CITY COUNCIL
CITY OF NEW YORK

---------- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON VETERANS jointly with
COMMITTEE ON MENTAL HEALTH,
DISABILITIES AND ADDICTION

---------- X

February 26, 2019
Start: 1:05 p.m.
Recess: 5:00 p.m.

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

B E F O R E: Chaim Deutsch – Committee on Veterans
Chairperson

Diana Ayala – Committee on Mental Health, Disabilities, and Addiction

COUNCIL MEMBERS:

Justin L. Brannan
Mathieu Eugene
Alan N. Maisel
Paul A. Vallone
Jimmy Van Bramer
Alicka Ampry-Samuel
Fernando Cabrera
Bob Holden

A P P E A R A N C E S

Coco Culhane
Veteran Advocacy Project

Dorothy Farley
Community Healthcare Network

Vadium Panasyuk
Iraq and Afghanistan Veterans of America

Loree Sutton, MD
New York City Department of Veterans' Services

Joe Hunt
Vibrant/Veterans Mental Health

Robert D. DiNardo [SP?]
Research and Recognition Project

Kent Eiler
City Bar Justice Center/Veterans Assistance Project

Samuel Molik
NYC Veterans Alliance

Jonathan Lubecky
MAPS

Elaine Hunter
Samaritans Suicide Prevention Center

Amanda Spray, PhD
Steven A. Cohen Military Family Center at NYU

Langone Health
Kelly Posner Gerstenhaber, PhD
Columbia University

CMSgt (ret) Ed Schloeman
Operation Warrior Shield

Myla Harrison, MD
Department of Health and Mental Hygiene

Danielle Wozniak
Wurzweiler School of Social Work

CHAIRPERSON DEUTSCH: [Gavel] Good afternoon. I am Council Member Chaim Deutsch and I serve as the Chair of the Veterans Committee. Thank you all for joining us today and I extend a warm welcome, not only to the Veterans and Veteran Advocates who have joined us this morning, but also to my colleague, Chair Diana Ayala for agreeing to join us in holding a hearing on this extremely important topic.

There is a great stigma surrounding suicide and it can be frightening to confront the reality of suicidal thoughts, but we owe it to those who have lost friends and loved ones to suicide to bring this topic to light and discuss it in a meaningful way, thoughtful and productive way.

War can be terrible things to soldiers physically and it can also have a deep lasting emotional impact. As a civilian, I cannot fully comprehend experiences that our service members have had at war but what I can do is use my platform here to draw attention to where we can do better, and I believe the city and this country must do better when it comes to providing mental health treatment to our veterans. Suicide is a path that someone takes out of sheer despair and hopelessness and it's heartbreaking to

think that every single day 20 military veterans conclude that they have no other options but to end their lives. Think about it. Every day 20 veterans who put their life on the lines to serve this country wake up for the last time.

Every day 20 veterans who have courageously fought and won physical battles, lose the battle raging in their own minds.

According to a 2018 report published by the VA, while suicide is the 10th leading cause of death in the United States generally, suicide among veterans is nearly twice that of the general population. More than 20 current and former service members clothe themselves each and every day.

This is not a simply, a quickly escalating tragedy, it is a failure of our part to get our former service members to support the mental healthcare they deserve.

Serving in uniform poses unique challenges and conditions such as Posttraumatic Stress Disorder and Traumatic Brain Injury. These conditions require a specialized streamlined and intentional response from **[inaudible 4:45]** the public, private, and non-private sectors.

Today, the Committee are holding this hearing to examine these conditions and needs in the content of New York City and to identify ways in which DVS can partner most effectively with the deeply committed social service infrastructure that we have throughout the five boroughs. Our goal is to ensure that no veterans private struggle goes unheated. Luckily, the city has a host of resources and services with which it can tackle this issue such as TriveNYC at the Department of Health and Mental Hygiene.

Working with DVS and DOHMH, the Committees want to ensure the city is doing everything it can to make sure our veterans are getting the mental health services and support they need that they have earned and, in many cases, direly need.

I thank the Veterans Committee Staff our Counsel Nuzhat Chowdhury, Policy Analyst Michael Kurtz, Finance Analyst Zachary Harris for the working and making this hearing possible.

Finally, I would like to recognize the Committee members that have joined us here. We have here Council Member Fernando Cabrera, Council Member Bob Holden, Council Member Alicka Ampry-Samuel. We got everyone here, so we will start with oh, I'm going to

ask my colleague, my Co-Chair and Diana I don't know what to say, to give an opening statement.

CO-CHAIR DIANA AYALA: Thank you, thank you Chaim. Good afternoon everyone, I am Council Member Diana Ayala, Chair of the Committee on Mental Health, Disabilities, and Addiction. I would like to thank my colleague Council Member Chaim Deutsch, Chair of the Committee on Veterans for chairing this hearing with me this afternoon.

In the United States, mental health challenges and suicide among veterans is a national crisis. While suicide is the 10th leading cause of death in the United States generally, suicide among veterans is nearly twice that of the general population, with an average of 20 veterans taking their lives every day. While veteran suicide is recognized as a national crisis, there is no clear data on what the exact underlying causes of this crisis are. Some well-documented contributing factors include problems accessing adequate, comprehensive healthcare, including mental healthcare, homelessness and related financial stressors; chronic pain which may lead to substance use disorder, the denial of military sexual

trauma claims and correlating mental health conditions.

Finally, when left undiagnosed and untreated, posttraumatic stress disorder PTSD, anger and traumatic brain injury may all become contributing factors that may for some result in difficulties managing stress or feeling overwhelmed.

Some individuals may experience feelings of hopelessness and depression that may lead to suicidal thoughts and actions.

Today, we hope to explore the mental health challenges facing our veterans in New York City and learn about the services and resources that are available to them. It is important that we can continue to provide and strengthen those supports to offer the necessary help our veterans need and deserve.

I want to thank the Administration and the Advocates here today for the commitment they have made to make resources available for veterans and I look forward to hearing more about all of the work that they are doing and the role that the City Council can play in supporting their efforts. I also want to thank Committee Staff, Counsel Sara Liss,

Policy Analyst Cristy Dwyer, Finance Analyst Lauren Hunt, My Chief of Staff **[Inaudible 10:22]** and my Legislative Director Bianca **[Inaudible 10:25]** for making this hearing possible. Thank you.

CHAIRPERSON DEUTSCH: Thank you. We have also been joined by Council Member Alan Maisel. I'd like to ask Committee Staff to swear in the panel.

CLERK: Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before the Committees and to respond honestly to Council Member questions?

PANEL: I do.

LOREE SUTTON: Good afternoon, Chair Deutsch, Chair Ayala and the esteemed members of Committee on Veterans and the Committee on Mental Health, Disabilities, and Addiction. Thank you for this opportunity to testify before you and all who have gathered here today to discuss the critically important issues concerning veteran mental health and suicide.

I am joined today by fellow psychiatrist and Assistant Commissioner for DOHMH Bureau of Mental Health Dr. Myla Harrison. Thank you so much for being here Dr. Harrison.

First, a few words about our community. New York City's military service members and veteran population is estimated to be approximately 210,000. This includes of course the veterans of all services and components, as well as the ment and women still serving on active duty, National Guard or the Reserves, including the roughly 9,000 veterans serving in City government.

Yet this figure doesn't reflect the entire picture of our military and veteran community. Even if each military service member or veteran has just one family member, a spouse, partner or child, this brings our total constituent population to closer to half a million.

Spouses, partners, caregivers, survivors and children also require vigilance and support regarding their mental health concerns. At DVS, we link veterans and families with peers and mentors, whose considerable influence can often provide the impetus and encouragement needed to seek the clinical care, holistic services and community resources they have earned.

While many veterans are thriving; many are also struggling and remain reluctant to reach out for

help. For example, recent research documenting increased rates of suicide among all veterans' demands are urgent attention and focused action; further, women and LGBTQ veterans, many of whom struggle with moral injuries, complex PTSD, and other trauma-spectrum disorders and/or substance use disorders, are dying by suicide at disproportionately high rates.

Today, I'll provide some background information about veteran mental health as well as a brief review of recent trends in veteran suicide. This will be followed by a brief description of the innovative approach DVS employs to empower veterans and their families to overcome mental health challenges, enabling them to pursue healthy, fulfilling, and purpose-driven lives. As I look around the room, I am heartened to see so many members of our community, veterans, veteran advisory board members, family members, community service providers, clinicians, researchers, advocates and allies, joined today through individual and collective concern for these vitally important topics.

First, a few words about veteran mental health in overview. As the United States enters its 18th year

of combat in the Middle East, there has never been a more urgent need for new interventions to mitigate the effects of post-traumatic stress and other mental health concerns.

Additionally, the effects of traumatic brain injury from improvised explosive device explosions are especially concerning due to the nature of warfare typical to todays era of conflict.

Overall, veterans with combat-related TBI report higher levels of symptoms related to PTSD and depression which, if left untreated, can often lead to substance abuse issues and have adverse effects on sleep, relationships, employment and other aspects of everyday life.

Many older and/or disabled veterans also still struggle with mental health and general health issues, often exacerbated by age, retirement, financial hardship, social isolations, substance use and family issues. Despite the painful aftermath of experiencing the horrors of war, many will also find a path through their suffering to experience what is known as post-traumatic growth, enhanced compassion and empathy for others, deeper faith and commitment to service, gratitude for being alive or a heightened

sense of purpose, to name a few, as a positive dimension of their experiences, however harrowing.

To all veterans and families, our message is simple but powerful. PTSD and the unseen wounds of war are real. Treatment works and as you'll be hearing later today, it's getting better and better all the time. The most effective intervention starts early, early intervention is best and reaching out is an act of real strength and courage. These are timeless truths, isolation kills, community heals.

We know that war changes everyone. We know that war changes everyone. While PTS and PTSD can pose daunting challenges, it is by no means the only set of issues facing veterans as they transition from military service and begin the journey of reintegration.

I'm going to on to a few thoughts on veteran and service members suicides. Those of you who are following my testimony, you probably have already seen that I'm just taking the highlights here but submitting the entire formal testimony for the record.

As the 10th leading cause of death in the United States, suicide is a national health concern that

affects all Americans, whether or not they have served in the military. According to the VA National Suicide Data Report of 2018, veteran and non-veteran adult suicide rates increased 26 percent and 21 percent respectively, during 2005 to 2016.

This represents a 22 percent higher overall risk of suicide among veterans compared to their age matched non-veteran peers. Broken down by gender, veteran males are 19 percent more likely to die by suicide than non-veteran males. Women veterans are 2.5 times as likely to die by suicide as their non-veteran female peers.

Other key findings include increasing rates. More than 6,000 veterans died by suicide every year from 2008-2016. It is important to keep in mind that out of that 20 veterans on average dying daily from suicide, 2/3 of those are over the age of 50, but we also know that for younger veterans, while the numbers are larger with the older veterans particularly that 45-54 age bracket which nationally is tracking higher than other age brackets, we know that the rate for younger veterans is disproportionately effecting them, particularly those who have served a full enlistment.

For this population, these are veterans 18-25 years old, the suicide rate among this age group increased from 27 to 39 deaths per 100,000 person years.

Woman veterans, as I mentioned previously, increasingly at risk for death by suicide.

Active duty service members, recent studies have shown that in 2018, the Army reached a 5-year high in terms of suicides. The Marines and the Navy during 2018, reached a 10-year high.

Former guard and reserves service members, between the same time 2005-2016, suicide deaths have increased by over 25 percent for former service members who were never federally activated. In recognition that these individuals and their families have limited access to VA benefits and services under current laws and regulations, DoD and VA are now working to expand outreach and suicide prevention activities.

In terms of New York veteran suicides, statewide, veteran suicides numbered 130 deaths in 2016, out of a total of 1,615 suicide deaths. In New York City, there were 552 deaths by suicide in 2015. City veteran data is not yet available. Dr. Harrison and

I have some ideas on that going forward but the veteran suicide rate we do have is we have the state level data. The veteran suicide rate in the state of New York is 19 per 100,000 person years, significantly lower than the national veteran suicide rate of 35 per 100,000 person years, but higher than the national overall suicide rate of 18 per 100,000 years.

Clearly, suicide prevention is a national, state and local imperative for all veterans, whether or not they have served in the military. Every lost life is one too many.

Now, I'm going to share with you some of the things that comprise are VetsThriveNYC approach.

As part of the pioneering ThriveNYC mental health initiative, pioneered of course by our first lady and we're so thrilled with how that program continues to evolve. I know there's a hearing this week, but we're so privileged to serve under the auspices of this pioneering program and we've established VetsThriveNYC as a program aimed at increasing help seeking behavior and social engagement, moving the front lines of healing from the clinic to the community. The program is comprised of two parts,

the engagement and community services outreach team and the core for whole health model, which we've got here for your reference.

VetsThriveNYC recognizes that the social determinants of health, including social engagement, housing, nutrition, education, employment, transportation, financial and legal stability are vital for wellbeing. To this end, DVS uses a collective impact framework, featuring its coordinated care network, VetConnectNYC, that ensures veterans and their families can access whole of life services through expanded access and connection to care, services and resources.

Our outreach team is committed to community engagement with New York City veterans and their families in the context of a peer-based community and social support model. You can see some of the activities here whether it be mental health first aid, courses that support changing the culture, NYCWELL which is ThriveNYC' s critical platform that allows all New Yorkers 24/7, every day of the year, to dial 1-888-NYC-WELL, and to connect with a trained mental health counselor who can ensure that every caller finds the right mental health resources,

whether it be the VA or city resources and then ensures a warm handoff. Further, veterans and their family members contacting NYCWELL or 311, who identify as such, may also gain direct access to the veteran crisis line, 1-800-273-TALK. This is also accomplished through a direct referral from VetConnectNYC. Also, our military and veteran caregivers, we partner with communities, we're part of the Elizabeth Dole Foundation's Hidden Heroes Initiative. We also participate in community on sight engagement conducting multiprong outreach in numerous locations across the city including our veteran resource centers in each borough.

We also seek to serve and reach underserved veterans. These are those veterans that include women veterans, they include immigrant veterans who are seeking a path to citizenship, members of the LGBTQ community. We are working to close those treatment gaps to be able to reach out and build bonds of trust, to take folks from the shadows of where they have served in silence and shame and bring them into the light and get them connected with community and resources that they have earned.

Moving on to our core four whole health model, as you can see here, this is a four-tiered pyramid that is designed to foster hope, healing, and wholeness through informed access to clinical treatment, community holistic services, peer, family and community social support as well as cultural initiatives and the arts.

What we have done with this model is we have basically built out the bottom 90 percent of support and services rooted in community and strength that then can make it a natural thing for veterans and their families if they need clinical treatment, they're not alone. To further augment the impact of our outreach DVS has employed VetConnectNYC. A one-stop shop for services for veterans and their families with over eighty vetted service providers and the VA, I might mention has been a member from day one. A coordination team dedicated to connecting veterans and their family members to the right service and support and resources such as health, recreation, legal services, education.

VetConnectNYC in short, it's a system that is designed to be really easy to connect to and really hard, almost impossible to fall through the cracks.

In closing, please know this, the unseen wounds of war are real, treatment works, early intervention is best, and finally, reaching out is an act of real strength and courage.

To those who have served their country in uniform and the families who have served beside them and who are continuing to serve, we are here today, everyone of us in this room and through your leadership Chair Deutsch, Chair Ayala, we are here to tell you, you are not alone. Just as you have served and continue to serve us all, we stand ready to serve you. There simply is no greater privilege.

At this time, I welcome your thoughts, questions, and concerns and I thank you for your leadership on this vitally important issue.

CHAIRPERSON DEUTSCH: Thank you very much Commissioner. Thanks for the testimony. We're going to get down to the questions now. So, firstly, I wanted to ask, what is the budget of ThriveNYC from when it was first initiated?

LOREE SUTTON: Of ThriveNYC?

CHAIRPERSON DEUTSCH: Yeah, I don't know if you have the answer or the doctor, do you have that information.

MYLA HARRISON: I did not prepare the information for the full Thrive budget. There is a hearing tomorrow on ThriveNYC, and I imagine all of those sorts of questions will be fully answerable there.

CHAIRPERSON DEUTSCH: Would you say if I give you a number like $800 million, does it make sense, or it sounds to high?

MYLA HARRISON: So, I'm not prepared to talk about the budget. I really think that the testimony tomorrow is going to go through that because I know there are many questions about fiscal aspects of Thrive, that I am not prepared to talk about for the Department.

CHAIRPERSON DEUTSCH: So, I'm sorry, if New York City funds ThriveNYC, why can't I get an answer of how much ThriveNYC is funded?

LOREE SUTTON: Chair Deutsch, I can give you a general answer that. My understanding is that it's approximately $850 million over a four-year period. This then funds 52 initiatives including the two that are veteran specific. Beyond that, I would ask you to direct your questions to the testimony tomorrow.

CHAIRPERSON DEUTSCH: Well, if I knew that I have to wait, then I would have had my veterans hearing the day after that hearing.

LOREE SUTTON: We're here all year Chair Deutsch. We are glad to meet with you anytime.

CHAIRPERSON DEUTSCH: Okay, but the advocates are here today.

LOREE SUTTON: Absolutely.

CHAIRPERSON DEUTSCH: So, okay, how much of that $850 million pertains to veterans, mental health for veterans?

LOREE SUTTON: You know, that's a difficult question to fully address because while $600,000 dollars goes to DVS to fund our outreach and our core four model. We employ a collective impact approach, as I've described, and we engage in a social determinates of health model.

So, across our agency, our entire budget is over $5 million, and we don't separate out mental health as a separate piece of that. It's all about health and the social dimensions of health are critically important. It's also why we've created this model that really takes all of that into account. From the community, through the peer, family resources to the

holistic community services, as well as clinical treatment.

CHAIRPERSON DEUTSCH: You mentioned before that this there's 20 veteran suicides a day. How many of those 20 are here in New York City?

LOREE SUTTON: We don't have that information, Chair Deutsch.

CHAIRPERSON DEUTSCH: How does it get reported? If there is a suicide here in New York City, what happens with that information?

LOREE SUTTON: Yeah, there maybe others who have more specific data than we do at this point.

CHAIRPERSON DEUTSCH: Do you have the answer to that? What is it?

?: I have all which I have copies for all of you which breaks down suicide by New York state for the year of 2015, the most recent.

LOREE SUTTON: Yeah, that's what we're saying. There's state level reporting for veterans as well as non-veterans and I would say that New York state, among all of the states, we're actually very low in terms of our suicide rates. It's about eight per $100,000 person years, which is number 49 out of 50 states. Now, there's nothing to take comfort in, in

those numbers, as I said, even one death is one too many, but here in the city, we have an even lower suicide rate overall, which is what, almost six?

MYLA HARRISON: So, yeah, the New York City 2016 rate for suicide is 5.8 per 100,000 and as already stated, the New York state suicide rate in that same year was about 8 per 100,000 and if you looked at the national rates for that same year, it's about 15.6 per 100,000. So, New York City does have significantly lower rates than the state and the national numbers. That's just overall.

LOREE SUTTON: And I think there is some protective factors that we can all be very proud of and thankful for, gun control, no question about it. New York State, New York City, even more stringently so and also, availability of both community-based services as well as robust clinical treatment, as well as just a culture here in the city and throughout the state that really is protective in terms of suicide, but it's not something as I said before that we can relax or somehow take comfort in. We must be vigilant every single day and in fact, it's one of the reasons why we're so delighted. We've just recently partnered with Dr. Posner who is

here today with training our team on the Columbia protocol which is the most evidence-based protocol in the world for determining who is at most risk for suicide and demands immediate and accompanied transfer to care and who can benefit from a referral, but on a more time measured pace.

This is, I will say, as a career army psychiatrist and now working here in New York City for these last several years, this is a tool that is going to help us here in New York City be even more effective in what we do and how we identify those who are at greatest risk and get them where they need to be. We know that the vast majority of individuals who die by suicides suffer from a mental health condition, including substance use and so we know that it's vitally important to get them connected to care but as our model, our core four model shows, ideally, optimally, we want to get them connected initially to peer to peer support. We want to immerse them in cultural and arts activities. We've made a bold statement and a very large investment in the role of cultural and the arts. It's not a luxury, it's not something for the affluent or the very few, it's humanity. It's connection to life

itself and for our veterans, it's a reminder that they are not alone. They are connected across the city, across the country and across time.

