provide you with a percentage on where it's being done. I cannot. I can tell you that we conduct investigations on a local level say

for instance a block, a geographical area within a borough, two boroughs within in our city, our city both through our country and also internationally, but I can't give you a percentage.

CHAIRPERSON RICHARDS: But are you seeing it cut in locally in some of the --?

ASSISTANT CHIEF AUBRY: I don't—I don't know what you mean by locally?

CHAIRPERSON RICHARDS: Locally with Fentanyl being added when you—it—for the cases that you have seen. I don't want you to go into open investigations, but would you suggest that it's happening before it comes into Bronx or in the Bronx it's being added the Fentanyl?

ASSISTANT CHIEF AUBRY: On a few different investigations it is being mixed in the Bronx a few. It does—very rare does Fentanyl come into this country in pure-in pure form. It's not.

CHAIRPERSON RICHARDS: Okay.

DEPUTY COMMISSIONER HERMAN: All we know is it does come in.

ASSISTANT CHIEF AUBRY: It-it—it's coming in through various compounds both through Mexico and through China.

CHAIRPERSON RICHARDS: Right so bigger dealers?

ASSISTANT CHIEF AUBRY: Correct.

CHAIRPERSON RICHARDS: Okay, thank you. That's what I was trying to get at. Okay, we got our answer. Thank you. Thank your Deputy Commissioner.

DEPUTY COMMISSIONER HERMAN: You're welcome.

CHAIRPERSON AYALA: Can you tell us are all police officers trained to use Naloxone? I don't think that was clear.

DEPUTY COMMISSIONER HERMAN: We have-- almost all police officers have been trained to use Naloxone.

CHAIRPERSON AYALA: Okay.

DEPUTY COMMISSIONER HERMAN: Almost everybody. Some—those who haven't, are either on military leaves, they're on extended leave or they're in such administrative positions that it would be highly unlikely that they would use it.

CHAIRPERSON AYALA: Now, in regards to the Public Awareness campaign. I think this is it. Here we go. Are we going to focus at all on the fact that cocaine is now still starting to be, you know,

laced with Fentanyl and that we have what appears to be prescription pills that are out on the market being sold that are also laced with Fentanyl?

DEPUTY COMMISSIONER HERMAN: Yes.

CHAIRPERSON AYALA: Okay, thank you. I have two more questions. This is also for Dr. Kunins.

CHAIRPERSON AYALA: So, you mentioned that the outreach work—that you're doing outreach work with medical providers to educate them on the best practices for opioid prescription. Is there any work being done with insurance companies to encourage physicians and patients by providing better reimbursement for non-opioid related alternatives such as physical therapy or anti-inflammatory claims?

DR. HILARY KUNINS: So, we've certainly—we've certainly been involved in—in speaking with insurance companies around those—a round judicious opioid prescribing about—around improving coverage for non-opioid approaches to pain relief, and I, you know, I think more work needs to happen in that area by not only the city, but nationally as well.

CHAIRPERSON AYALA: Okay. so, in regards to the Bronx Action Plan, could you tell us how much

of the $8 million in funding will be directed to Bronx based support groups and community based organizations that connect people to treatment?

DR. HILARY KUNINS: So, there is I believe $600,000--$450,000-sorry—going to increase outreach capacity for the three Bronx base syringe exchange programs that will allow them to expand outreach or outreach teams.

CHAIRPERSON AYALA: And what is the criteria that you're looking for these partnering organizations?

DR. HILARY KUNINS: So, our criteria are that we want organizations who are skilled in I would say the—the task of engaging people meaning working with people who may have range of health related issues including substance use, and are skilled in offering the—the language that we often use with harm reduction is meeting the person where they're at. Figuring out what their—what kind of help they're interested and getting that help to connect with the person. That is a skill that in particular harm reduction really uses on a daily basis reaching out to people and pulling them into care. Not sitting in an office waiting for people to show up.

CHAIRPERSON AYALA: Understood. Now, can you tell us how was the organization Radical Health selected. We've been hearing some feedback after the announcement from community activists that they're not really familiar with this program, this route.

