CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH AND DISABILITIES AND ADDICTION

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March 26, 2019
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HELD AT: City Hall Committee Room

B E F O R E: DIANA AYALA
Chairperson

COUNCIL MEMBERS: Fernando Cabrera
Jimmy Van Bramer
Robert Holden
Alicka Ampry-Samuel

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

Oxiris Barbot, Commissioner
New York City Department of Health and Mental Hygiene

Dr. Hillary Kunins, Executive Deputy Commissioner
New York City Department of Health and Mental Hygiene

Joo Han, Deputy Director
Asian American Federation

Jo Park, Clinic Director
KCS Mental Health Services

Mon Yuck Yu, Executive Vice President and Chief of Staff
The Academy of Medical and Public Health Services

Faith Behum, Advocacy and Policy Advisor
UJA Federation of New York

Joy Luangphaxay, Assistant Executive Director
Hamilton Madison House for the Behavioral Health Program

Salma Al Malik (sp?), Founder
Climb To Autism

Alice Bufkin, Director of Policy for Child and Adolescent Health
Citizen’s Committee for Children of New York

Donna Tillman, Secretary
Substance Abuse Prevention Intervention Specialists

Sarita Daftary, Community Organizer
Just Leadership USA

Kelly Grace Price, Cofounder
Close Rosie's

Joe DeGenova, Associate Executive Director
CUCS

Dr. Gerard Bryant, Director of Counseling
John Jay College of Criminal Justice

Kate Wurmfeld, Director of Family Court Programs
Center for Court Innovation

Shane Correia, Associate Director of Strategic Partnerships
Center for Court Innovation

DJ Jaffe, Journalist
New York Post

Amy Doran, President and CEO
Coalition for Behavioral Health

Harriet Lessel, Director of Government Contracts and Advocacy
JCCA

Kendra Cook
Crossover Live TV

Jose M. Rios, Overdose Prevention Coordinator
Housing Works

Ken Robinson, Director
Research for a Safer New York

Joyce Rivera, Executive Director
St. Ann's Corner Harm Reduction

Katharine Celentano, Policy Coordinator
New York State Office of the Drug Policy Alliance

Alan Ross, Executive Director
Samaritans Suicide Prevention Center

Greg Waltman
G1 Quantum Clean Energy Company

Efrain Gonzalez III, New York resident

Dion Powell, New York resident

Nicholas Becerra, Director of Government Relations
Fountain House

Chris Copeland, Chief Operating Officer
Institute for Community Living

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2 [sound check] [background comments]
3 SERGEANT-AT-ARMS: This is a
4 microphone check. Today's date is March 26th, 2019.
5 Committee on Mental Health and Disabilities
6 preliminary budget 2020 being recorded by John Biongo
7 (sp?). City Hall Committee Room.
8 CHAIRPERSON AYALA: We're going to call
9 this meeting to order and I just want to say that we
10 have roughly about two hours. Thank you all for your
11 patience. I know it was a long hearing. In two
12 hours, we have a party next door. We're not being
13 asked to run out of here, but we may very well be run
14 out. And so, we will try to go through this as
15 expeditiously as possible. So good afternoon. I am
16 council member Diana Ayala, chair of the City
17 Council's Committee on Mental Health, Disabilities,
18 and Addiction. During today's hearing, we will
19 review the New York City Department of Health and
20 Mental Hygiene's 1.7 billion dollar fiscal 2020
21 operating budget. Specifically the approximately
22 816.3 million allocated to the Division of Mental
23 Hygiene. We will also address the relevant
24 performance indicators from fiscal year 2019,
25 preliminaries Mayor's Management Report and the

2 fiscal 2019 Capital Commitment Plan. I would like to
3 start by addressing my concern that, even in the
4 midst of the continued opioid epidemic that continues
5 to devastate our country and our city, the only new
6 need to that received funding for New York City well
7 quality assurance-- Sorry. Because I am like a
8 little bit blind. I would like to start by
9 addressing my concern that even in the midst of the
10 continued opioid epidemic that continues to devastate
11 our country and our city, the only new need that
12 received funding was for New York City well quality
13 assurance. I think it is vital that we continue to
14 think of new and innovative programs to ensure that
15 we are combating this epidemic. In addition, New
16 York has rising rates of mass use and alcohol abuse
17 and we aren't even talking about it. We need to be
18 addressing all forms of substance use and ensuring
19 that there is enough funding. It is concerning that
20 these alternate substances, such as cocaine, are now
21 being cut with fentanyl, which has become one of the
22 leading causes of overdose deaths. Funding is needed
23 to find and eliminate the source of fentanyl. I look
24 forward to hearing about improvements and changes and
25 harm reduction strategies. In addition, I would like