So, our Theater of War Program is our lead program. Also, where all kinds of cultural and arts experience and help veterans feel more connected, more normal, more creative. It restores save and trusting relationships. The community holistic services, these are the things that just a few years ago, things like yoga, acupuncture, Thai Chi, service dog therapy, people thought that the department of defense was nuts to invest in this research. Unfortunately, today, we have enough evidence about what works. Now, we got to work like ferry to be able to connect our veterans and family members to what have become really household names, experiences that all Americans actively seek and of course, vitally important.

We want as the First Lady says, if you can benefit from mental health treatment, we want it to be as natural for you to reach out and connect with that treatment as it would be if you had a broken leg or you had the flu. So, this is what this model is all about. We are working with Samhsa[SP?] at the

federal level because they've got a wonderful program on helping states and cities. In fact, this next year, we're going to go down to policy academy and we'll retool our, not just our city strategy, but our statewide strategy.

So, there are a lot of things that are going on in this space and it would not do the current level of investment by this city, state, and country justice to try and parcel out a single number, Mr. Chair.

CHAIRPERSON DEUTSCH: Thank you. So, who funds all these household names like Theater of War? Where do they get the funding from?

LOREE SUTTON: Theater of War has been a private investment. We work very closely with the Department of Cultural Affairs. First, the two years of the public artist and residence program were funding directly by the Stavros Niarchos Foundation.

CHAIRPERSON DEUTSCH: So, do they receive any direct funding from ThriveNYC?

LOREE SUTTON: No, no, not to this point.

CHAIRPERSON DEUTSCH: Okay, so, I'm going to get back to before, so I understand all these programs that help veterans with the mental health. We have

$850 million budgets in ThriveNYC. That's a lot of money. That's a crazy amount of money, $850 million. We have no stats, no real stats here in New York City. We have no reporting, real reporting here in New York City.

LOREE SUTTON: Chair Deutsch, that's simply not true.

CHAIRPERSON DEUTSCH: One second, one second, let me just finish. We don't really have any reporting here in New York City. We have a high suicide rate among veterans. Now, you have people that seek mental health, right, those veterans who seek mental health treatment, right?

LOREE SUTTON: Hmm, hmm.

CHAIRPERSON DEUTSCH: Does anyone have those numbers of how many people seek help? How many veterans seek help for mental health? Do we have those numbers?

LOREE SUTTON: Chair Deutsch, we have so many programs and clinics and resources here in New York City, we don't collect data in the aggregate of all veterans seeking help. What we do is, we work to connect with every single veteran.

CHAIRPERSON DEUTSCH: My question is not — the point is not to see how many veterans are seeking help in New York City. My point is that if you do have veterans that are seeking mental health treatment here in New York City, what is the follow up? How does it get followed up? How do I know that their getting the right treatment? How do I know that it's being followed up? How do I know that after seeking whatever help there is here in New York City, that a veteran, or that veteran doesn't commit suicide? So, the numbers are numbers for stats. I'm looking to see what services are available for those veterans once a veteran seeks mental health treatment, what is the follow up?

You know, that is why there's an oversight hearing, to know not only about these programs, the Theater of War and all these other programs, which is great and it's very helpful and in New York City Council, we fund them as part of the Veterans Initiative, but giving funding is one thing. Getting results is something else.

LOREE SUTTON: Absolutely.

CHAIRPERSON DEUTSCH: So, I want to know what the results are and what happens when a veteran receives

that mental health treatment? What is the follow up? Can you answer like what kind of follow up there is on that?

LOREE SUTTON: Yes, so I can speak for my Department and when we assist a veteran or a family member in getting connected to care, we then follow up with in five to ten business days to check in with them to see how their doing. The relationship is the most important piece of this, and you know, all clinical programs whether it be NYU or Columbia, or Weill Cornell, the Head Strong Project, they have their own systems for following up because we recognize that for example, when it comes to veterans suicides, that a disproportionate number will occur and this is true for the general population as well within seven days of leaving an impatient stay for example.

We also know that veterans like their civilian peers are also receiving primary care. Their receiving all kinds of different healthcare. There are all kinds of opportunities to intervene and again, this is why we're so excited about now really being able to disseminate the Columbia protocol and ensure that all veterans, whether or not they've been

connected to care, whether or not their family members have been connected to care that were there for them and we follow up and make sure that they know the door is always open.

CHAIRPERSON DEUTSCH: So, if you refer people to other resources, now, you should have those numbers of how many veterans reach out for help, right?

LOREE SUTTON: So, Mr. Chair, when it comes to our new coordinated service network, as you're aware, that ConnectNYC which the Mayor announced last Veterans Day. We have 80 vetted service providers who belong to that network. Approximately 20 of them at least perform, part of their mission is to deliver mental healthcare, some of them. All of their mission is dedicated to that. We have Joe Hunt who is here today who represents the Vibrant Emotional Health, formerly known as Mental Health of America organization here in New York City. He runs the New York City Veterans Mental Health Coalition with over 900 members. So, we know that our veterans and their families here in New York City, thanks to the generosity of the Council as well as to other sources, public, private and as I mentioned before philanthropic. We're blessed to have an abundance of

resources here including some of the leading-edge research, practices, I'm looking at Ed Schloeman here for the work he is doing with TM. There are just so many aspects of this situation that New York City is absolutely in the center and in many respects, leading the way.

CHAIRPERSON DEUTSCH: Commissioner, how many people work in DVS?

LOREE SUTTON: We have 36 people on our team currently.

CHAIRPERSON DEUTSCH: I have approximately 9 employees in my office. I represent approximately 170,000 people in my district. I receive phone calls from beyond my district. So, I would say, I'll round off the figure to 210,000. You have 210,000 veterans here in New York City. If you ask me, any service, whether it's a Department Transportation, Department of Environmental Protection, if someone calls my office regarding mental health or anything else, I could, give me five minutes and I'll get you the numbers of how many people that reached out to my office. It's a no brainer for me and I hold my office accountable. Every single call that comes into my office gets logged in by category and

everyone gets follow up calls, and then I have an extra layer of oversight by having someone come into my office two or three days a week to go through all the cases, even when it's satisfactory, just to make sure there's no other issues.

You have in DVS, 36 people working in DVS. You're referring people to other advocates and other non-for-profits for mental health. I don't understand why it's so difficult within the agency to have the exact number of how many people not only reach out through VetConnect, how many people reach out to DVS directly and why can't the office do follow up to every single non-for-profit to find out who is reaching out to them in mental health? Getting those figures and having someone in DVS to thoroughly follow up and even pay home visits, 36 people working in office, right? My staff pays home visits. I don't understand why DVS cannot really go above and beyond and pay those home visits and really have the numbers like this and saying yeah, we serviced through DVS, through VetConnect, through the advocates, through the non-for-profits, we serviced 20,000 veterans this year and we're still following up with 15,000. The other five we believe their

okay. I don't understand why it's so difficult. We're sitting here and you know something, we're sitting here at a hearing.

LOREE SUTTON: Chair Deutsch.

CHAIRPERSON DEUTSCH: Wait, wait, I just want to finish because I work on clock work and my office is well greased and we work everything has a system, everything is working like 100 percent. I don't take 99 percent, I take 100 percent. To me, everything has to be perfect, right, perfect, 100 percent perfect. I expect that if I am a Chair of the Committee, I expect that agency works the same way as my office and it's not just DVS. There's a lot of different agencies that don't work the way they should work and that's whats called bureaucratic red tape, where I have to advocate and call agencies 100 times just to get something done. For example, I went on ThriveNYC and I sent an email to them asking for a mental health training for my constituents. I recently had three Asian Americans in my district who were knocked over their head with a hammer and they all three died, and the person that was responsible for that, I was told has a mental health issue and I reached out to ThriveNYC to have a mental health

training for my constituents. First, what I don't understand is with an $850 million budget, ThriveNYC should be thriving all over my district. That we should be so sick of seeing the mental health training with $850 million to say, we don't need it, we have enough. It's never enough but as an elected official, I shouldn't even have to think about bringing in this mental health training to people when an agency gets funded $850 million. That's a lot of money, that's crazy $850 million.

LOREE SUTTON: So, actually —

CHAIRPERSON DEUTSCH: Let me just finish. So, I was waiting for a response and I followed the protocol, just like everyone else is supposed to. I went online, I put my name in, I put my cell phone, I put my office number. It took about a little over a week to get a response. Now, when someone is requesting for mental health training especially when that budget is $850 million, the response should have been within five minutes. That means, I shouldn't have to wait more than five minutes to get a response to say, we got to you.

Finally, I get an email back saying, thank you for asking for the mental health training. Then,

they tell me it's an eight-hour course and you get a certificate. I said, great, unfortunately, people work for a living. I mean fortunately, people work for a living, so no one has time to sit for eight hours a day. So, I'd like to split it up over four weeks, two hours per week, right?

Several weeks pass, they tell me oh, we can't split it up like that. We can give you two days, four hours each. I got another email yesterday, a week later. Oh, you know, we'll do two weeks or three weeks, we'll split it up.

Why do I have to wait two months from when I sent an email till today to give mental health training to my constituents? And then I'm still not getting what I want, because I wanted to have over four weeks, two hours a day, right? And it should be easy. It should be like this. I just don't get it.

LOREE SUTTON: I'm going to ask Dr. Harrison to respond you're asking about the general mental health first aid, which is widely popular across the city. Our team is trained to provide the veteran curriculum for mental health first aid, and I'll turn it over to Dr. Harrison now for addressing your comments.

MYLA HARRISON: Yeah, it sounds unfortunate. I'm happy to follow up with you after, so we can get somebody to work with you directly.

CHAIRPERSON DEUTSCH: I appreciate you following up but why does it have to come to a hearing to get that follow up?

MYLA HARRISON: There are some Health Department numbers that are probably easier that we should make sure your offices, all of your offices have. That way you don't have to go —

CHAIRPERSON DEUTSCH: No, no, no, if I'm not a City Council Member and I'm going online and asking people to go, just like veterans are asked to go on VetConnect, right? Why do I have to do something different and send a direct email? I wanted to see how the system works. It's totally ridiculous and let me tell you, I can't imagine that ThriveNYC with all the budget and even if the budget is not $850 million, even if it's $1 million or $5 million, which is the budget of DVS. If you have a service, you need to respond to that service otherwise close up and if I want to do a veteran's mental health as part of this, why shouldn't I get a response right away and say, okay it's done. Consider it done, we're

done. We'll have it tomorrow. Tell me when you want it.

LOREE SUTTON: And certainly, if you want a veteran's mental health first aid program in your district or anywhere around the city, we'll be happy to work with you to schedule such and I think Dr. Harrison will be glad to follow up with you on the details of your recent query.

On the mental health budget that you claim is both, I think the two words I recall are, crazy and ridiculous. I have a little different perspective, Chair Deutsch. As a career psychiatrist, I've spent most of my adult life working to bring down the barriers to care. The stigma that prevents all too many people from connecting to the care that's there.

We here in New York City, I would say $850 million is a small price to pay for 8.6 million people to change the culture. To use data to inform our decisions. To put care in the neighborhoods where it's culturally congruent and available and accessible and affordable. To put it in the schools, so that children can grow up and learn about social, emotional learning. They can have counseling, they can have access to care. So, that new moms and dads

can have counseling and be streamed for evidence of postpartum depression and other mood disorders that can be so deadly. I'm proud to live in a city and a state for example, I mentioned one of our high-risk groups, both women veterans and LGBTQ veterans. I am proud to live in a state where we are the 15th state to ban conversion therapy and in fact, Utah just last week, their suicide prevention efforts are on overdrive with this because they are number five. New York is number 49 out of 50 states which we're thankful for. We will not rest or be comforted by those numbers but in Utah, there's a proposal now to follow up and ban conversion therapy. They will become the 16th state to do so.

I will tell you Mr. Chair, this is a time to double down on our investment in mental health, not to pull back.

CHAIRPERSON DEUTSCH: Commissioner, I agree with you.

LOREE SUTTON: Not to say that $850 million is ridiculous and crazy. I waited for you Chair.

CHAIRPERSON DEUTSCH: Hold on. Commissioner, I agree with you $850 million, you are saying it's a

small price but getting your response two months later is a high price.

LOREE SUTTON: Chair Deutsch, that is an issue that we've agreed that you're going to follow up with Dr. Harrison. What I'm saying is that this initiative, this moment and time when our suicide rates, not just among veterans and their family members but among our fellow Americans is rising. Over 20 percent in just these last few years thanks to the First Lady's effort and ThriveNYC and yes, whatever some of money has been sent or will continue to be invested in this. City's ThriveNYC is now over 250 cities around the country and now growing around the world. This is a movement Mr. Chair and just as I am so thankful to you for your leadership, I just read this morning about the latest instance of anti-Semitism, the swastika's in the Brooklyn playground. I'm so thankful for your leadership and your advocacy and your vigilance to stand up against anti-Semitism.

I ask you to stand up equally for the mental health of every New Yorker, every veteran, every family member.

CHAIRPERSON DEUTSCH: Thank you. First of all, I'd like to acknowledge my colleague Council Member

Paul Vallone and also, we're joined by Council Member Jimmy Van Bramer. So, Commissioner, do you believe that DVS is doing everything they can and for veterans who are seeking mental health?

LOREE SUTTON: Mr. Chair, we are doing everything that we can today. Every day we work to improve what we do. The question that you asked earlier about follow up, we absolutely for the VetConnect 80 service providers and for all of the referrals and assistance requests of our folks, we follow up with those individuals and we will continue to grow our capacity over time.

Just to give you a little bit of context, two and a half years ago, we started out with four people, Mr. Chair. I don't know how many organizations you have grown, but to take an organization from four to thirty-six, and now, we're funded this year for a little over 40, 47 total. We still got some empty positions that we're looking for the right folks, and I just look around here, check out our city hiring website. We're looking for talent wherever we can find it, veteran or non-veteran. We're all veterans of service whether or not we've served in uniform or public service or community service, but yes, today,

we are doing everything we know to do. Less than we will be doing tomorrow, more than we did yesterday and we will continue. That is our mission.

CHAIRPERSON DEUTSCH: The US Department of Veterans Affairs had a news release dated June 18, 2018 and part of their report was the average number of veterans who died by suicide each day remained unchanged at 20. So, I think that we could do a lot more.

LOREE SUTTON: Of course.

CHAIRPERSON DEUTSCH: And Commissioner, when you made a remark that I don't care about mental health and $850 million is not enough and I should be proud of that.

What do you think I'm here for? I'm here to talk about mental health and mental health is extremely important to me and just a few weeks ago, I had one of the first trainings here in New York City that Breaking Ground, who responds to homeless, many of them veterans. I brought that training to the community.

LOREE SUTTON: Absolutely.

CHAIRPERSON DEUTSCH: Because I think everyone should have the opportunity. So, I take that kind of offense that you say —

LOREE SUTTON: Mr. Chair —

CHAIRPERSON DEUTSCH: Wait, wait, wait, I'm talking now. That I don't care about mental health. $850 million, it should be maybe $2 billion dollars. The numbers to me doesn't matter as long as the job gets done.

LOREE SUTTON: Mr. Chair, I agree respectfully.

CHAIRPERSON DEUTSCH: One second, one second. One second, hold on.

LOREE SUTTON: You used the words crazy and ridiculous.

CHAIRPERSON DEUTSCH: It is crazy and ridiculous, and I'll continue saying that because it is crazy and ridiculous when someone gets funded $850 million and I don't get a response right away. That is ridiculous and that is crazy. So, I don't know why you're getting on the offensive because the question was actually meant for the doctor to respond.

LOREE SUTTON: And she has.

CHAIRPERSON DEUTSCH: So, I know you're sticking up for her but —

LOREE SUTTON: Mr. Chair, I'm saying that is an issue that you've identified, we've identified, we share your concern and Dr. Harrison —

CHAIRPERSON DEUTSCH: Okay, all I want to know that I have those answers and that the job is being done and to me, when you have $850 million that goes into ThriveNYC, and I have not seen ThriveNYC in my district and I go to 99.9 percent of my meetings, but I did see one of your peer counselors at my last community board meeting. So, thank you very much. I did see her there.

LOREE SUTTON: Well, let's work together on this Mr. Chair. Let's bring it to you —

CHAIRPERSON DEUTSCH: Wait, wait, hold on one second. So, my point is that I don't have to come here begging for services. Those services should already be in my district for that high price of mental health that we're giving here to 8.6 million New Yorkers. And I appreciate that you're offering this to me, but I don't have to come to a hearing and get what we need.

MYLA HARRISON: So, do you want me to just respond quickly to that. So, you were talking about mental health first aid, which is one of the

components of ThriveNYC. It is one of the more public components of ThriveNYC. It is a training for the public to understand more about mental health and how to respond to mental health concerns for themselves, their loved ones, their colleagues. It is a training that is eight hours long generally over the course of a day and anybody can sign up for it and there are ways to find out where the trainings are being held in your area and in your neighborhood and that is publicly available and when folks sign up, they're given that information. If you want specific trainings for a specific population or a group, that is when it is a little more work in terms of getting something set up in your site at your location as opposed to one that's already going on around the community.

There are trainings every day of the week, all over the city. There are trainings in not just English but Spanish and Chinese and there are specific trainings for veterans and with the veterans focus. They are training around youth mental health issues, so again, mental health first aid is one of the many components of ThriveNYC. We have Mental Health Services Corp., which is where we help place

early career, mental health clinicians, behavior health clinicians across hundreds of primary care and behavioral health settings throughout New York City. Two of those clinicians are in veteran specific setting right now where they are serving veterans of New York City while they are also earning clinical hours for their licensure for clinical licensure. So, that we are increasing the workforces of folks who also work in mental health so that another way to tackle this issue of meeting folks with mental health needs, whether it's from a veteran specific angle or a general population angle. Those are just two of the issues around Thrive.

LOREE SUTTON: 52 initiatives.

MYLA HARRISON: Actually it's 54.

LOREE SUTTON: 54 initiatives, okay. 52 plus 2 veteran specific initiatives, 54 total.

MYLA HARRISON: Exactly, two specifics for vets but other initiatives and then there are other mental health services for vets that aren't related to ThriveNYC itself. We have supportive housing for veterans in New York City who are homeless. We've got 270 or so housing units across five providers in New York City. There are many other services

available for veterans from a mental health perspective that go beyond ThriveNYC and that City Council also, as you said, has funded a number of veteran's specific mental health initiatives which are valuable to the city for sure.

So, just to help think about the perspective that we've got here.

LOREE SUTTON: Well, and Chair Deutsch, I know under your leadership, over a million dollars, additional dollars from the City Council came this year to be directed towards veteran service providers and advocacy organizations and you know, thank you for leadership. I know you're concerned about mental health as well. Let's work together and I know when it comes to the mental health first aid training, so many people, tens of thousands of New Yorkers have had this training now and have just found it to be such a useful tool to help them feel comfortable. To help them with the skills to reach out and connect with someone who maybe in need of connecting to care.

MYLA HARRISON: And your training should not have taken as long as it did to set up. So, we will certainly work to fix that. I will be going back and sharing that information.

CHAIRPERSON DEUTSCH: Okay, so not only my training, but if anyone goes on the portal to request a mental health training, I understand that you have to put people together, but it shouldn't take that long.

LOREE SUTTON: We can agree on that.

CHAIRPERSON DEUTSCH: And also, if you could send me the list of all your mental trainings that you have, because I don't think I received anything, and I haven't heard anything about it.

MYLA HARRISON: Right, so that's publicly available. I will get you that.

CHAIRPERSON DEUTSCH: How do people see it? How is it publicly available?

MYLA HARRISON: Yeah, so that I don't have on the top of my head, but we will get that for you. We'll get that information.

CHAIRPERSON DEUTSCH: Yeah, so, if it's not on top of your head, how could it be on the top of our head? So, what I'm saying is how it publicly available? Like, where do we have to find it?

MYLA HARRISON: We'll get that for you.

LOREE SUTTON: The Thrive team has a website. They've also published reports.

CHAIRPERSON DEUTSCH: Do you have the website?

LOREE SUTTON: I always find it by just googling ThriveNYC. It comes right up and it's a wonderful, wonderful resource that represents this historic movement that started right here in New York City.