DR. HILARY KUNINS: So, Radical Health I a South Bronx based organization led by a woman who is from the South Bronx who is herself a Latina, and they have—she has not worked—she takes I would say a community organizing approach to health. Sort of a grassroots engagement oriented approach. I think referring back to Council Member Gibson sort of really nice description of—of working with non-traditional partners, finding out what community members need, and want and—and working on strategies to improve health. So, she's not worked widely in the substance use or opioid arena, and—but has real strength in engaging some of the non-traditional partners who Council Member Gibson named and more, and she has real skills in that area working with groups using a community organizing approach.

CHAIRPERSON AYALA: Okay, and I think alike. I have two other questions, rapid questions. So, when I was in the Bronx this summer canvassing my

own block, I accidentally—I was photographing needles and as I—I accidentally walked into one of the drains. The drains was full of needles that had been disposed of improperly. I mean hundreds and hundreds of needles. The worst case whenever it floods and needles come up onto the street. If that didn't happen, they drain somewhere. Now, I understand that they are captured, but the chemicals that are in the needles, the communicable diseases that are, you know, in the needles what—what is—is there like a concern? I don't—I don't like, you know, I don't want to be an alarmist, but that really, you know, bothered me because I—I think even when I was trying to get assistance, I don't think that there was a lot of experience with this kind of situation, which is kind of, you know, weird for me considering that we've been in the midst of this opioid epidemic for the last, you know, couple of years. But it was the first time that I had seen it, and it's almost to me or it looked to me like it was the first time that many of the city agencies that I was interacting with and trying to figure out where does, you know, was all headed, had no idea how to deal with this either.

DR. HILARY KUNINS: Yes, thank you and I thank you for sharing the picture and your concerns with us previously and I think that also highlighted some gaps in our ability as a city to clean syringe litter, and which we believe will be filled by this—this current plan. To our knowledge that the fact the syringes being in the drain didn't pose risk of contamination of water supply or other environmental hazards beyond the—the local one, which I appreciate you thinking about this.

CHAIRPERSON AYALA: Okay. Okay, I think the last questions was really just around that it's both the—the—the pickup. So, we know that Sanitation is going to be helping out, and regarding additional resources to the Parks Department, which I also wanted add for the record that I believe that we also would benefit from an addition of PEP Officer because there is a need for more security in and around our local playgrounds and—and parks, but in regards to some of the harm reduction programs so they give out- So, they go to a specific area, and they give out—I think you and I worked—my staff worked with your office regarding an issue similar to this in East Harlem. And so on 111th Street and Madison Avenue.

Apparently there's been some drug deals on 110th Street and Lexington Avenue 110th and Lexington Avenue and people hide on 111th Street for some reason behind the garden, and they inject there, and then they dispose of the needles. One of my local harm reduction groups knowing this specifically target that area for new distribution. So, they don't necessarily pick up the needles. What is the plan? Will those programs then be tasked with coordinating services with Sanitation?

DR. HILARY KUNINS: So, we are hopeful that we will coordinate everybody's efforts so that we can—are able to respond to problems like this more quickly. We have found that syringe exchange programs, syringe service programs are really good community partners and we are happy to work with them if—if, you know, when there are moments such as you—the one that you and have discussed about exact locations and so forth that would be better for community health. They are active about giving out personal—they're called fit packs, personal syringe disposals with—so folks can dispose into little tiny sort of boxes, and collect those from participants as well as helping out with syringe collection. We want

them to focus also on really working with people directly and want to support them. Though they are partners in collecting syringes, we want to be able to together work to make sure to decrease syringe litter.

CHAIRPERSON AYALA: Okay. Anybody with any other additional questions?

CHAIRPERSON RICHARDS: I just want to thank you for the work that you're doing, and I think that certainly the work that all of you are doing signifies that we're looking to move into a different direction. Like I said, I don't think necessarily arresting our way out of this crisis is going to change where we're at as we've witnessed in the past. So, very good to see the NYPD is certainly taking steps, but steps here as well, recognizing this as a public health crisis rather than arresting our way out of this issue. So I look forward to continued work with you all on this issue and thank you.

CHAIRPERSON AYALA: Thank you for your testimony today. I look forward to catching up in the next few months to see how we're progressing. Thank you.

COMMITTEE ON MENTAL HEALTH, DISABILITIES & ADDICTION JOINTLY WITH COMMITTEE ON PUBLIC SAFETY

DR. HILARY KUNINS: Thank you. [gavel]

C E R T I F I C A T E

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

Date December 30, 2018