2 to state my frustration that it has been almost a
3 full year since the city Council expressed its
4 support for supervised injection facility or SIF.
5 This science has proven how effective SIFs can be
6 against overdose, HIV, and hepatitis C, and, yet,
7 there is no official rollout plan or money in the
8 budget to implement when the red tape put up by the
9 state as torn down. It is imperative that we utilize
10 any tool available in our battle against substance
11 abuse and overdose and we hope that you will continue
12 to assist in this goal. I commend New York City and
13 its endeavor to provide access to affordable
14 healthcare. I just want to make sure that mental
15 health services, access for the disabled, and support
16 for substance use are being included as part of New
17 York City care. The number of homeless who are
18 suffering from mental illness, disability, substance
19 use, or all three continues to rise. The number of
20 older adults with mental health diagnoses has
21 increased in the last decade. I know there has been
22 a proposal to indicate funding for THRIVE geriatric
23 mental health, but it is not enough. In addition,
24 there has been an increase in substance use and
25 suicide with veterans and CBO’s on the ground level

2 aren't receiving enough funding to help reduce this.
3 There should be specific funding set aside to work
4 with these populations and ensure that they have
5 access to all forms of healthcare. Finally, I would
6 like to commend you, Commissioner, and the Division
7 of Mental Hygiene for the work that is being done and
8 look forward to continuing the conversation and what
9 else can be done. I would like to thank Committee
10 Staff Finance Analyst, Lauren Hunt, Policy Analyst,
11 Chrissy Dwyer, and Committee council, Sarah Liss
12 (sp?). You will now be sworn in.
13 [background comments]
14 LEGAL COUNSEL: Do you affirm to tell
15 the truth, the whole truth and nothing but the truth
16 in your testimony before this committee and to
17 respond honestly to councilmember questions?
18 COMMISSIONER BARBOT: Good afternoon,
19 Chair Ayala, members of the committee. I am Dr.
20 Oxiris Barbot, Commissioner of the New York City's
21 Department of Health and Mental Hygiene. I am joined
22 by Sandy Raza (sp?), Deputy Commission for Finance,
23 and Dr. Hillary Kunins, acting Executive Deputy
24 Commissioner for Mental Hygiene. Thank you for the
25 opportunity to testify on the department's

2 preliminary budget for fiscal year 2020. Medicine
3 and public health have been my battlegrounds for
4 social justice. Throughout my career, I have thought
5 to address the stark reality. For far too long, ZIP
6 Codes have determined how long or how well
7 individuals have lived. I know all too well the
8 outsized role that the social determinants of health,
9 such as housing, education, and socioeconomic status
10 can play in an individual's and the community's
11 health. I also know firsthand the effects that
12 mental illness can have on individuals, family,
13 friends, and the community. As health commissioner,
14 I am squarely focused on putting communities and,
15 particularly immigrants, the heart of our work. This
16 is critical to tackling our biggest challenges from
17 the opioid overdose epidemic and mental illness to
18 chronic diseases and HIV aids. Integrating mental
19 and physical health approaches along with bridging
20 public health and healthcare delivery will be pivotal
21 strategies in closing the gap of racial health
22 inequities. I am proud and excited to lead the
23 health department to make New York City, not only the
24 strongest and healthiest city in the United States,
25 but a more just and equitable city where everyone can

2 realize their full health potential. The work the
3 health department undertakes around mental health is
4 vast and varied. Broadly, we are focused on three
5 areas:
6 Prevention. Raising awareness, reducing
7 stigma, and creating more supportive environments to
8 prevent mental health crises before they begin.
9 Treatment. Providing opportunities to
10 connect people with care and enhancing the existing
11 mental health care delivery system.
12 And, three, support. So that those that
13 are living with mental illness and developmental
14 disabilities can do so to their fullest potential.
15 The health department does not do this work alone. I
16 want to thank the community-based organizations,
17 service providers, my fellow commissioners, and their
18 staff and many others who are working tirelessly
19 every day. I also want to thank Speaker Johnson,
20 Chair Ayala, and others in the Council for their
21 leadership on these efforts. I want to start by
22 highlighting a few areas of focus in the past year.
23 In 2018, we focused significant resources on
24 addressing the opioid overdose epidemic through
25 Healing NYC. Launched in 2017, Healing NYC's 60