CHAIRPERSON DEUTSCH: Okay, before I continue with my questions, I'm going to ask my Co-Chair to ask her questions.

CO-CHAIR DIANA AYALA: Thank you, Council Member and before I even ask any questions, I just want to say that I know that tomorrow we're having a very important hearing on ThriveNYC, three years after it was initiated to see where we are, right? And where we're going well, where we could be doing better, but I need to say that my colleagues and I deserve, regardless of which Committee we're sitting in to really have a true understanding of how much of this $850 million is being channeled through different city agencies and how that money is being used and it's not a matter of criticism but rather, a need to better understand a process that is not always as transparent as one would wish that it would be but better allows us to advocate for more dollars in the event that they are needed and I think that didn't

necessarily come across but I would ask that the Administration really be prepared to answer these questions in all Committees. Because this is a conversation that because ThriveNYC has been successful in bringing awareness to mental illness, and the opioid epidemic in the city we're discussing more and more.

LOREE SUTTON: Yes.

CO-CHAIR DIANA AYALA: And so, I want to thank my colleague for asking those questions because I think that they need to be asked.

I really am new to the Veterans Committee. It's not my Committee and I want to kind of understand a little bit more, so how we're dealing with veterans and with soldiers that maybe coming back from deployment as we speak.

So, what percentage of your overall case load citywide consists of veterans who require mental health services and assistance? Do you know that?

LOREE SUTTON: So, what we know is not necessarily city data, but we do have state data from a ran report that was sponsored by the New York State Health Foundation several years ago. We know that roughly between 10 and 20 percent of returning

veterans from Iraq and Afghanistan have experienced and been exposed to an IED, an explosive injury that leads to TBI, traumatic brain injury. We know also that of our post 9-11 veterans from Iraq and Afghanistan that between 15, 20, 22 percent of them meet the diagnostic criteria for PTSD and depression and anxiety, other related trauma spectrum disorders, but what we also know, what I also want to emphasize here, is as I said earlier, war changes everyone.

So, you don't have to necessarily meet the diagnostic threshold for a disorder to be suffering. And so, for every veteran, every service member, every family member who has served, who experiences post-traumatic stress, our imperative is to intervene before there is a disorder.

And so, we know that yes, while these percentages give us an idea of the numbers of folks who may be at that diagnostic threshold, we also know that our work has to go out more broadly from a public and community health perspective to reach our entire population.

CO-CHAIR DIANA AYALA: So, how many of these vets reach out directly to DVS for mental health needs?

LOREE SUTTON: Yeah, so we just recently started our VetConnectNYC platform last November. This program was piloted here in New York starting in January of 2015, highly successful now in 18 cities around the country. There have been over 5,000 unique users since the start of the pilot. We, in terms of our numbers since last November, we are looking forward to sharing those with the Committee in terms of our December report, which will compile all of our numbers that ConnectNYC is one portal, one avenue. We also have our Outreach team as well as our housing and support services team, but as one measure as we get the word out that we exist first of all, you know, for example, the NYC Well Program, we're so thrilled. In 2018, there were 1,800 contacts, interactions with trained mental health counselors, 1,600 contacts with 311, referrals to DVS.

So, you know we are building as we go and as I said to Chair Deutsch, everyday we're doing everything we know to do and we're preparing ourselves to do even more going forward.

CO-CHAIR DIANA AYALA: Can you tell me if DOHMH collects data on mental health services provided to

vets or any vet related specific data? Is anyone collecting data on services provided?

MYLA HARRISON: So, we have the information when it's a program that serves vets that we're aware of as I mentioned the five different agencies that are doing support of housing programs. So, we know there are close to 270 vets in those housing units.

So, if it's a vet specific program, we can have that information. If it's a general mental health service, not specifically, because folks are not necessarily collecting information about who maybe a vet in their service. All of our services are available to veterans as I said before. So, any service whether it's a crisis telephone line, a mobile crisis service, a higher-level assertive community treatment team, those types of services are available to anyone regardless of vet status.

LOREE SUTTON: I know you're new to this Committee, we've talked for the last several years about how important it is to get a better grasp of the veterans and their family members whom we serve and to that end, we've now launched our CRM system within DVS. So, that's helping us within the agency, but we've got VetConnectNYC as well and we're working

now to reach out to our city partners so that we can really do the kind of coordination and collaboration that is so important.

For example, in our work with Rikers, you know, they just established a vet only unit for 50 veterans who are detained there at Rikers at a time, and we found — this comes out of the Behavioral Health Task Force from 2014, that it's important how you ask that question. If you ask just, are you a veteran? You're going to get a wild response because women perhaps, are reluctant to say, I'm a veteran because maybe they haven't served in combat, or folks who haven't deployed. The two questions in working with the Criminal Justice System and the VA, have you ever served in the United States Armed Forces, National Guard, or Reserves?

CO-CHAIR DIANA AYALA: Is that how you determine what a veteran status is?

LOREE SUTTON: Yes, so that's the first question. The second is, has your spouse or partner or any other member living in your household ever served in the United States Armed Forces, National Guard, or Reserves? And then that will get you a much better

and accurate population of veterans and their family members.

CO-CHAIR DIANA AYALA: Okay.

LOREE SUTTON: And I want to just emphasize there, I know I said it in my comments, but I cannot emphasize how important our work with family members is. Family members and caregivers, they serve to.

CO-CHAIR DIANA AYALA: I agree, I agree. So, of the number of suicides in vets in New York City. Do we know how many may have been receiving services?

LOREE SUTTON: We don't have that data for New York City. I will say that for the 20 suicides per day that the VA has worked with a variety of data sources to identify, that is a number on average. 14 of those 20 were not engaged in VA care, 6 of them were. The VA is now working like fury to be able to though both the Choice Program, make sure that wherever veterans do choose to seek care, that their getting quality care. Every VA medical center for example now has a suicide prevention coordinator, as well as a military sexual trauma coordinator. We work with them daily.

The National Veteran Crisis Line, which is the 1-800-273-TALK, press 1 if you're a veteran. They are

world class crisis interventionists who work with folks from around the country and around the world and then tie back into the local community.

Also, in terms of the opioid crisis, we know that veterans are 2-3 times more likely to die by an opioid overdose as opposed to non-veterans. There's so much that is already going on within the VA to address this, but we know we also have more work to do.

CO-CHAIR DIANA AYALA: More work to do also outside of the VA. So, are you according numbers with health and hospitals for instance, because there maybe veterans that are not going to the veteran's hospital? Are we connecting also the Department of Homeless Services to identify individuals that are maybe chronically homeless that maybe have served at some point? Are we doing that?

LOREE SUTTON: Absolutely, over the last several years as a nation, we've reduced veteran homelessness by 47 percent, awesome. Here in New York City, and this is not just DVS, but working in tandem with our city agencies under the Mayor's leadership, the Speaker, the VA, the Federal VA, and the partners we have around the city. In New York we've reduced that

number by nearly 90 percent and those innovations that we have used to benefit the veteran population are now being applied to the greater population in New York City.

So, absolutely, one of those innovations are our veteran peer coordinators. Their only job is to work with those veterans. Get them where they need to be. Get them as fast as possible from the shelter into permanent housing and then provide the all critical. As Chair Deutsch said, the all critical aftercare. The follow up to be available and to make sure that they stay stable in permanent housing, absolutely.

CO-CHAIR DIANA AYALA: So, if I'm a vet and I decide to go Bellevue, or I don't decide and I am involuntarily placed at Bellevue and they identify me as a veteran, am I then automatically pulled into the veterans associations mental health resources or is that a service that is provided offsite, which would allow kind of like a gap, in you being able to identify?

LOREE SUTTON: So, and this was something under Susan Herman's leadership. She was recently, for five years she served as the Deputy Commissioner for Collaborative Policing at NYPD. She's now the new

ThriveNYC Director along with Gary Belkin who has now joined the team to stand up the office and I know you'll hear more from them tomorrow. I don't want to steal their thunder, but I have to say that under Susan's leadership, we work together to make sure that health and hospitals has the right information to tie indirectly to the VA and to be able to validate who is a veteran, who is not a veteran, and then to determine what their best treatment option is.

CO-CHAIR DIANA AYALA: That's new though?

LOREE SUTTON: Within the last couple of years.

CO-CHAIR DIANA AYALA: Okay, okay.

LOREE SUTTON: And this is the other thing. We know again, back to the ran study from several years ago, veterans receive about half of their care from the VA system. So, we have to be concerned about the other half and where their getting their care and health and hospital systems is a huge piece of that. We've just recently hired Melissa Walters, who's our Executive Director for Engagement in Community Services. She spent 20 years working in Brooklyn with health and hospitals doing peer to peer work, so we're just at the brink of really being able to more

fully engage. Not only with the health a hospitals leadership but with the programs that are all across our city.

CO-CHAIR DIANA AYALA: I mean, I think I know the answer to this, but in your opinion, are we doing enough in New York City, not in New York State but in New York City to address the mental health needs of veterans? Because we're not collecting the data, how do we truly know what the answer to the question is?

LOREE SUTTON: Yes, so as we improve our data systems and our capacity to be able to collect that data, in the meantime, what we are doing and what I would invite each of you in this room to do, is if you run across a veteran or a family member who may benefit from engaging with us, you can just be one of those hundreds of folks who calls 311. You can call our office directly 212-416-5250. You can go online, you can text, you can chat. We're not hard to reach. You can connect with our social media but we want to make sure that no veteran, no family member is on their own and I will say, some of the most poignant messages that we got when the pilot program was known as NYCServes, when it first started, the assumption was that the majority of referrals would come from

existing relationships with service providers. It turned out exactly the opposite was true; 80 percent were desperate veterans and their family members scouring the internet at all times of day desperate to connect with resources.

So, we know that communication, for example, I'm looking at our press Secretary here, Alexis Wichowski right now, we are pressing in every direction we know of. Of course, social media, we just added Instagram. We've just started a podcast and we look for referrals for each of you in your offices, your constituents, let us know. We get calls on a regular basis from elected officials. We encourage, let's just put it this way, let's each of us commit today to double down on our commitment to mental health and suicide prevention. It's way to important to be left only to those of us who are trained mental health professional.

If you run across anyone who could use our help, we are easy to find. We're working to get even more well known and if there are parts of your district or other districts that we're not getting at, we just had a chance to meet with Council Member Vallone a couple of weeks ago and he's opened up some

opportunities to work in the school system there in Queens, but we're all over the city and as we continue to build our capacity, we're looking forward to just continuing that journey together. We can't do it alone.

CO-CHAIR DIANA AYALA: No, I appreciate that. You are speaking to the choir here. I think we're all trying to do our part.

LOREE SUTTON: Sure.

CO-CHAIR DIANA AYALA: But I have a question. So, in regards to active military members, what are we doing now? What lessons have we learned that we're applying to those members that maybe coming home from deployment now, because we're not in an active war situation, but there are still issues that effect our mental health that I'm pretty sure these soldiers are inflicted with day in and day out.

So, what are we doing as a means of being proactive so that we are addressing immediately after deployment and what services are, we connecting? Are those services voluntary or are they required?

LOREE SUTTON: No, I'm so glad you asked that question. We're in the process of pulling together what we call the veterans success network. Three

pillars, the first was announced two years ago by the Mayor at Fleet Week. It's the veterans on campus initiative where we're shining a bright light on the best practices that currently exist in New York. We partnered with our national partners, the Student Veterans of America as well as the college board so that we can bring in national best practices.

The second pillar is our Mentor-A-Vet program, 25 organizations that mentor veterans and their family members. So, what VetConnectNYC now allows us to do and this is all good for New Yorkers who are already here, but we can now connect with any service member or family member wherever they're stationed. Not to recruit them to become a veteran but if they've already made that decision and they're in the last 12-15 months of their service tour, we want to connect with them. We've done the research that shows us that while 12,000 student veterans and family members are currently enrolled in colleges and universities here in New York City, another roughly 1,500 new service members — well, their service members and their families now becoming veterans, come to New York every year.

So, we've spoken with each of the services and for example, one of the initiatives that Alexis is working with our team on right now is to inhabit the spaces where service members and their families leaving the service, preparing to leave the service, where they are, and it turns out LinkedIn is a fantastic portal for that.

So, we are absolutely working so that we can connect with folks well before they leave the service and then by the time they get here, their connected to a mentor.

The third pillar of this is our Veteran Career project and that is of course, connecting to the lead industries including city government and to make sure that we connect veterans and their families to meaningful employment.

One such program we're very proud of that has just recently gotten started at Brooklyn VA and the Manhattan VA, it's a program that the VA started. It has to do with social impact bonds and pay for success financing. This is an employment program that is using an evidence-based tool. That has demonstrated in over twenty randomized trials, its efficacy both with veterans and non-veterans to gain

employment for those who have significant PTSD and are from underserved neighborhoods.

So, this is an initiative that's just started. We're recruiting and sending folks there. Already, the results are so promising as industries and organizations are teaming up to employ veterans and the veterans themselves are benefiting from the peer-based coaching and just the team orientation of this all.

CO-CHAIR DIANA AYALA: I appreciate all of that, but I think the question is, if I am overseas and I am exhibiting mental health issues, is there a high-ranking official that is paying attention to that, tracking that and connecting me to services immediately.

LOREE SUTTON: I was privileged to serve for 30 years in the Army and for an individual who is for example, currently deployed in Syria or Afghanistan or Iraq or any of the number of places we are deployed worldwide, that individual gets a screening before they go and deploy. They get a screening when they get back and then there is a further screening a couple of months later and certainly, at any time during one's service or deployment, if someone needs

mental health services, the DOD, the services have just come such a long way in imbedding, imbedding behavioral health professional with the combat teams, with the primary care clinics in an effort to be there. To be present and be able to connect and to reduce that stigma, so the folks can get the care that they deserve.

CO-CHAIR DIANA AYALA: I have one final question and I want to allow my colleagues to ask questions. So, the use of firearms is a method of suicide remains high. Are these firearms, do we know, are they legally acquired firearms? Are these individuals that have active permits for firearms?

LOREE SUTTON: You know, I don't have —

CO-CHAIR DIANA AYALA: You don't have that data.

LOREE SUTTON: I can certainly track down that data for you. I do know that here in New York City, because of our gun control and safety laws and regulations, unlike the rest of the country, the number one method of suicide here in the city is actually hanging and strangulation. I'll let Dr. Harrison comment further on that, but the gun safety issue is something that is absolutely affecting those who are at highest risks for suicide for sure.

Whether they are in New York City or elsewhere. Dr. Harrison?

MYLA HARRISON: Yes, from the suicide data that we know for New York City in general, the most common method of suicide is hanging strangulation or suffocation and that's a category.

The next most common method is jumping. So, guns are way down in a New York City cause of death from suicide.

CO-CHAIR DIANA AYALA: Thank you. Thank you so much.

LOREE SUTTON: Thank you so much. I would just add on that, something to look out for is this movement to make gun laws, which are much more permissive in other states to make that reciprocity with places like New York State where we have much more astringent safeguards and I applaud the efforts of the City Council, as well as the state to protect New York's policies and laws in this area. It saves lives.

CO-CHAIR DIANA AYALA: Thank you.

CHAIRPERSON DEUTSCH: Hi, thank you. So, I'm going to go to my colleagues before we continue here but I just want to ask the Commissioner and Dr.

Harrison if you could just stick to the answer because we have a lot of people who are testifying today, and we want to keep it as short as possible.

So, I'm going to get to my Council Member Alicka Ampry-Samuel.

COUNCIL MEMEBR AMPRY-SAMUEL: Good afternoon. I'm a bit all over the place, so I don't know if this is a question or a comment or what.

I'm the wife of a disabled Army veteran. I remember when my husband pushed up into Bagdad in March of 2003 and what that did to me emotionally and my entire family and when my husband came home, he received a bronze star and he was incoming at the time. He came home and deployed to Afghanistan a couple years later and we dealt with that as a family and today, my husband is disabled, he has PTSD. He doesn't sleep at night, insomnia and everything else but I'm also very familiar with the system. I'm very familiar with the VA Hospital on 23rd street. I'm very familiar with the VA office downtown Manhattan.

My husband's a life time member of Dave and at the same time, everything that was presented in your testimony and all of the amazing programs and what I've heard over the past hour and a half, I really

don't feel that as a spouse, as a family member, as somebody that is dealing with this every single day.

I don't see any tables at the VA hospital providing information and I know that we first went there for him to register. There was no information there, so everything that my husband receives. Every type of service, every type of program, and not just my husband but now that I'm elected to office, I still like I do constituent services in the lobby because I'm seeing so many other people, but what I don't feel is that connection to the services from the City of New York. And so, maybe and I feel like I'm a very educated and well-informed person, and I know that I'm always reaching out and seeking information and resources for my constituents and I actually have two constituents who are veteran families, who are homeless, and one lives in an abandoned building and they have exhausted all of their resources.

Like, they have done so much with the city to try to get housing and it has not happened for them at all and so, I'm just trying to figure out, like how is all this information and everything that we heard actually getting to the people that need it the most.

If you can't and I'm just using your words, if you can't google, if you can't text, if you can't call a 1-800 number for services and programming, how are people supposed to be able to access this because I represent a constituency in the community and the people, they're not googling ThriveNYC and NYCWELL or anything else but I think that as a city if we know that these issues exist, we should be doing more to reach out to those individuals in those communities and I don't see that.

And again, that's me speaking as somebody who experiences this and I'm a member of the New York City Council. So, can you please explain to me, I know Council Member Ayala asked that question about the partnerships, but can you really explain to me how you're partnering with the VA, the hospital, the offices, DAV, because when you go to the VA office, if you have a question about VA taxes, there's an office right next door to DAV where you can get that information. You should have an office in that same building right next door providing some level of information and I don't see that. So, can you explain to me the real like partnerships and what you're really doing on the ground level?

LOREE SUTTON: Sure, our outreach team, first of all, we have a housing and support peer coordination team there out in the community working every day, all day, on behalf of homeless veterans and the two families you mentioned, we definitely want to connect with you and make sure that we connect with them and hopefully we can bring some clarity and some comfort and some help to their situation.

We also have our engagement team that goes to events all throughout the community. Goes to the VA, goes to the borough halls. Is it enough? Never enough, but like I said earlier, we're doing everything that we know to do today aimed at making what we can do tomorrow even better.

So, I think that your concerns absolutely reflect the concerns that actually led the city to make the investment and being the first city stand up in a municipal agency that's devoted to the strengths and needs of veterans and their families.

So, we have just gotten going on this journey. There's so much more work to do and would love to work with you and your colleagues and the City Council to get even better and better at being known,

being out there and being connected then with those who need our help.

CO-CHAIR DIANA AYALA: So, just as a suggestion, because we know that the first thing that people actually see and hear of is not the city agencies, is the federal level to the VA hospital or even going to DAV or to the actual veterans' offices. Is it too much to be able to have like an actual formal agreement to have like a table, like a desk in their office because that's where people are going to be able to get their first line of benefits and information and everything else? And so, you would think that it would be more than just someone going in.

LOREE SUTTON: So, for example, the Queens Borough Hall, the DAV you mentioned Disabled American Veterans, they have a team that works there. We send a member of our team to go work with them every week. We also at the Bronx VA, we have a member of our team every week who goes there and tables there in the lobby, so that she can actually have access to more and more folks coming in. We're working with the, I mentioned, the Brooklyn and the Manhattan VA right now on referring veterans from underserved

communities with PTSD to this employment program which we think has the capacity to overtake the entire, as you know, the issues with vocational training and rehab, it needs to be modernized. So, we do have relationships and partnerships and we're continuing to build on those. So, what we have today, is not what we're going to have next week, next month, next year, and I would love to work with you and to gain from your ideas because certainly, there's always more that we can do and certainly, at this stage of our evolution as a brand new city agency, we're just to the point now of having a critical mass of folks on board that allows us now to extend ourselves in ways that have always needed to happen and just haven't been able to happen until now.

So, we appreciate your support. I would also say ma'am, that our Theater of War program, I want to make sure that you get the information on that because for example, the Antigone in Ferguson performance, which brings together law enforcement and gospel choir singers and the story of Antigone. It's based on Michael Brown's death in Ferguson. This is an amazing community public health

intervention. We partner with local peer mentorship programs, gun safety groups, seize fire, the NYPD and then at the end of the performance and discussion, we've got community leaders there with the resources that are there. So, it's just the most natural thing in the world for folks to access them.

So, that's another way in which I think we can work together to get the word out.

CO-CHAIR DIANA AYALA: Is there any way that the veteran's office could maybe compile a list of services that are being provided per district and communicate that to the members. I think it would help guide this discussion further.

LOREE SUTTON: Absolutely, absolutely, we have that information and would be glad to share it.

CHAIRPERSON DEUTSCH: Thank you very much. Paul Vallone?

COUNCIL MEMBER VALLONE: Thank you to both of our Chairs for this critical meeting and Council Member Ampry-Samuel, God Bless You and your husband for sharing the stories. I think it validates why we're all in this room.

LOREE SUTTON: Absolutely.

COUNCIL MEMBER VALLONE: I think it's why I've chosen to be on this Committee for two separate terms now and so we can always fight for more and I think to back up the frustration of Chair Deutsch, the road of the last five years has not been easy and as I've sat at every one of these hearings is the reason why previous Chair **[inaudible 2:16:52]** put in the bill to create agency.

LOREE SUTTON: Yes.

COUNCIL MEMBER VALLONE: Is the reason why, when I said why don't we have a veteran's ID card and I was denied by the administration that we put another bill in to make sure that they got a veteran's ID card. It's the reason why at every interagency conversation we ask for budget information and get frustrated when we don't get the budget information. So, today's level of frustration comes from us fighting for additional resources and legislative and financial for our veterans. We need to do that with the information that's provided.

So, when Chair Deutsch or any of the Council Members ask how many veterans are served through ThriveNYC, or if I hear from the doctor that we're not taking that veterans information from many of the

people that take part of our programs, the anger level inside says then what the hell are we doing? I'm always trying to find out the base number of how many veterans are getting services in the New York City and how we can better get those services to them and when the Chair was saying $850 million for Thrive, for something completely new, when we're fighting for budgets for every Committee that we sit on, there better be in that program mental health targeted programs for veterans that we have numbers on for every borough and every district. At my Council District it never once seen ThriveNYC in Northeast Queens.

So, we have a serious problem. I have more veterans in Queens than any other section of Queens. So, if there not in my area, where are they? Because I have the veterans.

So, there's why I believe and I'm just standing with our Co-Chairs today on the frustration level. It's like you said, preaching to the choir. We are all fighting for the same thing, but I can only do with the information that I have. The lawyer side of me is saying give me that data, I will go fight with those behind the magic curtain and say, there's not

enough. Just like we went from 4 employees to 35 employees. Just like we went from $300,000 to $6 million. We're here to take that fight but you've got to get us that data.

I think it has to be the first question that's asked, especially in Thrive. Are you a veteran? So, you can then come back and say, these are the amount of people we have served. A. have how many veterans. B. Have applied for mental health services. C. Have then had, God for bid the suicides. So that we can disseminate that and go forward.

So, we don't have that information today is what you're saying, about how many veterans in New York City are receiving mental health services? Because I know your saying tomorrow, so is there someone that's going to come in tomorrow committee?

LOREE SUTTON: So, no. Tomorrows Committee is focused on all the ThriveNYC programs.

COUNCIL MEMBER VALLONE: Will there be a section of that dedicated just to veterans, so that we can —

LOREE SUTTON: I don't know. I don't know. I can't answer that.

COUNCIL MEMBER VALLONE: Because if it's not today and it's not tomorrow, we have to have some

type of follow up on veterans based specific information.

LOREE SUTTON: So, tomorrows hearing has to do with all 54 initiatives of the ThriveNYC programs. Certainly, they'll be prepared to answer questions on veterans as well, but the specific questions that you're asking about data, veteran specific data in New York City, we're just you know, we're building out our agency so that we can collect our agencies data. We brought on the VetConnectNYC, so we can be connected to 80 service providers across the city and as we move forward, we will increasingly be able to partner then with health and hospitals, but no, we're not there yet.

COUNCIL MEMBER VALLONE: So, I think that's our first task and I think we can.

LOREE SUTTON: And we share with you —

COUNCIL MEMBER VALLONE: Because there's no denial that these programs are wonderful programs. It's getting the programs and the information just like Ampry-Samuel and the Council Members were saying then its not at the point of contact at the first, so we need to expand that and we will keep fighting to make it and if not we will put in more bills and

legislation to force it to happen no matter who's there, but that's why we're up here. So, thank you to Chair Deutsch for giving us the opportunity for those questions.

CHAIRPERSON DEUTSCH: Thank you Council Member Vallone. I will go to Council Member Mathieu Eugene.

COUNCIL MEMBER EUGENE: Thank you very much, Mr. Chair. Thank you, Commissioner thank you. It's a pleasure to see you again. Thank you for focusing on behalf of the veterans. I don't know if you answered this question or if you spoke about it already.

We know that mental illness for those in the medical field it maybe simple or easy to understand certain things even though it is very complicated, very complex pathology and what I would like to know, I know that there are many services designed to the veterans and we're talking about resources and a possibility in staff and services for veterans.

My question would be, even before we give the treatment to the veterans suffering from mental illness, is there any services designed to identify while they are serving, to identify and to intersect the possibility of mental illness even before we say that this one needs treatment because he is mentally

ill. Is there any program, any service that could follow the veterans while they're in service and to identify and say, you know what, we may have a case of mental illness over there?

LOREE SUTTON: Well, first of all, it's a selected population in terms of individuals who have had a history of a severe or serious mental illness aren't allowed into the service to begin with. Those who develop because this is a prime age period for initial onset psychosis and other serious mental illnesses, certainly there's been an enormous investment in research and clinical services within the department of defense to be able to provide treatment and whenever possible to be able to keep individuals on active duty to serve as they've signed up to do. When that's not possible, then there's a medical board process that then administratively makes sure that they've got the right medical benefits from the VA and we know that we've got challenges there because there are a number of veterans who were wrongly diagnosed and wrongly discharged for misconduct. So, we know that our legal services as we talked about last year are so important, but we also know that this challenge of

identifying those who are most vulnerable, we know its not just an individual issue. We know there are leadership issues. We know for example, when it comes to suicide, the three, you know, Tom Joiner, his research has shown that the three top reasons that people die by suicide, one, is they feel displaced. That's not a medical issue per say in the context of the military, it's a command issue. The command climate and leadership. The second factor is, their thinking becomes distorted. They actually get to the point where they believe that they are a burden to their family, to their unit, to their society and that they feel it would be a gift if they killed themselves.

That definitely is a clinical treatable disorder and that's what we have to work to reduce the stigma and increase the connections to care. The third reason is a little more complex. It's due to dissociation and desensitization. So that folks become desensitized to death and destruction, and of course, that's being augmented these days through video, games, and this is an area that the military is digging into very deeply to better understand but it's a complex challenge as you mentioned, and the

system is continuing to evolve. For example, that transition between the military and the veteran civilian world, electronic medical records. That's something that's being taken up in congress right now and working to get that to be a portable and accessible transition point.

So, there's been a lot that's been done. Much more that needs to be done and much that's going on right now as we speak.

COUNCIL MEMBER EUGENE: Thank you very much Commissioner. As you know mental illness is a very serious pathology, a serious pathology and a very complex one also. Not only who are guiding the patient but also the family members.

LOREE SUTTON: Yes.

COUNCIL MEMBER EUGENE: When somebody in the family is suffering from mental illness, this is a big burden and some of the time, when we talk about veterans, we are talking about people from **[inaudible 2:31:10]**, different beliefs, different social situation and depending on the family they belong to, the members of the family may not understand the situation and in certain communities, they don't even recognize mental illness as a disease. They may

undermine the person who is suffering from mental illness and the patient suffering from mental illness may need the support of the family members.

LOREE SUTTON: Absolutely.

COUNCIL MEMBER EUGENE: And they are leaving. What do you have? What is in place to not only collaborate with the family members but to educate them to understand the situation of their loved one? To let them know this is serious business, we need your support in order to help your loved one. Is anything in place to educate them? To help them be part of the treatment or the support necessary to the veterans?

LOREE SUTTON: We work very closely for example, with Gold Star Families as well as with the Blue Star Families of America, who recently set up an office here in New York City. They're part of our Mentor-A-Vet program and we regularly reach out to them and include families in all that we do for precisely the reasons that you said. We're also very concerned, I'm fortunate to serve on the Federal Advisory Committee reporting to the VA Secretary on issues effecting families, survivors, and caregivers. So, I feel very fortunate to be able to bring the

experience here in New York City and to bring it to the national level to make improvements across the system.

So, there are a variety of ways that we continue to reach out to families and as we've heard from the Council Member this morning, so many family members and particularly those who find themselves in the caregiver role can be isolated. They're the hidden heroes that we need to better connect with and to provide the peer to peer support and services that are vital for them in their own mental health.

COUNCIL MEMBER EUGENE: Yeah, and we know that in terms of mental illness, we rely most of time on the behavior of the patient. A certain behavior, certain red flags, and we say, no, no, no, this is not normal. This is a mental illness, but the family members don't know that. So, what I'm trying to figure out is there anyway we can —

LOREE SUTTON: This goes back to what Chair Deutsch had brought up earlier in terms of the mental health first aid. Family members can benefit so much. Whether they have a military or veteran connection and absolutely need to be able to get

swift access to those services and to that kind of training. That's one of the best tools that we have.

COUNCIL MEMBER EUGENE: And I think if that exists, that's good but if it doesn't, I think that we have to put in **[inaudible 2:35:52]** on that. Let me tell you honestly. In the **[inaudible 2:35:57]** community and certain communities I don't want to put out. The member of the family, when they see somebody with mental behavior, they say, oh, he's crazy. Or they will say something, and they will undermine that patient, so it is very important that the family members, they know what they are dealing with.

LOREE SUTTON: Well, and it's one of the reasons why with the ThriveNYC program, it's been so important the Weekend of Faith, which I've been privileged to participate in for these last three years, and to see the thousands of houses of worship across our city who as you well know, many suffer from stigma and from various beliefs systems and mental health can be often times really an area of neglect and even shame.

It's coming up in May, I would invite again, each of you. If you haven't participated before, its

really an amazing experience to be able to connect with New Yorkers in their houses of worship across the city and to provide them with the information that can link them to quality care.

COUNCIL MEMBER EUGENE: I would love to attend that.

LOREE SUTTON: Terrific, we will definitely Dr. Harrison and I will make sure you and all of the members of the City Council get that information.

COUNCIL MEMBER EUGENE: Thank you very much Commissioner. Thank you, Mr. Chair.

LOREE SUTTON: Thank you Council Member Eugene.

CHAIRPERSON DEUTSCH: Thank you. Call on Council Member Robert Holden.

COUNCIL MEMBER HOLDEN: Thank you, Chairs. Thanks for this important hearing. First Commissioner, I want to thank you for your testimony, your leadership certainly and your service to this country, outstanding service to this country. So, I want to thank you in person and the things I want to talk about and it's just really, I have really a statement just because my dad fought in the Philippines, horrific fighting. He was in the medical unit and he was so effected. He suffered

from PTSD definitely, but it wasn't diagnosed then, and the VA did not offer the services. Only physical and he was wounded but my Uncle who fought with him in the Philippines said, have you ever met your real dad. You didn't know your real dad. He was the greatest man I ever met. This is my Uncle talking and he said, but you never met him, and it affected the whole family actually and my father couldn't hold a job. He turned to drinking and it affected the whole family. So, you know, post-traumatic stress affects everyone in the family and their outreach is so crucial because my mom didn't know what to do. I didn't know what to do. I became a caregiver for my dad. He lived to his early 70's but couldn't function and it is a problem. The outreach has to go to the family, I think because my dad would never, if the VA came to him and said, you need help. He wouldn't take it. He wouldn't take it because it would be admitting weakness. Many of the guys in their 50's and 60's were macho and they didn't want to admit anything.

So, it's really the partners, the spouses, that we need to go and try to reach them to help the victims here in this because it's not only the

soldier that's affected but it is the family and I could attest to that because we all were affected by it. We just wanted a normal life, but it was never to be, and I only realized it when my father passed that my Uncle came to me and said, you were kind of hard on your dad. You didn't realize what we went through, and he had to pick up the bodies. He had to pick up his friends on the battlefield. He had to hold a young man who was dying in his arms and if you are human it affects you, and unfortunately, the United States didn't do enough but we can do enough now because we recognize it. So, I just want to stress outreach, how important it is and anything we can do as Council Members from this hearing, I'm going to put it in my news letter and make sure we do the outreach but unless the family members understand the symptoms, unless they understand how to get help, that there is help, this is going to continue. So, I just want to thank you again for your testimony.

LOREE SUTTON: Well, and I just have to say hearing your personal story and Council Woman's story, thank you for sharing and we're definitely going to link up with you. Thank you and I know Chair Deutsch, you've shared in the past your

family's connection through the holocaust that animates your sense of service and I bet every single person here and, in the audience, today has a similar story that fuels their passion. So, I just want to thank each of you for what you do and for your support for this work. I will tell you, nobodies more impatient about progress than I am. We've done a lot but please, take this message away from today, we have much more work to do and we can't do it alone. So, thank you.

COUNCIL MEMBER HOLDEN: Thank you.

CHAIRPERSON DEUTSCH: Thank you. Jimmy Van Bramer.

COUNCIL MEMBER BRAMER: Thank you very much. First of all, there are many moments where I am very proud to be a member of the City Council and Council Member Holden's remarks just before me, we'll always be another one of them. I adore this man and be often shares some of his personal stories in these hearings and there always really important.

So, I also have the distinction of being married to a veteran. My husband is a proud veteran of the US Navy and I heard you talk about LGBT veterans and I think it's always important to remember and talk

about our LGBTQ veterans because they've had an enormous struggle to be recognized as human beings, to be able to serve. My husband was removed from the military as a result of don't ask, don't tell, received an honorable discharge but that's how he came out to his family and there were many people like that and so now, it is easier to serve which is great. But there are still challenges associated with being an LGBTQ service member and veteran.

So, I want to ask you and I also wanted to say, obviously that we also know LGBTQ youth at disproportionate levels die by suicide and in depression, both clinically diagnosed severe depression but also, something that often goes undiagnosed is also all to prevalent in our community.

So, it talked to me a little bit about the services in outreach and ethicacy of the work that you're doing with and for LGBTQ veterans.

LOREE SUTTON: Oh, thank you so much for raising this point, Council Member. We started out doing what we could do and that was participating in the pride events but that's just one month a year.

I find that one means of outreach that I can perform every single day of the year is just to talk about my wife Lori. I was at an Irish business club meeting breakfast this morning talking to them about veterans and I mentioned Lori and one of the members there came over to me and shared that he is a proud gay Irishman but that it's taken him over thirty years of psychotherapy analysis to come to terms with that.

We know that with youth, so for example, one of the partnerships we have is with the Trevor project. I'm a huge believer in the work that they do, and we frequently will connect family members, veterans, and non-veterans with the Trevor project where appropriate.

Also, the mentorship programs that they have is so important to provide positive messages, positive role models for our youth. We're also working very closely with Sage. The work that they do with our gay elders. They have a very robust veterans' program and we're so excited to be — you know, we're at this point in our evolution where we can even engage more fruitfully and get traction on going over to tour their program coming up in the next couple of

weeks. I've got an appointment with Chair Dromm to be able to find out more of whats going within the City Council and the caucus. So, there's another aspect of this that we know is critically important and we've been working in this area, but we want to even take it to the next level and that is establishing those bonds of trust that will allow us to connect our LGBTQ brother and sisters with quality legal services. Because for so many of them, you may have seen that New York Times front page article from a few years ago, but veterans in their 80's who had kept this from their family members, that had lived in shame, suffered in silence and now, because of the changes in policy and the greater awareness and popular culture and all of that that's combined to propel them to fully claim who they are.

So, Eric Henry, our General Council is working with the veteran's service and legal service organizations here in the city and we're looking for how we can even make that better. We again, thank Chair Deutsch and all of the support that the City Council has given in this vital area and I'd love to sit down with you as well and I know that there's more that we can be doing. These are the things that

we've known to do to this point and will continue to build on.

COUNCIL MEMBER BRAMER: Absolutely. I also honor your service and I think it is always important for us particularly in leadership positions to continuously come out and to continuously tell our stories.

LOREE SUTTON: Yes.

COUNCIL MEMBER BRAMER: One of my favorite phrases is my husband because where ever I'm going, where ever I'm speaking, when I say, my husband, I identify as a gay man and its important right? We were denied that right for so many years that now that we have it, I'm going to say my husband every damn I can, right? So, I just want to also say, if there isn't a specific LGBT liaison sort of within your organization, obviously its always an incredible gift to have an out lesbian Commissioner who is in charge of the Department but even still in the day to day service provision level to have someone who's specifically tasked with serving our community if you know what I mean.

LOREE SUTTON: We have actually, we do have individuals within our team. In fact, Pedro Zapata

[SP?] is here and he's one of our liaisons within the team. In his other job, he does data reporting and collections. So, he is certainly one of our team members. Our Deputy Commissioner Jeff Roth likewise a proud gay man. We also have Quasi, our Digital Director. We've got a number of individuals on our team that really are great, not only role models but mentors who connect with — in fact, we were asked to do a wedding recently and we're so proud in a city like New York to be able to do this and we know that not everyone believes in who we are and how we love, but I would fight. I would give my life for preserving the freedom of speech and the freedom of religion to say and believe what everyone of us as Americans has the right to say and believe. I must say that when Lori and I made that decision to come to New York, we were looking for a place where we could find community. We could find purpose. Where we would feel safe and where we could become part of something much bigger than ourselves and it's just such a blessing to live and serve in this great and diverse city.

COUNCIL MEMBER BRAMER: Amen, and I'll leave with this story. Because you mentioned Sage and I

recently went to a funeral of a wonderful gay elder in Queens Marilyn Bharti [SP?] and he was in his 80's and his best friend Ken Nuguy [SP?] eulogized him. They were friends since they were teenagers in high school in Queens and Ken is a veteran. He will be 85 in August and he's a veteran and spoke about his time and of course, it was a very different time. And so, the work that you do, the work that I do, the work that we all do, honors people like Ken Nuguy who served proudly our country and made it possible for all of us to be here today but whose service was not appreciated because of who he was and so, I just want to say his name on the record because it's really important to honor him and their service.

LOREE SUTTON: Thank you so much, Council Member Bramer.

COUNCIL MEMBER BRAMER: Thank you.

CHAIRPERSON DEUTSCH: Thank you, Jimmy and everyone deserves to get the services that they need and also, we fund in the City Council initiative to many non-for-profits who served LGBT community.

So, back to the Commissioner. So, let's have some follow up questions and then I'm going to ask my colleague and then we'll get to the advocates.

So, question number one, we've been going back and forth, myself and Council Member Vallone, about the suicide veteran's data that you have, and Paul Vallone mentioned that we may have to put in a bill for that, but do you believe that DVS should have data on suicide veterans?

LOREE SUTTON: Do I believe that DVS should have data?

CHAIRPERSON DEUTSCH: Should have those stats.

LOREE SUTTON: Absolutely. We are a data driven organization and we started it out two and a half years ago without even a CRM or a spreadsheet. So, absolutely, data is something that we are very interested and in support of.

CHAIRPERSON DEUTSCH: So, whats the setback that DVS doesn't have that data?

LOREE SUTTON: So, as I said earlier, I said that we are at the point now in our evolution where we are able to reach out and much more productively engage with our city partners. We've already started this conversation. We work and have worked for years with the medical examiner here in New York City to make sure that our veterans who are indigent and have no place to go and no means to support themselves, that

when they die, we make sure that they get the burials that they deserve. So, I think we have the partnerships in place, and we will definitely pursue this data regarding suicides. I will tell you it is a challenge. It's not a reason not to pursue getting it but it is a challenge and part of that challenge has to do with making sure that you've got common data elements that you're collecting.

For example, one of the areas that we also know we would love to have more data on. There's not even national data on this, is suicide data with respect to family members and caregivers. The DOD is working on that right now. They were directed in 2014 to develop the processes for compiling that data and they're still working on it because of the complexity. So, vitally important, absolutely. Endorse it and we are on that path and on that journey Mr. Chair and I look forward to working with you to that end.