2 million dollar a year investment increased the city's
3 capacity to respond to the crisis in partnership with
4 communities and healthcare and social service
5 providers. Last year, we expanded our public
6 messaging campaigns through Living Proof, a citywide
7 media awareness campaign that features New Yorkers
8 who were receiving medication for addiction
9 treatment. These ads highlight that effective
10 treatment for opioid use disorder is available and
11 challenge the stigma around addiction and medications
12 for addiction treatment. I want to thank the brave
13 New Yorkers who shared their stories for this
14 campaign and order to bring addiction out of the
15 shadows and encourage others to seek effective
16 treatment. Although we are making progress, the
17 opioid overdose epidemic continues to claim too many
18 lives and certain neighborhoods are
19 disproportionately affected. In November, the
20 administration announced 8 million dollars to the
21 Bronx Action Plan, which recognizes the South Bronx
22 outsized burden of fatal drug overdose and dedicates
23 additional Healing NYC resources in these
24 neighborhoods. Through this plan, we are educating
25 Bronxites on the dangers of fentanyl and engaging

2 people who use drugs and connecting them to care and
3 other services. We also empower community
4 organizations to help their neighbors. I want to
5 thank Chair Ayala and council member Salamanca for
6 their steadfast focus on the opioid overdose crisis
7 in their communities and for bringing attention to
8 the specific needs of the Bronx in this epidemic. We
9 have also deepened our partnership with the NYPD and
10 FDNY, putting public health approaches at the
11 forefront of the city’s response for individuals in
12 crisis. In 2018, we launched health engagement and
13 assessment teams, or HEAT. These teams, comprised of
14 mental health professionals and peer workers, provide
15 health focused support and resources to people
16 referred by public safety agencies and through
17 targeted canvassing. 5 HEAT teams operate 16 hours a
18 day throughout New York City. In addition, we
19 expanded the co-response model from 8 to 16 hours a
20 day. Three co-response teams comprised of two NYPD
21 officers and a
22 DOHMH mental health clinician were
23 deployed almost 1800 times last year to provide a
24 public health response to individuals in crisis.
25 Additionally, we made progress towards opening up to

2 two diversion centers. One in the Bronx and one in
3 East Harlem. The centers will open in the fall and
4 will provide the NYPD with an alternative for arrest
5 or hospitalizations for individuals with mental
6 health, substance use, and other social service
7 needs. The health diversion centers will offer
8 short-term stabilizing services and referrals to
9 long-term care. Finally, through THRIVE NYC, the
10 city is enhancing mental health services and
11 behavioral support programs in every school. Using a
12 three-tiered model of universal, selective, and
13 targeted services, we have implemented intensive
14 training for school staff, enhanced group services
15 for students at risk, and provided new individual
16 services for students with identified mental health
17 needs. When I started at the health department in
18 2003, there was only one staff person overseeing
19 school mental health services for the Department of
20 Education. Today, through the investments of THRIVE,
21 134 health department staff support the mental health
22 expansion across the education system and every
23 public school now has access to mental health
24 services. I will now turn to the preliminary budget.
25 I am pleased to report that mental hygiene and early

2 intervention have approximately 900 employees and are
3 in an operating budget of 816 million dollars, of
4 which 369 million is city tax levy. The remainder is
5 federal and state dollars. Under the DeBlasio
6 administration, city tax levy funding for mental
7 hygiene services has grown by 167 percent, from 138
8 million in fiscal year 2014 to 369 million in this
9 year's preliminary plan. This represents an
10 unprecedented commitment to strengthening the mental
11 health care system in New York City and addressing
12 the opioid overdose epidemic. Most of the funding
13 increase is due to the investments under THRIVE NYC
14 and Healing NYC, which allowed us to implement new
15 public health approaches to public health, as well as
16 expand existing programming. THRIVE NYC started a
17 long needed conversation about mental health and its
18 role in individual and community health. However, it
19 does not stand alone. It is integrated into the
20 long-standing work of the health department,
21 complements the existing mental health care delivery
22 system, and builds on the great work that community-
23 based organizations have been doing for years. I am
24 grateful for this administration and the First Lady's
25 leadership for bringing mental wellness to the