CHAIRPERSON DEUTSCH: So, with the $850 million budget that ThriveNYC gets, I'm just asking, why did it take so long to partner with ThriveNYC.

You say that you don't have the data up until now, but now —

LOREE SUTTON: No, no, no. We've worked with ThriveNYC since its inception for the last three years. You have to build a foundation first, which is what we have built.

CHAIRPERSON DEUTSCH: See that's what I'm trying to say, so, whats the next step. Like, next month or the next hearing you'll have this data?

LOREE SUTTON: No, no. Let me be realistic with you.

CHAIRPERSON DEUTSCH: Yeah, that's what I want to hear.

LOREE SUTTON: To build something from nothing City Government is a journey not for the fate of heart and so, whats important is to build the foundation first. We have hired on talented folks who are dedicated to this mission, but it's not enough to hire individuals onto the team. You got to build the team. You got to establish and grow the culture. You got to develop things, we didn't even have computers when we started. We had refurbished black berries. So, we're building that foundation and I'd be glad to, maybe we have a hearing and we can talk about that.

CHAIRPERSON DEUTSCH: So, whats the timeline? What is your feeling on the timeline of before DVS has that information?

LOREE SUTTON: I can't give you an answer on that at this point. I'll keep you posted on our conversations going forward in the plan that we develop and then we can put a timeline to that.

CHAIRPERSON DEUTSCH: So, there's no way to give like a time like, two years from now, three years from now?

LOREE SUTTON: I'm not going to give you a timeline today, Chair Deutsch. I want to give a thoughtful deliberate and considerate approach to this. This is something we've identified as being worthy of our combined efforts and so, we're heading down that path and I'll keep you posted and look forward to your ongoing partnership and support.

CHAIRPERSON DEUTSCH: Please do. Also, you mentioned on the opioid crisis, there's a high number of veterans when it comes to opioid crisis. So, do have narc on training? Do you give veteran groups and veterans?

LOREE SUTTON: Yeah, so members of our team have taken Naloxone training and it's offered throughout

the city. It's vitally important. Again, its part of the ThriveNYC program and it's something the VA, the Federal VA, probably 2011, 2012 was when they really started understanding how veterans are at such increased risk. Many of them suffering from chronic pain and complex injuries and being prescribed opioids. They are really leaders today in both champion Naloxone, championing prescribing practices.

CHAIRPERSON DEUTSCH: The ThriveNYC?

LOREE SUTTON: I'm talking about the VA now. The ThriveNYC has absolutely worked with pharmacies and has taken a very comprehensive effort. I will say another aspect of this and it's very important our veteran treatment court. We have a veteran treatment court in every bureau. That's not true across the country. It's vitally important so that we can intervene. I just meant with the Bronx veteran treatment court leadership just a few weeks ago. We can't endorse strongly enough how important those veteran treatment courts are to be able to divert veterans from incarceration and get them the help that they need up front.

CHAIRPERSON DEUTSCH: Okay, now, Dr. Harrison, when was the last time you had a narc on training for

veterans? For veteran groups or veteran advocates or in veteran in support of housing or any type of veteran community —

MYLA HARRISON: So, through Healing NYC there are many efforts to target the opioid.

CHAIRPERSON DEUTSCH: What does efforts mean? That it was done?

MYLA HARRISON: So, I don't have that information.

CHAIRPERSON DEUTSCH: Okay, so, I don't expect it today, okay. Could we offer to all the veteran groups today, reach out to them to give them this training and to offer this training?

MYLA HARRISON: I can't make a commitment for my colleagues, but I would certainly follow —

CHAIRPERSON DEUTSCH: Who are your colleagues?

MYLA HARRISON: So, Dr. Hilary Kunis is the current Acting Executive Deputy Commissioner of the Division of NYPD.

CHAIRPERSON DEUTSCH: So, you don't think that it could happen, or you just need her.

MYLA HARRISON: Yes, we can. Yes, we can.

CHAIRPERSON DEUTSCH: Okay, you can, okay, alright, so that's what I'm asking you. So, you can. So, how would you be able to get out to all the

veteran groups out there, not to wait for them to call you but to say, okay, we have this program.

LOREE SUTTON: So, we would work together on this and get it out through our channels as well.

CHAIRPERSON DEUTSCH: So, when can that happen?

LOREE SUTTON: That could happen within a month.

CHAIRPERSON DEUTSCH: Within a month, okay. Because I'm still waiting for the GI bill. We're supposed to do like an outreach about the GI bill. We spoke about it before in 2018 and then the Commission told me that in 2019, we're going to kick off. I'm still waiting for the flyer from your office regarding letting people know that if they are part of the GI bill, they can get free education. So, in December of 2018, we brought it up, we had a great hearing. Anybody remember the hearing? We had a great hearing and then I asked if we could get a flyer from DVS of how we can send it out to let people know that if they're part of the GI bill that their spouse or family member is eligible for free education and the Commissioner says were going to get it done in January. I'm still waiting.

LOREE SUTTON: Thank you for that reminder. We will definitely get that to you, absolutely Mr. Chair.

CHAIRPERSON DEUTSCH: Okay, so we'll send out information. If you call us to get my office information so we can get that sent out also as well to our mailing list.

Next question, if a veteran has at 2:00 in the morning, you meet a veteran and the veteran has suicide thoughts, what would you recommend to that veteran?

LOREE SUTTON: So, if that veteran is alone but has access to a phone or a device, or a computer, I would recommend that veteran call the veteran crisis line, but when you're in a crisis sometimes its hard to remember.

CHAIRPERSON DEUTSCH: So, whats that number?

LOREE SUTTON: So, its 1-800-273-TALK. But when you're in crisis, you may not remember that number. So, there's just one number that I would want that veteran to be able to call that's 311. 311 will connect them both to NYCWELL for actual services as well as to in the moment, the veteran crisis line. They will then reach back to the VA suicide

prevention coordinators locally and make sure that we get a strong handoff on that veteran.

CHAIRPERSON DEUTSCH: And that is 24/7?

LOREE SUTTON: 24/7, absolutely. It's a national model.

CHAIRPERSON DEUTSCH: Okay, so its like the national suicide prevention line that works 24 hours a day?

LOREE SUTTON: Yeah, it's the national line. Press one for veterans. You may have seen the academy award documentary of a couple of years ago. It's amazing what they do and there right here in Canoga New York.

CHAIRPERSON DEUTSCH: Okay, that's important to know. So, 311 and they will connect you.

LOREE SUTTON: 311, they will get you right in to the veteran crisis line as well as then be able to connect you either with our office or if they want to talk to a counselor right then and there, 24/7 NYCWELL, trained counselors. It's an amazing service.

CHAIRPERSON DEUTSCH: Excellent, so do you know, so, if a veteran calls 311, the operator answers the

phone, what happens then? The veteran goes, I have suicidal thoughts. What does the 311 operators do?

LOREE SUTTON: So, the 311 operators will then connect the veteran, now, here's where it's important both on the website.

CHAIRPERSON DEUTSCH: Remember, someone has suicidal thoughts their calling 311. What does the operator tell the person then?

LOREE SUTTON: So, when the operator, if the person tells them that they are veteran, and this is an important piece of this to self-identify. I'm a veteran, I need help. They'll connect you directly to, you don't even have to dial the veteran crisis line.

CHAIRPERSON DEUTSCH: And so, whats the difference if they connect you to the veteran crisis line or if the person doesn't say that he or she is a veteran, if they connect you to another line? Whats the difference of services?

LOREE SUTTON: Yeah, so what we know, is we know for example, NYCWELL, as they've gotten that program up and going. Now, its on a routine basis the counselors who field the calls.

CHAIRPERSON DEUTSCH: Yeah, but we're not talking about NYCWELL because you want to give someone the three numbers 311. So, what happens then? So, if the person doesn't identify as a veteran?

LOREE SUTTON: Yeah, so if it's a crisis as you say, the 311 will connect them to the national life line. Press one is for veterans, so they'll be able to get the veteran connection and support that they need but the national life line is the same number 1-800-273-TALK.

MYLA HARRISON: And if they happen to get connected to NYCWELL which is our city lifeline. It is a suicide prevention line as well as an information and referral line. That's 1-888-NYCWELL. It is trained counselors, both lines. They all have trained counselors on the other end of the line to manage any kind of suicidal crisis.

CHAIRPERSON DEUTSCH: So, it's important for a veteran to call 311 if someone has suicidal thoughts.

Now, how do people know about this?

LOREE SUTTON: How do they know about 311?

CHAIRPERSON DEUTSCH: About calling 311.

LOREE SUTTON: Well, it has certainly been a program that's been established here from I think the last Administration, the last ten years or so.

CHAIRPERSON DEUTSCH: Do you have any literature, doctor that went out to veteran groups or veterans 210,000 veterans or mailing lists about suicide prevention call 311? Is there anything you have?

MYLA HARRISON: So, most of our outreach efforts have been to call NYCWELL.

CHAIRPERSON DEUTSCH: Yeah, but I'm talking about the 311 because people don't remember during that time.

LOREE SUTTON: Just as I shared with you here today, we regularly at our outreach events, we talk about both NYCWELL and 311.

CHAIRPERSON DEUTSCH: Do you have any flyers that you could send over to my office like right now, that tells people about specifically suicide prevention calls 311?

LOREE SUTTON: We can send you a flyer, yes, Chair Deutsch.

CHAIRPERSON DEUTSCH: Do you have something prepared?

LOREE SUTTON: Let me talk with my team and see what we've got.

CHAIRPERSON DEUTSCH: No, I'm just trying to figure out that, because I went to a number of veteran's events, I haven't seen anything. So, I just want to know, how are people supposed to know? That's what I'm trying to get. How are people supposed to know to call 311 when there's no outreach going out to them or to the groups, to advocate groups? There has to be something that goes out to them to tell them if you have suicidal —

LOREE SUTTON: There's no one solution. This could be another avenue to get the word out.

CHAIRPERSON DEUTSCH: No, my questions forget about the other avenue. What is the avenue right now? That's what I want to know.

LOREE SUTTON: So, the avenue right now is that we talk with folks, we tell them about 311. Since NYCWELL has come onboard, our flyer information has included NYCWELL. If you go on the VetConnectNYC website, you will see both 311 as well as the NYCWELL number.

CHAIRPERSON DEUTSCH: So, that would have to be someone who goes on the website, correct? If someone

does not go on the website, right, how is a veteran supposed to know that if you have suicidal thoughts, dial 311? That's all I want to know. If you assumed a veteran is not reaching out to anyone. Doesn't have a computer, doesn't go to any events, right, how do you reach out? What is the campaign to reach out to a veteran who might be suicidal to make that phone call, to make that simple phone call?

LOREE SUTTON: You know, Mr. Chair, you know this is an important point and I will take this in as we're working with Dr. Posner at Columbia. We are currently partnering not only with Dr. Posner and the American Foundation for Suicide prevention, but we are working on a citywide suicide prevention campaign and we will ensure that 311 is featured.

CHAIRPERSON DEUTSCH: Thank you. That's all I wanted to know.

LOREE SUTTON: No, I think that's great.

CHAIRPERSON DEUTSCH: Yeah, thank you. You have 54 initiatives in ThriveNYC, and you mentioned you only have two of those initiatives that are towards veteran mental health. Why is it that there is only two and what are those two?

MYLA HARRISON: So, I can't speak to the inception of all of the initiatives from the start.

CHAIRPERSON DEUTSCH: What are the two?

LOREE SUTTON: So, the two, as I testified, the two are the engagement and community services outreach team and the core four whole health model. Those are the two components of VetsThriveNYC.

CHAIRPERSON DEUTSCH: So, I'm not that quick. So, lets do the first one. The first one is the engagement outreach team? What do they do?

LOREE SUTTON: Yeah, so, let me just pull back my testimony for a moment. I mentioned a number of categories including everything from the mental health first aid, NYCWELL.

CHAIRPERSON DEUTSCH: So, mental health first aid. Let's go one by one. So, mental health first aid. So, we're going to be doing outreach also to veterans about getting them mental health because someone may know someone who has the mental health and will know to make a phone call for that person.

LOREE SUTTON: We work with for example, Joe Hunt, whose here from the Veterans Mental Health Coalition.

CHAIRPERSON DEUTSCH: Yes, I know Joe very well. He does a great job, but how do we get it to everyone? How do we get this to everyone?

LOREE SUTTON: The mental health first aid.

CHAIRPERSON DEUTSCH: Yes.

LOREE SUTTON: So, we work in tandem with both the ThriveNYC team. They've got that on their website. We work with Joe and other organizations around. I've got people on my team who are trained.

CHAIRPERSON DEUTSCH: That's what I want to know.

LOREE SUTTON: Okay, that's what I'm telling you.

CHAIRPERSON DEUTSCH: Okay, that's what I want to hear.

LOREE SUTTON: We have a variety of resources that are available to us including members of our own team at DVS.

CHAIRPERSON DEUTSCH: So, what is the people on your team, how do they do the outreach and where do they go?

LOREE SUTTON: They've gone to DOHMH and done them before at DOHMH they've scheduled sort of custom trainings at the locations that organizations have requested. They've done trainings at DVS itself. So, we work with the individuals or the organizations

who are requesting the training and then we'll work with them to meet their needs.

CHAIRPERSON DEUTSCH: Do you have a list of all the places that you did this training for veterans and how many participants?

LOREE SUTTON: There have been about 250 participants so far over the last three years.

CHAIRPERSON DEUTSCH: Three years, 250 or 250,000?

LOREE SUTTON: Over the last two years but we work with the ThriveNYC team as well. So, another words, there are a number of avenues where veterans, organizations, individuals, family members can access this training. We're a very small part of that.

CHAIRPERSON DEUTSCH: So, how can we get whatever training that Thrive does, and what ever training you do, how can we get those figures in the system, so where you have the exact figures of how many people and how places got trained. This way you would know who hasn't got the training and who needs the training and who we need to outreach. Is that something you feel is important for DVS to do?

LOREE SUTTON: It's important for us to get the word out about the available resources.

CHAIRPERSON DEUTSCH: I'm saying to have the actual stats of who received the training, how many participants, because to me, to be very honest with you. I'm trying to be honest here. But over two years, 250 people —

LOREE SUTTON: Okay, Chair Deutsch, over the same period of time, we've been building this organization from nothing. So, I'm not going to apologize for a small number of folks that we have reached.

CHAIRPERSON DEUTSCH: Commissioner, I'm not asking for any apology. I'm just trying to understand, so we can work together. I'm not here for a show. I could ask them to go off line, I'm not here for that. We're here with the advocates here. I'm just here to try to get answers to see how we can work better together. So, to me personally I'm not going to say oh, 250 is a great number, lets reach for 251. To me personally, it sounds very low unless you could me that its not a low number.

LOREE SUTTON: Okay, Chair Deutsch, anyone who is interested in scheduling mental health first aid can either call our office or contact one of our peer coordinators.

CHAIRPERSON DEUTSCH: But how do we get it without someone calling the office? That's my point. My point is that, how do we get someone — they don't have your number. They don't have a phone, they don't have a computer. There's no way for them to contact you, but we have to figure that because there's no way to contact DVS, now we have to contact them. That's what I would like to see is that veterans are being contacted, not the other way around.

LOREE SUTTON: And that's why we have our outreach folks that are in each of the boroughs.

CHAIRPERSON DEUTSCH: That's why I'm going back because when you have the outreach, to me, over two years, that means in one year its 125 people.

LOREE SUTTON: Chair Deutsch, we can talk about this offline.

CHAIRPERSON DEUTSCH: Yeah, okay, so I would like to expand on this.

LOREE SUTTON: We are one small part of this much large initiative.

CHAIRPERSON DEUTSCH: I understand that, but I would like to work with you the next time we come back here to say we have not 250, we have 2,500 or

25,000. I want to work with you in order to expand this and I'm not telling you to do the work yourself. I'm willing to work with you. I have staff.

LOREE SUTTON: Chair Deutsch, I look forward to continuing to work with you.

CHAIRPERSON DEUTSCH: Okay, so that's all I want to hear.

LOREE SUTTON: I just ask that you not take numbers and distort them in ways that are out of context.

CHAIRPERSON DEUTSCH: No, I'm not distorting them. I'm just telling you to me, it seems low and if your telling me its not low and you give me a reason, then I might just agree with you.

LOREE SUTTON: Two years ago, we started to build something from nothing in city government. We are continuing, the fact that we've been able to train 250 folks over these last two years is amazing and I'm going to stand up for my people and I'm going to stand up for folks in this room.

CHAIRPERSON DEUTSCH: I don't expect anything less and I just want to see those numbers go higher.

LOREE SUTTON: You and me to, Chair Deutsch.

CHAIRPERSON DEUTSCH: I'm willing to work with you on this.

LOREE SUTTON: Absolutely.

CHAIRPERSON DEUTSCH: Okay, so I think we accomplished a lot today. So, how we could work together by doing outreach to the veteran population and I'm proud of it and I think that DVS is doing outreach. I think a lot more could be done by working together.

LOREE SUTTON: Absolutely.

CHAIRPERSON DEUTSCH: I'm sorry, what did you say?

MYLA HARRISON: I was just going to say beyond the veteran's specific mental health first aid training, there is lots of other mental health first aid training throughout the city that vets can take, veteran's families can take it. It won't be the necessarily specific veteran module but that's certainly relevant from an educational perspective and you asked earlier about which of those initiatives are **[inaudible 3:30:49]**. All of the services we have in New York City from the mental health perspective Thrive or otherwise are available to all New Yorkers whether they're vets or not vets.

So, there are I am sure veterans in our other service system and our other programs and even if it's not just the two very dedicated ones, as I said, we have a mental health service core where there are hundreds of behavioral health clinicians in hundreds of setting and a couple of those are in specific veteran focused providers. However, we have lots of other core members, behavioral health clinicians that are in other clinics in primary care setting where veterans are coming through the door all the time and again, it's just not a specific veteran service but it's a service that serves all folks.

CHAIRPERSON DEUTSCH: Does that mean there's no difference? Like, the Commissioner mentioned when you call 311 make sure to say you're a veteran.

So, your services you're saying on all 54 services that you do that it doesn't make a difference if you're a veteran or not?

MYLA HARRISON: You get the same service.

LOREE SUTTON: Veterans can benefit from all 54 initiatives.

CHAIRPERSON DEUTSCH: So, why in the 311 you said to mention you're a veteran?

LOREE SUTTON: Yeah, so, there are any number of subcategories. We've talked with the 311 folks about this and they explained the rational. I would invite you to maybe take a tour over there. It's an amazing operation.

CHAIRPERSON DEUTSCH: At the 311 Center?

LOREE SUTTON: 311 Center.

CHAIRPERSON DEUTSCH: Yeah, I think I have scheduled a tour.

LOREE SUTTON: Good, great.

CHAIRPERSON DEUTSCH: Okay, alright, so I'm looking forward Commissioner on working in partnership with your staff as well and with you Dr. Harrison and I'm looking forward to the hearing tomorrow. I want to thank you for being here today and testifying.

LOREE SUTTON: Chair Deutsch, thank you so much and thank you for your leadership and Chair Ayala and all of the Committee members who have been here today and all of you have been patiently been here in the audience. I think it's a testament to our passion, our commitment, or dedication to veterans and their families and I just want to thank each of you for your support. Thank you.

CHAIRPERSON DEUTSCH: Thank you. Before you leave Commissioner, I always like to take a question from the audience. So, I'd like to ask Sam from the New York City Veterans Alliance to please come up here. Sam? Sam has a question.

SAMUEL MOLIK: Good afternoon Commissioner. I did not expect to be here, so this is very strange for me to be sitting in this chair, but I'm going to go ahead with my question.

LOREE SUTTON: It's a good look for you Sam.

SAMUEL MOLIK: Oh, thank you and first of all, thank you very much for your testimony today. It's been enlightening. So, I just have a quick question. Kind of in relation to one of the Council Members previous questions. Is there a way for DVS to be able to establish more formalized relationship with health and hospitals to better equip providers to work directly with veterans considering that there's a huge disparity between mental healthcare in the private or civilian world as compared to military concerns?

LOREE SUTTON: Absolutely and we're committed to that.

SAMUEL MOLIK: And what in your mind would be the best way to go forward to be able to continue to strengthen the partnerships that already exist?

LOREE SUTTON: Yeah, so part of it and this is something Dr. Harrison and I have been talking about in terms of the way ahead. It's not just the data issues as we discussed earlier but also, I look forward to meeting with the leadership of health and hospitals. I have learned a lot from Melissa Walters on our team, who we just hired this last year and I think from there we can really work with them to see you know, whats the data that they have with respect to veterans because for example, Cecile Noel who is the Commissioner of the newly named Mayors office to end domestic and gender based violence. Over the last two years her team has seen over 500 veterans and their family members.

So, it starts with a conversation. It starts with finding out what their doing, what their concerns are. Who their seeing and we're at a point now fortunately where we can share who it is that we are and what we have to offer and so I really am so looking forward to that.

This is a breakout year 2019. The last two years building something from nothing whew, it's been something else but we're at a point now where increasingly we can reach out for these kinds of partnerships, these kinds of engagements here in New York City and I look forward to it and I look forward to your continued advice and support and partnership going forward. The Alliance does amazing work here in New York City and I want to thank you for your service as well.

SAMUEL MOLIK: Awesome, well, thank you very much Commissioner.

LOREE SUTTON: Absolutely.

CHAIRPERSON DEUTSCH: Thank you Sam. You did a great job. Thank you, Commissioner. Thank you, Dr. Harrison. Thanks for being here today.

I'd like to call up the first panel, Kent Eiler, Joe Hunt, Ed Schloeman, Kelly Posner, MD, Danielle Wozniak.

We'll start clockwise, we'll start Kent, right? No, oh you didn't sit down in order okay, I got them mixed up. You go first, clockwise.

CMSGT(RET) ED SCHLOEMAN: Good afternoon everybody. By the way, I have statistics, everything

that you're looking for, but I won't go into them because I made copies of these numbers that you could respond to. My name is CMSgt (ret) Ed Schloeman and I have been involved with this epidemic of veteran and military suicide since 2010. To equate that number whether we use 22 lives a day or 20, it equates something to like 64,284 families destroyed.

These families now are subject to traumatic grief which lead to many, many more disorders, but we are here today to discuss New York Veterans. I am providing with you with New York State Veteran Suicide Data, the most that has been put together. Of that number, 152 New York Veterans committed suicide, but whats staggering to know about that, 92 of those veterans are over 55 years old. They're not the young kids.

I have been attending many, many events over these ten years almost and many times, the veteran service organizations outnumber the veterans in attendance. That is a major problem and Commissioner Sutton has been reaching out to get more and more people to understand that and that's why when we have events, you guys have to come and see that to.

Where are we or where am I finding with my organization Operation Warrior Shield. I'm finding all these veterans in the Department of Veterans Affairs. All four of the organizations I go to every month, Brooklyn, Bronx, Manhattan, and I find veterans working with those in the veteran hospitals and they come to me and I help teach them the non-religious modality of Transcendental Meditation.

I'm going to pass on a lot of my verbiage because all of these groups know me. You don't know to much of me and what I would like for you guys to know is what makes Transcendental Meditation work more than other modalities? Do any of you folks know what TM is? Therefore, you need to get closer to me to find it out and what I would like to do, meditation, if someone told me this nine years ago, I would've never thought that this could change the lives of families.

The other Council Member, her husband deployed twice. Well, I deployed to Vietnam a couple times to but that was when there was nobody here.

So, I won't get into a lot of my three or four minutes. I will leave it to the rest of these people to talk but I would like that we bring the holistic measures back to the families. That families could

stay together and when people say, well, I'm religion, I pray the Rosary. But when you pray the Rosary, you do not listen, you talk, and we need to listen to ourselves that creates a better awareness. What is going to happen to you inside that will make you a better person? That will not have these tendencies to commit suicide? So, read my information, read my data. I have trained 544 New York City veterans to learn TM and the statistics are overwhelming.

So, when you say to me, thank you for your service. This old warrior says, how much? Now, I was here four years ago, when you asked, not you, but the other folks asked the head of MOVA, how much money do you need, and he could not tell you how much money he needed to become better handling us veterans.

While, I wish you would ask me that question, how much money I need, and I would answer that. Now the borough presidents have capital funding available and I reached out to each one of them, whether its Eric Adams or New York's borough president and they have no money set aside for veteran service organizations like mine.

If you could put out a grant request like other people do in other states and let us see if we're eligible like my organization is to get these kinds of funding's, we could help the Department of Veteran Services, we could help you and we're there immediately. We are the 311 for veterans.

So, if you have a question, I'd love to answer it.

CHAIRPERSON DEUTSCH: Yes, first I just want to mention that the borough presidents have whats called capital funding, which cannot go to operating expenses to any non-for-profit. So, that's why you cannot get any funding from the borough president.

CMSGT(RET) ED SCHLOEMAN: That's correct. That's what I'm asking you to change.

CHAIRPERSON DEUTSCH: But that was already taken away from them. At a time, they used to get it and number two is that we have a process and the deadline was several days ago, when non-for-profits can sign on to request money from the New York City Council and we do have a $2.1 million initiative in New York City Council for veteran non-for-profits that I was able to increase last year from $1.1 to $2.1, $2.3, I think. But whats $200,000? Anyway, so there is a

process that non-for profits can receive and many of the advocate groups, I think everyone, I see several advocate groups here today received funding from the veteran's initiatives.

CMSGT(RET) ED SCHLOEMAN: Okay, good. Thank you.

CHAIRPERSON DEUTSCH: And they do great work and we had a roundtable this past, after the budget season last year, with all the veteran non-for-profits to put them all in one room. So, this way, everyone gets to know each other, so there's no services that when the veteran comes over to one non-for-profit, they could always send them over to someone else who they may have just met. We also put together the first New York City Councils Veterans Guide, which comprises of all the organizations that receive funding from the New York City Council.

CMSGT(RET) ED SCHLOEMAN: Okay.

CHAIRPERSON DEUTSCH: So, we just ran out of copies, we're printing another batch of copies and you'll have all the non-for-profits that receive from the veteran's initiative. So, this way, we hold them accountable to define the services and given out to veterans.

CMSGT(RET) ED SCHLOEMAN: Okay.

CHAIRPERSON DEUTSCH: Thank you for your testimony.

CMSGT(RET) ED SCHLOEMAN: Thank you very much.

CHAIRPERSON DEUTSCH: Thank you.

KENT EILER: Good afternoon, Chair Deutsch, Chair Ayala and to the honorable members of the respective Committees that have been here this afternoon and who are here at the moment. My name is Kent Eiler, I am the Project Director of the City Bar Justice Center's Veterans Assistance Project.

The Veterans Assistance Project is one of a dozen projects at the City Bar Justice Center providing vital legal service to low-income New Yorkers. Last year I was confirmed by the State Senate and I serve on Governor Cuomo's Veterans Affairs commission. I also continue to serve as a Major in the United States Air Force Reserve Judge Advocate General's Corps.

The crisis of veteran suicide that you discus here today is pernicious. Veterans commit suicide every year by the thousands but each, when they commit this final act, does so alone. Statistically speaking, before the close of today's hearing at

least one additional veteran will have taken his or her own life.

Mental health is perceived as a common issue in thousands of these deaths. As a lawyer representing and advocating for low-income veterans and their families, I can speak as an observer of how the need for, and stress of, unmet legal needs impacts veterans and their families. Attached to my statement is a copy of the VA's June 2016 Community Homelessness Assessment which VA refers to as its Project CHALENG. Notably, Project CHALENG's Survey asked homeless veterans to identify their top unmet needs. For both male and female homeless veterans, five of the top ten identified unmet needs were unmet legal needs.

It's also worth noting that one area of legal need the VA's CHALENG Survey does not ask respondents to rank is whether respondents feel they require legal assistance in a dispute with the VA itself over benefits administered by the agency's Veterans Benefits Administration. At present over 400,000 appeals of VA benefit denials are currently pending before the federal agency. In New York City today fewer than 15 percent of the city's veterans are

receiving either VA pension or the VA's disability compensation whereas the national average is above 22 percent. There benefits are designed to keep totally disabled, war-time veterans out of poverty and, separately, to offset the loss in income disabled veterans experience from a service-connected disability.

While it's important not to stigmatize the boarder veteran's community as being in crisis, the group of veterans at risk, while a minority of the veteran community, is a sizable enough minority that action can and should be taken to address this slow-moving crisis.

I applaud you all for examining this issue to see that the City of New York can and should be doing to assist. I can only offer there are not easy fixes to this crisis. Congress is not hesitated to legislate in this field, but good intentions only go so far. Programs, past, present, and future, should be evaluated based on their efficacy in addressing the symptoms and root causes of this crisis. From the City Bar Justice Center's perspective serving the legal needs of hundreds of low-income veterans in New York City, greater access to free, high quality legal

service for veterans is important to helping them stabilize their lives, stay out of homelessness and above the poverty line.

Thank you.

CHAIRPERSON DEUTSCH: Thank you Kent. Thank you for your testimony and it was great meeting with you yesterday. I didn't think I was going to see you twice.

KENT EILER: Good to see you, sir.

CHAIRPERSON DEUTSCH: Thank you.

KELLY POSNER, MD: So, I'm Dr. Kelly Posner. I'm the leader author of what's been references as the Columbia Protocol throughout some of the testimony today.

CHAIRPERSON DEUTSCH: You're the one everyone blamed everything on, right? That was you?

KELLY POSNER, MD: No, I actually have the good news.

CHAIRPERSON DEUTSCH: Oh, okay.

KELLY POSNER, MD: I call it the low hanging fruit of saving lives but seriously, I'm here because Commissioner Sutton has recognized what more we can actually be doing in solving some of the mysteries of how we safe lives and it very much connects to many

things that we've heard from Members Eugene and Holden and throughout this day about how we actually find people who need help.

So, I just want to start by saying, I'm grateful for the opportunity to discuss a solution to one of the most intractable problems of humanity and make no mistake, suicide is not a veteran problem, it's a human problem. Taking more fireman than fire, more police than crime, more soldiers than combat, more lives than car accidents. Suicide and depression, it's biggest cause, is the number one cause of global disability and everybody is touched, 135 people are affected by every death and these effects linger across generations because of the silence that often follows. And I say this to empower us because we are not actually trapped by this history, suicide is preventable, and we know what to do. 50 percent of suicide see their primary care doctor the month before they die. We need to be asking like we monitor for blood pressure and do vision testing, otherwise we will not find the people suffering in silence, but even that not enough. The Undersecretary and the VA had the critical recognition reflected in the urgent memo that you

have attached to my testimony that we must go beyond the doctor's office, signaling a tectonic shift away from the narrow medical model, understanding that those suffering in silence will not come to us. We need to go and find them, where they live and where they thrive. Some of the EOD veterans, they don't even use Facebook, so I really mean going and finding them where they live.

Now, the Columbia protocol is the nationally and globally adopted common language that is the minimum standard for Regulatory bodies in all 50 states etc., and it's a few brief questions that can be in anybody's hands to actually for the first time show us who is at risk and who needs care. Finding the needle in the haystack with unprecedented science. You know, but, when they have the recognition of, we need to have this public health approach and find people where they live, the DOD was the first one to test this out. The Marines achieved a 22 percent reduction in the rate of suicide when they put it in everybody's hands. Financial aid counselors, legal assistance. The Air Force, just now, after we put in I every airman, every spouse, every dentist, they

said there the only service to have achieved a reduction this year.

You know, this urgent and we know that only as was mentioned only 6 of 20 veterans access VA services and the majority will not see any help. That mimics most community members who will never access behavioral health care.

Again, we must find them where they live and suffer in silence and this urgent need has been echoed again and again. The vet who died by suicide and the only person he spoke to, was the janitor. We're about to have a stand down in the VA where we put this in everybody's hands from the cemetery worker to the custodian. You know, recently, just a week ago an attorney interacted with a veteran at risk and saved his life and along with the VA secretary and the general council, we will make this sustainable by putting the Columbia now and every lawyer, every volunteer partner across America and it relates to guns as well. You know, 2/3 of gun deaths are suicide and the person who goes up to that gun counter to end his life, does not want to die and does not know there's help. So, we've been working with the gun community. 90 percent of shooters have

suicidal issues. So, we have posters and gun shops training gun shop workers. One of the dads who lost his daughter at Parkland said, this is the answer. We need to find people before its to late and in New York City, I've seen homeless veterans asking their peers, worked with all our local communities, but we have many more lives that we can safe and these questions who are in the hands of spouses and kids and everybody can be the cornerstone of a public health campaign near water coolers, bus drivers, taxi drivers etc. Just a small example following a training to the VA Commissioners office last week, Thrive and other city officials, vets, on campus, might be the emissaries to bring this tool to peers, giving them a sense of purpose that is so often lost after they return home and helping them save lives in a new way. And I just, I have two more sentences. You know, the Columbia Protocol is not the just a way to identify risk that has never happened before. It's also a framework for normalizing these tough conversations that can make a difference and reduce the stigma around suicide and promote connectedness. You know, with this simple message, just ask, you can save a life. At one point in history learning to

wash hands began saving lives. Giving this to every New York City veteran family and their community will save lives today and tomorrow.

CHAIRPERSON DEUTSCH: Thank you. How do you work with DVS? I see you have a very close relationship with DVS.

KELLY POSNER, MD: Yes, well, what we're doing now is trying to take all the things we've learned nationally and globally with this policy for every policeman etc., and really bring it to the streets of New York City. So, we just had this meeting figuring out how every nook and cranny of every service, it's already in all the health care services, right? And Health and Human Services, etc., etc., but how every veteran you know, and every family member and every service and every table, like was mentioned, can actually have this kind of public campaign. So, we're just at the beginning of this very exciting partnership.

CHAIRPERSON DEUTSCH: You did mention that we need to find them, right?

KELLY POSNER, MD: Yes.

CHAIRPERSON DEUTSCH: So, I thank you for those comments and I'd like to see how you partner with DVS

and how maybe you could help them with the education outreach in reaching out to those veterans.

KELLY POSNER, MD: Exactly, and the one thing I didn't mention is of all the 50 states, even the first ones have said that just asking these questions have helped them lower suicide, reversing an upward trend over the past 10 years. Like, we know how to do this and again, it was so obvious to all these wonderful people that work in this system. You know, I have a lot of hope that we'll be able to do exactly what you talked about.

CHAIRPERSON DEUTSCH: So, you just started working in New York?

KELLY POSNER, MD: No, no. So, New York State was one of the first states to go talk down and the policy right now in schools it's in the nurse's office. You know, that hasn't caught up to what the nation and the world, every school teacher in Israel has it in their hands. Parkland says, why doesn't every coach and every right? So, what I want to do with this wonderful work is bring New York State and New York City up where everybody else is to safe lives.

CHAIRPERSON DEUTSCH: Right, thank you.

KELLY POSNER, MD: And it will take a lot of partnership with all of you to get this information out there to family members.

CHAIRPERSON DEUTSCH: Yeah, so yeah, let's definitely keep in touch Kelly. Thank you.

DANIELLE WOZNIAK: Hello, I'm Danielle Wozniak and I'm Dean at Wurzweiler School of Social Work at Yeshiva University. First, I'd like to thank the Veteran's Committee Chair Deutsch and Mental Health Disabilities and Addiction, Chair Ayala for holding this important meeting today and shedding light on the mental health needs of our veterans and I'd like to thank committee members. Wurzweiler School of Social Work grateful received City Council funding for Care Café. A mobile mental health program that serves city residents in a café like environment and has a special outreach mission to veterans. We have been in over a dozen districts in the city and have held over ten cafes for veterans last year and we're on our sixth one this year.

Care Café is now in its second year of presentations to veterans and workshops in an accessible intimate café setting. We've partnered

with veteran service organizations throughout the city like the Samaritan Village, the Bronx Vet Center the Harlem Vet Center and fist, what we've done is identified topics that veterans want to hear about and then we've provided the programing. For the last two years, we've worked with men who are primarily men, but also women who are dually diagnosed with PTSD and addiction. They have complicated criminal records. They've had multiple tours of duty and based on their service experience, they may also be in chronic pain.

Primarily the men that Care Café serves feel forgotten. They feel broken and they struggle to find a road back into civilian life. They are facing life with that sense of hopelessness, anxiety, and depression.

What we've learned about veteran's mental health needs over the last two years is the importance of holistic strength-based services in a normalizing environment.

Because men that feel so isolated and often pathologized and criminalized, normalizing the environment in which they receive services has been very, very important. We've delivered workshops on

holistic selfcare. On anxiety reduction through meditation. We've looked at **[Inaudible 4:09:38]** for pain management and we have done workshops with the men on the importance of nutrition that emphasizes a shift in how you think about your body from an instrument in the Military to something that must me now cared for and nurtured.

The cafes have also provided people a chance to really just connect with each other, which the research supports the importance of peer relationships and connection in addressing PTSD and depression.

We've collected data from the men and our self-reports show that the men are really valuing knowledge and support, information enrichment, and connection.

The Vets that we have been working with over the last two years are really experiencing chronic problems. There is no cure for what their experiencing but with support, connection and management, there is transformation and our café has been able to do that and we are extremely grateful for the opportunity and if I may just take a moment and just share a personal story.

My grandfather was in World War I. My father was in World War II and two of my five brothers were in Vietnam. They all came back to a country that had not yet thought about what PTSD is and there was no lexicon or way of talking about their experiences at War and so, in my family, war was that silent void that everybody knew about and lived with, Mr. Holden, but couldn't find the words to talk about.

Last Spring, we at Care Café at Lincoln Center presented the Telling project, where we had a producer and a director work with veterans on how to tell their story and I have to say, it was the most personally transformative experience I think I've ever had. As veterans shared their stories and people in the audience, family members for the first time got to hear what those experiences were like and so, that is a way in which it was transforming and healing. So, thank you.

CHAIRPERSON DEUTSCH: Thank you Danielle, thank you.

CO-CHAIR DIANA AYALA: Regarding the Care Café, how do you identify what communities you're going to be providing these Care Cafes at?

DANIELLE WOZNIAK: So, for general Care Cafes we work with the Council and we work with different organizations in every district but for the veterans, we've been really partnering with veteran centers that centers in veterans and also with Council.

CO-CHAIR DIANA AYALA: And also, are the attendee's men?

DANIELLE WOZNIAK: Well, yes, thus far they have been.

CO-CHAIR DIANA AYALA: Do you know of any services that we're providing for women that are coming back?

DANIELLE WOZNIAK: I don't, but we can target that population and do our outreach for that.

CO-CHAIR DIANA AYALA: Does anybody else on the panel know of any programs that are geared towards women?

DANIELLE WOZNIAK: Thank you.

CHAIRPERSON DEUTSCH: Thank you. We're done.

JOE HUNT: Thank you, Council Member Ayala and Deutsch and Members of the Council. My name is Joe Hunt. I am a US Army Veteran and I serve as the Director of the Veterans Mental Health Coalition in New York City. We're administered by Vibrant

Emotional Health formerly known as the Mental Health Association of New York City.

For more than 50 year, Vibrant has provided direct service in public education and advocacy to address the needs of New Yorkers living with behavioral health needs. In addition to overseeing the Veterans Mental Health Coalition, Vibrant provides training and technical assistance, as well as back up call center support for the Veterans Crisis Line.

The Veterans Mental Health Coalition works to improve access to and the quality of behavioral health services specifically for New York City's military connected community. It accomplishes this by conducting knowledge and skill building, training, and education programs to broaden the capacity of providers to identify and address the behavioral health needs of New York City's military connected community. The coalition has a diverse membership made up of over 850 individuals representing 370 different agencies. These include, housing, legal services, academic institutions, hospitals, mental health providers, as well as City, State and Federal agencies. Eighty percent of our membership are

civilian, non-mental health providers who seek information and training about the culture and unique needs of veterans and their families and caregivers in order to become more effective in delivering their service.

In addition to my role at the Veterans Mental Health Coalition, I am Vibrant' s Project Director for a 3-year SAMHSA grant for mental health awareness training. This grant enables Vibrant, in cooperation with the Institute of Veterans and Military Families to provide Mental Health First Aid Veterans Module Instructor training and certification to selected staff of IVMF's America Serves Coordination Centers who will in turn, provide mental health first aid training to over 1,000 veteran serving non-mental health providers in their networks across the country. Two members from VeTConnectNYC staff were among those trained in our first cohort this past January.

Veterans, service members, military families and caregivers, face unique challenges when they or a loved one needs behavioral health services. A lack of understanding of behavioral health disorders, treatment options, and the stigma of mental health

treatment inhibit or provide underutilization of behavioral health treatment.

Early identification intervention is necessary to that the impact on the 20 veterans who die each day by suicide.

Increasingly, veterans, service members and their families are turning to veteran's service organizations for help in navigating the complexities of fragmented and uncoordinated service system. To increase utilization of needed behavioral health services is necessary to enhance mental health awareness, not only for veterans, service members, families, and caregiver, but the non-clinical providers serving this population.

Vibrant ant the Veterans Mental Health Coalition supported the creation of the New York City's Department of Veterans Services to meet the needs of New York City's more than 210,000 veterans and applaud the Department's comprehensive effort to address the mental health and emotional needs and wellbeing of our veterans. But it takes a community working together to accomplish these goals.

The importance of information and training to a largely civilian, non-mental health provider

community that serves as the front line to meet the needs of the veterans and their families. Also critical is the ability to measure the community's impact on helping veterans access needed services and supports, particularly as it relates to mental health and suicide.

We ask both Committees to consider placing more emphasis on the training of military cultural competence and mental health first aid to providers of services to our military connected community. We also ask that both Committees encourage the expansion of veteran serving organizations in the VetConnectNYC network among the providers in their respective districts and citywide.

In addition, we encourage the Committees to review the data collected by VetConnect related to participating agencies, particularly the data on mental health referrals through the VetConnect system. VetConnect is our backbone organization for data collection for the veteran community.

Vibrant and the Veterans Mental Health Coalition are grateful for the City Councils leadership and commitment for addressing the needs of New York City veterans.

CHAIRPERSON DEUTSCH: Thank you, Joe. I think you hit all the points that we spoke about at this hearing. So, hopefully now DVS will respond and now that the foundation spoke, maybe we'll get better answers next time. So, thank you very much. Thanks for your support Joe and I want to thank the panel because not all of you get paid for being here. So, I want to thank you for being patient and sitting through the entire hearing. So, thank you.

I'm going to call the next panel. My first name, because it's kind of sloppy here and I checked, there's no duplicate of first names here. So, Robert, Amanda, Elaine, and Coco.

So, we're going to do ladies first and we'll do clockwise.

AMANDA SPRAY, MD: Great, thank you. Well, thank you so much to DVS and also for City Council for holding this very important hearing. I am Dr. Amanda Spray. I am clinical psychologist and the Assistant Director of the Steven A. Cohen Military Family Center at NYU. I am here to testify on behalf of our center. We are all aware of the alarmingly high rates of veteran's suicide, I'm not going to repeat

all the statistics that we've been talking about today.

The impact of wary and military service on service members and their loved ones is long lasting. Mental health struggles are not uncommon. Yet they are often left unaddressed, potentially leading to unemployment, loss of housing, damaged relationships, and at time, tragic loss of life by suicide. Families of veterans may face mental health risks of their own, especially those who play a caregiving role. These can include declines in mental health, increased behavioral problems amongst children of veterans, higher divorce rates, and increased risk of suicide themselves. Timely and high-quality mental health care is crucial and can potentially be lifesaving. Yet, mental health resources available for military family members as well as some veterans are quite limited.

The VA medical centers are doing their best to address the issues, but they simply cannot do it alone, they don't have the bandwidth. The military family center at NYU was founded in 2012 to fill the gaps and services available to veterans and their families in a complementary way to the VA. Our

clinics mission is to address the challenges by providing accessible high-quality integrative treatment to veterans and their family members. We strive to remove barriers to care in a number of ways by providing our care completely free of charge. By offering our service to veterans regardless of their discharge status, combat exposure, or era served, by opening our service not only to veterans but also to their family members that we define very broadly and by offering our service not only face to face but also via telehealth that allows providers to reach individuals who are unable to come into our offices due to geographical, emotional, or other challenges.

The Cohen Military Family Center addresses a wide range of mental health concerns including but not limited to posttraumatic stress, traumatic brain injury, depression, anxiety, readjustment difficulties, alcohol and substance abuse, relationship problems, along with a variety of other challenges military families may experience. The services include individual, couples, family, and group therapy, parenting training, psychiatric evaluations and medication management, neuropsychological assessments and cognitive

rehabilitation among others. Our highly skilled clinicians have deep appreciation for and a sensitivity to military culture and its unique strengths and challenges and are passionate about helping veterans and military families.

Mental health services such as those provided by the Steven A. Cohen Military Family Center at NYU Langone Health save lives. We have delivered these crucial services to over 2,000 veterans and their family members, filling gaps in what the VA is able to provide. We are very grateful to the New York City Council for their support of our program as we work closely with the VA, the Department of Veteran Service and other veteran service organizations to address veteran suicide together. Thank you.

CHAIRPERSON DEUTSCH: Thank you. Thank you, Amanda.

ROBERT DINARDO: Thank you. Good afternoon, my name is Robert DiNardo. I am here on behalf of a 501C3 non-for-profit by the name of Research and Recognition Project.

Research and Recognition Project's mission has been, and it has evolved wonderfully and successfully

as I hope to tell you about that briefly and I've given you the materials to support it.

Its mission is to develop, and it has developed a drug free psychotherapy for the treatment of PTSD. It is called Reconsolidation of Traumatic Memory, short version RTM. The genesis of RTM began actually at 9-11. The clinical director and I'm here in his place. He is working somewhere else and I'm fairly nearby and he asked me to come today. His name is Frank Bourke. On behalf of a large insurance company, which name I don't remember. He treated about 250 first responders and victims at 9-11.

He developed this concept or this treatment of RTM, Reconsolidation of Traumatic Memory at that time. It is a drug free, I was introduced to it by a fellow veteran who was in the process of redeveloping a hospital building. Its now a second location for Tour Medical School and there was some spare space. He was a friend with another veteran we both knew. They wanted a location to run some pilot studies for this program. He donated buildings a few out buildings and we spruced it up and we did the very first pilot study.

To date, there have been one pilot study and four replication studies. All of the studies are pursuant to a rather rigid, and again, I'm not a technician, this is new to me, but I hope I can deliver the message accurately, an IRB, and Independent Review Board. That involves I see people nodding, I'm glad you know it better than I do but essentially as I understand it. This group of universities who replicate what we do, and we have to follow their very strict protocol. So, for example, in the five studies, the pilot and the replication studies, we treated 160 veterans with PTSD. The first step in that process and I hope I'm not **[inaudible 4:32:16]** described the process. It is rather unique. Again, its therapy, drug free but the first process is to make sure the person has PTSD and then you go through the treatment. I know it's going to sound incredible, we had a lot of difficulty believing it when it was first introduced to us. Unfortunately, we had a number of local people from the hospital and other medical professionals who vetted it and they said it works. Part of that process, according to the IRB is all of the therapy is video tapped. It's all sent to the universities and they have confirmed

it. The results of those five studies, one of which was an all-female study and interestingly in that all female study 2/3 of the, we call them clients, 2/3 of those veterans had PTSD, not from combat but from sexual assaults, multiple sexual assaults and they had the highest percentage. All 160 we were able to, they don't like the word cure, but I'm away and I can say cure, but they would say it this way. With over 90 percent of those 160 veterans, the woman being the highest percentage, but they all were more than 90 percent of those 160 results after the treatment did not have any of the symptoms of PTSD. Did not qualify under DSM5 diagnostically as having PTSD. Remarkable.

You'll see in the materials we've also done some brain studies. Some before and after brain imaging out in New Mexico. We've been funded so far, remarkably with this work we've done over the last five years. We were founded with a million and one grants from New York State. Beyond that, we've been funded by the Blue Angel's Foundation and private gifts and private donations.

We're really at the stage now where our next phase is training. There's a great demand for an

effective treatment of PTSD. Let me back up with that quickly. I'm told that there's no scientific data or review study of the connection between PTSD and suicide. I know that's your real subject here, I'm a little part of it; however, anecdotally what the clinicians who have performed the treatment have observed because we do follow up, is that in the twelve months following treatment, there's been a great reduction, almost an elimination of suicidal impulses and I know there's a more technical term for that. That's what it means to me. So, there is good strong anecdotal evidence but let me come back to where we're at now and what we want to do. We have to do training. The clinicians and the people who know the science very well have developed a manualized, structured, training program starting in 2018 we have trained 85 clinicians in the protocol. The evaluations from these 85 trainees has been more than 90 percent satisfactory.

They in turn, have treated approximately 400 clinicians with PTSD and their success, their evaluation. Not by us, we don't review the results. The IRB people, the independent people, they review

the results. Those results again, have been more than 90 percent satisfactory.

So, the next step is a training program. We have a $2 million grant request to New York State, excuse me, for funds to kick off a national training program. We're here by the way, I should have said this in the beginning, at the request and the suggestion of Commissioner Sutton and I've learned a great deal today. I'm happy to say, we'd love to be the 55 initiative. That's where we're at now. I'm probably taking too long or said to much or too little. I don't know which, but that's what I'm here to give you the information about and hopefully there's a way that we can collaborate with your Veterans Committee and ultimately with you folks.

CHAIRPERSON DEUTSCH: Yeah, so definitely be in touch with my office in regard to Frank, where ever he is, and I thank you for testifying today.

ROBERT DINARDO: I don't want to tell you he's in Florida, but he's in Florida, but he's working. Have you talked to him?

CHAIRPERSON DEUTSCH: Yeah, he's at the beach. He's drinking a tequila. Thank you very much.

ELAINE HUNTER: Hi, my name is Elaine Hunter and, on behalf of Samaritans Director, Alan Ross, I would like to thank the New York City Council Committee on Veterans and the Committee on Mental Health, Disabilities, and Addiction, for the opportunity to present testimony today based on our experience operating New York City's longest running Suicide Prevention Center.

You certainly don't need us to tell you that suicide and self-harming behavior are on the rise in New York and across the nation. And though we are here to address the needs of veterans and those with mental illness, you are also well aware that the issues and problems related to suicide are experienced on a daily basis by people of every age, race, culture, sexual identity and socioeconomic standing.

Working in collaboration with city, state, federal health experts to prevent suicide these past 35 years has led Samaritans to extend our focus beyond the confines of at-risk populations, which we believe can limit or perspective in developing effective prevention strategies, and remind ourselves, nobody is just one thing.

No one is a veteran or an immigrant or a victim of bullying or someone with a health problem. People are unique and complex and possess their own distinct combination of more thoughts, beliefs, behaviors, traits, life experiences, perceptions, etc. than we can possibly imagine.

A veteran is not just an active or retired soldier, as important as that may be. Rather, her or she is also a parent, a spouse, a son or daughter. Someone who maybe deeply religious or have no spiritual conviction, who is financially sound or unable to make ends meet. They may also be gay, lesbian, an immigrant, someone who struggles with substance abuse, a victim of trauma, sexual assault or child abuse or more things than we can imagine.

As current burden research points out, it's not who is at risk but where the greatest number of people who are at risk can be found and ultimately provided with the support they need. This is a lesson the military taught us over 20 years ago when the US Air Force implemented what is still to this day the most comprehensive and effective suicide prevention program in this country's history.

What they found was that the more points of access for help available to members of the military who are in distress, the more likely they were to seek that help and often, the help accessed was an alternative to official, government run programs. The current federal legislation examining the effectiveness of the Veterans Hotline proves this.

It does take a village, what Samaritans call as caring community, a cross section of clinical, medical, humanistic, volunteer and other programs and services that cover the entire gamut of ways people are comfortable seeking help. Often, the very community and volunteer health agencies that are consistently overlooked when decisions are made on how to respond to ever increasing demands for services.

Samaritans and numerous non-profits that have historically provided these services are still waiting for our Mayor, who frequently states how important it is to reduce self-harming behavior, to restore the cuts to community groups, like Samaritans hotline, that were enacted when Thrive was launched. In our case, this resulted in the hotline going from

responding to 89,000 calls four years ago to 75,000 last year.

So, as you seek to improve and increase the help and support available for those in distress, please remember, bigger is not always better. New is not always improved.

Strengthen New York City's Safety Net. Support New York City's caring community agencies, because when people need help, we're here. Thank you.

CHAIRPERSON DEUTSCH: Thank you and Samaritans does outstanding work, so thank you very much. I've been working with them for the last five years. I just have one question. Is Alan with Frank in Florida? No, okay.

ELAINE HUNTER: I'm not at liberty to discuss.

CHAIRPERSON DEUTSCH: Oh, okay. Aright, Coco.

COCO CULHANE: Hi. I'm Coco Culhane the founder and Director of the Veteran Advocacy Project. I will keep it short. I'm going to put in my usual, you know, there are a population of veterans who are left behind. Veterans with less than honorable discharges. Their suicide rate is nearly three times that of other veterans and I just want to also add that less than half of veterans actually use the VA

and so, this is where our role comes in as a community to step up and I think providing legal services, unfortunately we interact with people when they are in crisis and we do specialize in working with veterans who have mental health issues and people have a hard time asking for help, right? But when they get the Marshals notice, they come in and so one of the things that we are doing, not only in partnership to try to be holistic, but also, we get medical evidence for their case, right? As partnering with community healthcare network which I know is here and also vet centers, which are readjustment and psychotherapeutic counseling and all kinds of different counseling for vets and their families. And the advantage there is that we can remove the barriers to stability. I mean a lawyer can basically clear the way so that veterans and their families can get to the experts and can heal and recover and thrive.

So, we just got this piece of data. The Bronx Vet Center said you know, we've been working with them for about two years and since that time, they've seen an increase in new veterans coming in. So, they've had 690 unique new veterans because people

want to come in because it's easier to ask for legal services or whatever other programs. I mean, they offer a lot of programs.

So, we wanted to offer that, and I will let Community Health Care Network talk about our unique partnership. They're one of the only primary care, integrated primary and behavioral care program that is culturally competent for veterans, that basically is like an alternative to the VA but also serves the family. So, putting in a little pitch for them.

And then finally, I just wanted to talk about the Thrive and I think that we are still in this place where we're not sure what we're asking DVS to do. Whether or not its services or providing information and I think that becomes apparent but for what I'm looking at, if the goal is to be an information hub, I think that the core four model can be, I'm told that it is a brilliant model and its what we need for communities, but is DVS's role to provide those services or to inform about them?

And that's where I think we need the improvement and seeing the data about who are they reaching and how. Not necessarily are they providing the services, right? I just think sometimes it gets lost

and I will say you know, I sit on the advisory board for the Veterans Mental Coalition. I have no idea what core four is or does and I have asked so many people to tell me and I think that that's serious. Like, who is it? What are they doing? These kinds of things. What information is being disseminated I think is whats important.

CHAIRPERSON DEUTSCH: Agree Coco and I think we accomplished a lot in today's hearing, and we have a lot of follow up to do. Let me ask you a question. Dealing with mental health, anyone on the panel, well, I just heard from you Coco that have been working with ThriveNYC?

ELAINE HUNTER: A little bit. We've worked a little bit with them.

CHAIRPERSON DEUTSCH: What does a little bit mean?

ELAINE HUNTER: We get a referral every now and then.

CHAIRPERSON DEUTSCH: So, they refer someone to you?

ELAINE HUNTER: They refer someone to us.

CHAIRPERSON DEUTSCH: Okay.

ELAINE HUNTER: But it's been less than we would have assumed.

CHAIRPERSON DEUTSCH: Do you have a waiting list on mental health?

ELAINE HUNTER: Do we have a waiting list, no.

CHAIRPERSON DEUTSCH: Okay.

ELAINE HUNTER: We're full, but we always accommodate.

CHAIRPERSON DEUTSCH: But you do get phone calls?

ELAINE HUNTER: Maybe once a month, if that.

CHAIRPERSON DEUTSCH: Okay.

ROBERT DINARDO: The fellow in Florida has been in touch with Commissioner Sutton. Dr. Bourke has been in touch with Commissioner Sutton for a number of years.

CHAIRPERSON DEUTSCH: Was that the same person for her?

ROBERT DINARDO: Yes, the Florida person. We really weren't ready, and we didn't think, and I don't think Commissioner thought until now to be able to do anything concretely. The research is done, even though the research continues. The research is done and we're now in the training mode and we need to think about how we could collaborate with

Commissioner Sutton and it seem to us that training clinicians maybe the way to do it if there's a role for us to do that. You know, we think of it as a pyramid, we train 85 clinicians, they successfully treated 400 victims of PTSD. That's what we need to and want to continue nationally and what better place to kick off a national program like that other than New York City? Thank you.

CHAIRPERSON DEUTSCH: Thank you. I have a question for Amanda. Do you get any funding from ThriveNYC?

AMANDA SPRAY, MD: No.

CHAIRPERSON DEUTSCH: But they refer cases to you, but you don't get any funding. So, how are you funded?

AMANDA SPRAY, MD: We're funded a little bit by City Council. So, thank you so much.

CHAIRPERSON DEUTSCH: Whats a little bit?

AMANDA SPRAY, MD: $150,000 and this year it was $175,000, so thank you. That's predominantly for our traumatic brain injury program specifically. Through Steven Cohen's Foundation our name. Through Home Depot Foundation, through McCormick Foundation. So, lots of private philanthropic supporters.

CHAIRPERSON DEUTSCH: But you get nothing, zero, from ThriveNYC?

AMANDA SPRAY, MD: Zero.

CHAIRPERSON DEUTSCH: And they send you referrals?

AMANDA SPRAY, MD: Yes, not very many.

CHAIRPERSON DEUTSCH: Yeah, not very many, okay. Okay, so I think this panel is done. Thank you again. Thanks for sticking around and being patient with everything that we do. We have one more panel. I don't think I have to call any names. Whoever is left, come up now. Samuel Molik, Dorothy Farley, Sergeant Jonathan Lubecky, and Vadium Panasyuk. I don't want to get it wrong Vadium, yeah.

We'll go clockwise. The man in the red tie, Sergeant.

SERGEANT JONATHAN LUBECKY: Thank you sir. My name is Sergeant Jonathan Lubecky. I was medically retired at the Veterans and Governmental Affairs ladies on for the Multidisciplinary Association for Psychedelic Studies but I'm also a veteran, I'm not special. Many have done far more than I. Like many who witness their country in this city attack, I answered the Beetles call and enlisted. We

courageously faced the demons that haunted your nightmares. While the demons eventually left your nightmares to be replaced with dreams of ice skating at Rockefeller Center or having a first kiss in Central Park. That evil infected us and became part of our daily nightmare upon our return.

ON the early hours of Christmas 2006, less than two months after my return from Iraq, after being turned away by a church and a hospital, I went home loaded a 9-millimeter, put it to my temple and I pulled the trigger. The gun misfired. As you've heard 22 veterans a day have similar experience and are not as lucky as I was. They're buried under the flag of the country they loved and were willing to die to defend. They volunteered to give their life for this country, they just never realized they would die by their own hand on American soil far from the battlefield.

One such veteran Sergeant First Class Danny Smith, who this past Saturday took his life after returning from a deployment and he was discovered by his young son. After my fifth and final suicide attempt, that should have been successful, I was snuck a note by an intern at the VA that saved my

life. It simply said google PTSD MDMA. MDMA is the active ingredient ecstasy Molly, whatever you want to call it but it's the pure pharmaceutical grade version. Exactly eight years from my return from Iraq on November 22, 2014, I took MDMA for the first time as part of a randomized double-blind placebo control clinical trial authorized by the FDA and DEA conducted by MAPS. I didn't think it would work. I didn't think it would help in the least, I had tried everything else. It was a miracle. I no longer have suicidal ideation, depression, or PTSD. I literally went from being in a VA Mental Ward after slitting my wrists to working for US Senator Rand Paul as a National Veterans Director on his presidential campaign.

After a twelve month follow up, 68 percent of participant no longer had PTSD and required no further treatment. This was accomplished using psychotherapy under the influence of MDMA. Three session, three to four weeks apart with twelve integration session. Unlike other treatment I went through to include 42 pills a day, cognitive behavioral therapy, exposure therapy, and etc., MDMA

therapy allows the veteran to actually deal with the root cause and trauma rather than treating symptoms.

This is one of the reasons that when traditional treatment stops, whether it be Zoloft, cannabis or name it, the symptoms return. This treatment is different.

I was healed four years ago. I am better now than when I completed my treatment. It has also made me far more resilient to future trauma as I learned this past summer, when I had a man die in my arms after drowning in a lake. This treatment has given me a fourth chapter to my life. This treatment is the reason that my step son has a father instead of a folded flag as Sergeant First Class missed son will soon receive.

CHAIRPERSON DEUTSCH: Thank you. Thank you for sharing that story and I don't think it was just with the treatment that you took. I think you were meant to be here sending a message to others and today is probably the most, one of the most important hearing that we've had and the fact that you're here today and you're telling us your story, which will definitely be passed onto others, says a lot. So, I

want to thank you for your services and please be in touch with my office.

SERGEANT JONATHAN LUBECKY: And since you've been asking a lot. Actually, MAPS, the MDMA therapy that they have been fighting since 1986 to be able to conduct and even try, has been entirely privately funded through a non-profit. All donations, not from the City of New York or anyone actually. It's all been private donations.

CHAIRPERSON DEUTSCH: So, its still being currently funded through private donations.

SERGEANT JONATHAN LUBECKY: Private donations. The FDA has declared this a breakthrough therapy, which is usually reserved for cancer drugs and we're currently conducting phase three trials. As a matter of fact, one of our phase three trial locations is here in Manhattan.

CHAIRPERSON DEUTSCH: Oh, wow. Okay, have you been in touch with ThriveNYC or anyone from ThriveNYC?

SERGEANT JONATHAN LUBECKY: Not from ThriveNYC but I have talked with Loree Sutton.

CHAIRPERSON DEUTSCH: So, we should definitely connect you with some people from ThriveNYC.

SERGEANT JONATHAN LUBECKY: Absolutely. Thank you, sir.

CHAIRPERSON DEUTSCH: Do we have anyone here from the Department of Health and Mental Hygiene? No, so we'll definitely have my staff, they just walked out. Yeah, we'll get you the information before you leave.

SERGEANT JONATHAN LUBECKY: Yes, sir. Thank you.

DOROTHY FARLEY: Good afternoon. Thank you, Chairperson Deutsch, Chairperson Ayala, and the entire Committee on Veterans Affairs and Mental Health, Disabilities, and Addiction for the opportunity to speak to you today. My name is Dorothy Farley and I am the Vice President of Behavioral Health, Social Services, and Care Coordination at the Community Healthcare Network. Community Healthcare Network is a network of 14 federally-qualified health centers, including two school-based vans, a fleet of medical vans. We provide affordable primary care, behavioral health, dental, and supportive services to over 85,000 New Yorkers annually throughout New York City.

At CHN, we strive to treat the whole patient. Our model of integrated care allows patients to access any number of our health and social services

when they walk through the door. The model extends the populations currently or formerly involved in the military, including active duty service members, veterans, and their families, regardless of discharge status. CHN's Military Health and Wellness Family Program recognizes the need for timely, culturally-informed care amongst military populations and draws on the strength of a wide variety of health professionals to deliver these services. In our medical-legal partnership with the Urban Justice Center's Veteran Advocacy Project or VAP, CHN offers care management, linkage to legal and social services, and comprehensive healthcare for individuals seeking care outside the Department of Veterans Affairs.

CHN offers four Centers of Excellence in military care at our family health centers in Harlem, Long Island City, Sutphin Boulevard, and the South Bronx. Staff at these centers have been trained by the Veterans Advocacy Project to provide comprehensive, culturally-informed care to military populations. Over the next year, we plan to expand this service to designate two more centers of Centers of Excellence in Brooklyn and the Bronx. These centers are at the

core of our Military Health and Wellness program. We get our referrals from VAP, Help USA, VetConnect, or own internal staff. Our patients are clients when they come in our door are paired with a member of our social work team and are screened using a specific veterans assistant in take form. Meaning we actually we actually ask patients and clients when they come in, have they served or have their families served and we ask them that directly and of course, we include a validated depression care assessment.

Since its inception, CHN's Military Health and Wellness Families Program has taken on 199 unique patients of course with generous support from the City Council, led by you Councilman Deutsch. A significant portion of these patients are referred to behavioral health services after initial screening. This trend reflects a wealth of research and anecdotal evidence supporting the link between traumatic military service and behavioral health needs. However, not all patients coming through this program feel comfortable or ready to access behavioral health services or even at all. At CHN, we tend to meet patients exactly where they are at and we do in a stigma free integrated setting. In

addition to a team of highly skilled social workers, psychiatrists, mental health therapist, and substance abuse professionals. We offer services in primary care, dentistry, pediatrics, podiatry, nutrition, wellness, and sexual and reproductive health. Our integrated approach supports the link between physical and mental health, and the understanding that treatment of one often benefits the other.

For today's hearing, we offer the following considerations.

Importantly, not all veterans prioritize care at the VA. In fact, a sizable portion of veterans are ineligible for VA services due to their military discharge status. To that end, it is imperative that military populations have alternatives to the VA and that these alternatives extend to their families. Our military health program focuses on the whole family with the understanding that the impact of military service extends beyond the active or former service member. Additionally, while many organizations do operate military health programs outside of the VA, these programs are not always visible to the military population.

We applaud the Veterans Committee for releasing a Veterans Resource Guide earlier this year and support ongoing efforts to increase visibility and communication among health resources among military communities.

We integrate primary and behavioral health care for military affiliated families. While there have been great efforts to de-stigmatize mental health care, both internal and external stigma continue to dissuade individuals from seeking out behavioral health services, especially among military populations. We have found that co-location of behavioral health and primary care services has benefited regular engagement in care, including transition in behavioral health therapy, if in deed it is wanted and desired, thus communication and collaboration between behavioral health and primary care services oriented towards military populations benefits the health and wellbeing of military affiliated patients.

We have also recognized the importance of having programs that accept veterans' insurance Tri-Care government managed health insurance for military members and their families. CHN accepts this

insurance as well as virtually all other insurance. We have found, however, that many of our patients have experienced challenges accessing services at other locations where Tri-Care is not readily accepted. To that end, we support greater visibility around insurance as part of an ongoing effort to advertise military health resources.

Finally, we not the importance of having staff that are trained to meet the needs of military families, without making these populations feel singled out. We have found great success with our partnership with VAP and are continually improving our military screening template to better link patients to the right resources.

I want to thank you for the opportunity to speak to you today and look forward to continuing our work alongside other elected officials. Thank you.

CHAIRPERSON DEUTSCH: Thank you, Dorothy and keep up the great work. Thank you.

DOROTHY FARLEY: Thank you.

VADIUM PANASYUK: Chairman Deutsch, Chairwoman Ayala and distinguished members of the Joint Committee, on the behalf of Iraq and Afghanistan Veterans of America, IAVA, and our more than 425,000

members, I would like to thank you for the opportunity to testify here today. I am a New Yorker, a US Army Combat Veteran and at IAVA, I am a master level social worker serving as a Senior Veteran and Transition Manager VTM, VA Benefits Lead, with our Rapid Response Referral Program or RRRP for short.

RRRP is a high-tech, high touch referral service for veterans and their families with a comprehensive case management component. We assist veterans of all eras, regardless of discharge status, worldwide in confronting significant challenges like unemployment, financial or legal struggles, homelessness, and mental health related issues. To date, RRRP has served over 9,000 veterans and family members nationwide and over 1,000 in New York City alone, providing critical support and resource to ensure that this city's veteran's needs are effectively met.

The campaign to combat suicide among troop and veterans is an extremely important issue to IAVA and remains number one amongst our Big 6 priorities, which include Support and Recognition of Women Veterans, Reforming the VA for Today's Veterans, Defending the GI Bill, Support for Injuries from Burn

Pits and Toxic Exposures, and Support for Veteran Cannabis Use.

For nearly a decade, IAVA and the veteran community have called for immediate action by our nation's leaders to appropriately respond to the crisis of 20 military and veterans dying every day from suicide. Thanks to the courage and leadership of veterans, military family members, and our allies, there has been tremendous progress. The issue of veteran suicide is now the subject of national conversation, increased media coverage and reduction in stigma and a surge of government and private support. In 2015, IAVA and our partners jump started a national conversation, but the flood of need continues nationwide and continues to rise. In our latest member survey 65 percent of IAVA members know a post 9-11 veteran who attempted suicide and 59 percent know a post 9-11 veteran who died by suicide, while 77 percent believe that as a nation, we are making progress in combating military and veteran suicide. Every day, we are losing more of our brother and sisters to suicide. This is not the time for America to let up. Instead, this is the time to redouble our efforts as a nation and to answer the

call to action and IAVA will continue to maintain our leadership on that charge.

One of the ways that IAVA will maintain our leadership on this issue is through RRRP. In 2018, we provided nearly 130 connections to mental health support for veterans and family members around the country, ensuring that those in need of help can easily access the quality support they need. Importantly, we have a memorandum of understanding with the VA's Veteran Crisis Line VCL, which allows us to provide warm handoffs with trained responders at the VCL where the at-risk veteran is never left alone or hung up on, literally preventing veteran suicide.

In 2018, RRRP connected 39 veterans to VCL, which means that about every week and a half VTMs connected a veteran that was either currently suicidal or at risk of suicide with lifesaving support. RRRP relies on this critical partnership with the VA to continue to keep the veterans and their families safe to ensure that our clients who are in crisis are connected with these VCL responders to prevent suicide. IAVA's Rapid Response Referral Program and the VCL have been in partnership since RRRP launched

in 2012 and has connected nearly 240 veterans to this lifesaving resource.

I also want to add that as we talk here about veterans' suicide, something that has to be addressed is the over prescription of psychotropics and a lack of counseling for veterans to treat the underlying trauma. This also extends to over prescription of opioids in the VA system and pain management. From personally speaking, I've also had friends who I have lost to suicide and many of them were heavily medicated on opioids and were not functioning in society and a needed alternative method for pain management. Something that IAVA has started doing over the last year and a half is advocating for the VA to begin research in medicinal use of cannabis. I don't know if you guys are aware that right now a VA doctor legally cannot discuss this as a treatment option at all whether its within the VA system or out.

So, I definitely encourage members of this committee to run towards research and run towards alternative modes of management and to include things like MDMA but also medicinal cannabis.

CHAIRPERSON DEUTSCH: MAPS is also the one that funded two [inaudible 5:23:05] Study out in Arizona the only FDA, DEA approved phase two research trial for smoke cannabis to treat PTSD in veterans and also, actually while we've been in this hearing, someone I served with in Iraq texted me and asked me and asked me to thank IAVA because I had him call the RRRP program because he needed help and they were able to help him. So, it is a program that absolutely works.

VADIUM PANASYUK: With that, the only last thing that I want to add is that with veterans who have pursued cannabis as an ultimate method to either managing pain or their service-connected mental health conditions, they were able to go back out into the community and begin leading productive lives while maintaining their health and managing their pain. With the methods that the VA prescribes at this point, while there is a very wide evidence for them working, there is now even a more growing concern of the adverse reactions to a lot of these method and overall, we need to use modern science in combating these issues and actually improving the quality of life of injured veterans.

With that, I'm prepared to answer any questions you may have and thank you for allowing us to testify here today.

CHAIRPERSON DEUTSCH: Thank you Vadium. You brought us a wealth of information and I think what we should have is we should have some roundtable discussions like a hearing, like this with everyone and give everyone an opportunity to speak for five minutes to exchange information, to exchange ideas. That's so important. So, I hope that you all reach out and send me an email to my office or you could just let me know, I have a staff member **[inaudible 5:26:02]**. You could give him your contact information if that's easier and we'd love to be in touch with everyone who testified today and just do like a roundtable, a support group, just to get ideas and to bring this out. So, thank you. Yeah, we have a question.

CO-CHAIR DIANA AYALA: Yeah, I don't have a question, just a comment. On Monday, the Health Committee is actually going to be having a hearing on medicinal marijuana at 10:00 a.m. So, if you're available you should come and testify.

VADIUM PANASYUK: Thank you for letting us know.

CO-CHAIR DIANA AYALA: I know you probably have a lot of things to do with your day but yeah.

CHAIRPERSON DEUTSCH: Thank you. We'll get to Samuel. I think you already had your three minutes before.

SAMUEL MOLIK: Oh, I'm all done. Is that it? Alight. Thank you very much both to Chairman Deutsch and Chairwoman Ayla for the opportunity to testify today. My name is Samuel Molik, I am the Director of Policy and Legislative Advocacy for New York City Veterans Alliance. A member driven, grassroots policy advocacy and community building organization that advances veterans and their families as civic leaders.

On behalf of our member and supporters, I would like to thank both Committees on holding the hearing today bringing attention to the crisis of suicide and mental health within the veteran community. This is an issue our members have consistently brought forward as a top priority. We have brought this before the Council numerous times and in addition to addressing this in our nation's capital alongside House Veterans Committee Chair Mark Takano and our partners at Iraq and Afghanistan Veterans of America.

Veteran suicide is a national crisis, and one that requires marshaling all available resources within city and local governments to address complex risk factors. I'm sorry, I'm stumbling over my words trying to get it out on time, because you cut my time down.

And find real solutions. Our nation needs veterans to continue to be able to lead, serve, and make our communities better and we cannot continue to tolerate preventable deaths.

The U.S. Department of Veterans Affairs publishes suicide statistics each year, a bunch of which have already been gone over in this hearing, so I'll skip over that part of my testimony. However, I want to highlight a couple of things. Number one is that although the VA's data shows an ongoing crisis, the VA itself, has failed to spend its designated budget for suicide prevention in the past year. In fact, over $200 million was left unspent in the VA's federal budget. That was specifically ear marked to deal with veteran suicide. That's a problem.

Second, the data that the VA captures does not capture overdose. Overdoses or high-risk behaviors resulting in death unless this clarity of intention

can be established in the cause of death. So, any time that you hear statistics about 20 veterans a day, that statistic is only for a desk that they can clearly delineate the intentionality of the death. If it's an overdose death where intentionality is not clear, an accidental overdose, it will not be counted in suicide statistics even though there is a higher probability that that was intentional or potentially intentional, not just accidental. So, even the stats that we have that are top line stats, that are national are inadequate. I want to draw attention to that.

Last years VA report on suicide identified a national average of 20 current or former service members who died each day by suicide. We've gone over that; 58 percent of those recorded veteran suicide were over the age of 55. The highest rate of suicide increases among younger veterans but because the veteran population overall is elderly, nearly 60 percent are over the age of 55 that are dealing with the crisis. So, the rate is higher among younger veterans, but the overall number is higher for those that are older.

With that being said, the suicide crisis is increasingly getting attention, but less attention has been paid to the risk factors that go into who is the highest risk population amongst veterans, and the top three risk factors are as follows: One, has already been mentioned is the lack of VA healthcare. The second, is a history of homelessness and the third is issues of chronic pain. Nationwide the VA has identified more than 2/3 of veterans who die by suicide did not receive recent VA healthcare despite recent reforms and expansion of VA care, there remains critical staffing shortages. Over 49,000 staffing positions have not been filled at the VA and we've seen service reductions locally at the VA Harbor Health system here in New York City. Because of staffing shortages, inoperable equipment and inadequate facilities. Veterans who receive discharges also notably with some of the Community Members have brought up, veterans did not receive or received an other than honorable discharge more often than not able to access care and are more likely to encounter homelessness, incarceration, legal problems, substance abuse and death by suicide.

Now, veterans with homeless histories, and this is one of the points I really want to make here, are nearly eight times more likely to have attempted suicide than veterans who have never been homeless and lifetime homelessness was independently associated with lifetime suicide attempts in veterans.

There is a one to one equation between housing instability which is an issue for everyone in New York City, not just the veteran population, but specifically housing instability as it relates to suicide amongst New York City veteran's population. If we're serious about tackling the issue of veteran suicide, we have to be serious about tackling the risk factors that lead to a higher probability.

Chronic pain, high risk factors for suicidal ideation are prevalent among individuals living with chronic pain, its been noted several times. Recognizing as Vadium brought up, a history of over prescription of opioids. The VA has placed strict limits on opioid prescriptions since 2014, but VA community care providers may not be adhering to these new standards. That's a private health care, a VA community care is what is referred to as the private

care system under the new VA admission act, which allows veterans who don't have access to VA healthcare either through delay or through distance to then seek treatment through referral, through private care. However, those community care standards are not in line with the VA's own prescription standards. DO you see the disconnect? Okay, cool. So, the limits also adversely affected many of the patients that were intended to help. As opioids prescriptions have decreased, overdose deaths have only continued to rise. Limiting prescriptions has perhaps reduced the number of veterans becoming newly addicted to opioid, but those who have found themselves struggling with opioid addiction, have sought out other sources including heroin and Fentanyl. The fact remains that veterans are twice as likely as non-veterans to die from the overdose of opioids.

Other risk factors must be addressed. Veterans with a history of incarceration and ongoing legal issues are at high risk for dying by suicide. Veterans with untreated substance abuse histories are at high risk. Veterans with untreated PTSD are at high risk and despite a clear correlation between

military sexual trauma, depression, PTSD, and self-harm, a recent report showed that the VA wrongfully denied more than 13,000 veteran claims of military sexual trauma within a five-month period last year. Keeping them from receiving benefits and services to which they would otherwise be entitled. This points to large systemic problems with the processing of MST claims by the VA.

So, we strongly urge the Council to work with the advocacy community to develop and strengthen policy solutions attacking the complexities of each of these risk factor leading to veterans dying by suicide.

We recommend that the Council and the Administration take a more proactive approach to working with local VA medical centers and vet centers to ensure quality care is available and that veterans feel welcome to seek that quality care. We recommend continued efforts to move homeless veterans into permanent housing and targeted efforts to ensure veterans can find and maintain affordable housing through historic preferences in affordable housing lotteries. A lot of this will be detailed in our policy agenda coming out next month, but I want to make a particular note that just got reported and

nobody in this hearing seemed to be aware of is that in New York City, for this coming year alone HUD vash voucher, only five had been issued for New York City, 72 have been issued for the rest of New York State. In a state like Oregon you have 250 new HUD vash voucher.

Questions should be asked both of NYCHA and of New York Harbor Health as well as DVS, about why this program is seemingly not being utilized to its fullest extent in New York City.

Anyway, we recommend that the council continue to support efforts to provide free can confidential mental health care to veterans and families outside the VA as well as has been noted by a number of community partners to include NYU Langone Military Family Clinic as well as New York Presbyterian Military Family Wellness Center.

Our list of recommendations is long and more will be included in our policy agenda, which will be released next month. We applaud the Council for holding this hearing and we look forward to the work ahead in reducing the risk factors for veteran suicide.

Thank you for the opportunity to testify and pending any questions, this concludes my testimony.

CHAIRPERSON DEUTSCH: Thank you Samuel and I just want to like you said the list is very long and there's so many different issues that we need to deal with and even as Council Members we Chair a Committee but then we are on other Committees and then we have the constituents we have to deal with. There is always a lot going on and then you have all these things coming up. I just want to tell everyone that if you have a specific issue or more than one issue that you want to tackle, don't hesitate to come up to my office. If it has to do with a letter, it could be a sign on to my colleagues, whatever needs to be done, you could just come into my office, like I said, veterans, and advocates, you don't need an appointment you just walk into my office in 250 as long as I'm there. I'm most of the time and bring those issues and then we'll see if we can tackle it one at a time, but we need to work together and if we work together, we can accomplish a lot. There's like so much going on and it's impossible — like, people come to the hearing and say okay, this is our recommendation, and you know, sometimes it goes in

one ear and goes out the other ear because it's impossible to take care of. We want to help. We want to do things. We want to work with advocates. So, feel free to come up any time and see what needs to be done and bring up ideas and let's take care of it and let's get it done. So, with that being said, I want to thank first my colleague Council Member Bob Holden for staying here for the entire hearing which is — he's like why, it's unusual sometimes when a member sits through a four-hour hearing and that's why he's special because he was like, what did I do wrong. So, thank you, Bob and I want to thank my colleague Diana Ayala and it was a pleasure to have a joint hearing with you. I think it's our first joint hearing and she had no choice but to stay but anyway, I want to thank all the advocates for being here today, for taking the time to be here and again, I have my staff member here **[Inaudible 5:45:02]**. He'll give you a card with my phone number or you can give him your contact, if that's easier and he'll take down the information and I want to wish everyone a beautiful rest of the day and this meeting is now adjourned. Thank you.

C E R T I F I C A T E

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

Date April 1, 2018