2 forefront of our conversation about health. The
3 preliminary fiscal year 2020 budget allocates
4 approximately 1.3 million dollars to expand two new
5 HEAT projects, including 500,000 dollars and four new
6 staff to improve the experience New Yorkers have made
7 contact NYC Well. New Yorkers have continued to
8 contact NYC Well for 24 seven crisis counseling,
9 peers support, and information about and referral to
10 behavioral health services. In 2018, NYC Well
11 answered nearly 260,000 calls, texts, and chats and
12 made over 49,000 referrals to behavioral health
13 services and supports. The new funds will ensure
14 that New Yorkers receive the best possible crisis
15 intervention, counseling, and support from NYC Well.
16 The preliminary budget also add 792,000 dollars to
17 enhance the capacity of four syringe service programs
18 in the South Bronx and Washington Heights. This
19 funding will support expanded outreach and engagement
20 with people who use drugs and delivery of harm
21 reduction services and parts and areas with public
22 drug use. The city's actions to address mental
23 wellness and opioids are unprecedented. However,
24 more could be done with support from Washington. I
25 want to highlight one key item that I recently spoke

2 about with our representatives on Capitol Hill.
3 Today, every physician in New York City can write a
4 prescription for an opioid, but only a fraction can
5 prescribe medication for the treatment of addiction.
6 That isn't right. It shouldn't be easier to write a
7 prescription for an opioid than it is to write a
8 prescription for medication to treat addiction. The
9 department has trained more than 1500 physicians to
10 prescribe buprenorphine since 2016 and there were a
11 total of 2,358 physicians in New York City who
12 prescribed the medication in 2018. But in the midst
13 of a crisis, we need to eliminate structural barriers
14 to treatment. Every physician should be equipped to
15 treat their patients. Congress should act
16 immediately to eliminate regulatory or barriers that
17 prevent physicians from providing methadone and
18 buprenorphine to individuals in need. I urge our
19 representatives in Washington to look into this issue
20 further and I would appreciate your voice is on this
21 important matter, as well. It is clear that the
22 administration and City Council are committed to
23 addressing mental health needs of the city. With you
24 help, we will work tirelessly to enhance prevention
25 and treatment of mental illness, limit the toll of

2 opioids, and ensure that all New Yorkers, regardless
3 of race, ethnicity, gender, or immigration status
4 have an equal chance to enjoy fulfilling, successful,
5 and healthy lives. Thank you and I am happy to take
6 questions.
7 CHAIRPERSON AYALA: Thank you. I don't
8 want to hammer away at THRIVE because we've done that
9 enough today, but I wonder if you would share with us
10 what your feelings are in terms of the budget. Do
11 you feel like there is enough money in the budget
12 currently to address the seriously mentally ill
13 outside of the THRIVE program?
14 COMMISSIONER BARBOT: So, as health
15 commissioner, I am always happy to take more money.
16 And, currently, we have 300 million dollars that we
17 invest on a yearly basis to treat serious mental
18 illness. And I think it's important to sort of take
19 an opportunity to really clarify what it is that we
20 mean when we say serious mental illness and what the
21 spectrum of services are that we provide. So, when
22 we talk about serious mental illness, what we're
23 talking about is when an individual has a mental
24 disorder such as schizophrenia, major depression, or
25 bipolar that results in serious functional impairment

2 of one or two of their major life activities. And
3 so, while serious mental illness may not be
4 preventable, there are things that we can do to
5 minimize the impact of an-- on an individual’s life
6 and really focus on the central theme of maximizing
7 the number of people that we maintain in their
8 communities thriving and not in hospitals and not in
9 the criminal justice system. So that spectrum of
10 services starts with something called NYC Start,
11 which is a program where we made first episode
12 psychosis a reportable condition and, under the
13 DeBlasio administration, we actually lowered the age
14 from 18 to 16 for it to be a reportable condition.
15 And the reason for that is that individuals who
16 suffer first episode psychosis are really at the
17 highest risk of becoming-- of having their major
18 life activities impaired by that. And so what we
19 have demonstrated is that we are successful in
20 engaging a high percentage, like 87 percent, of
21 people within the first 30 days into care and that
22 really sets them up for being successful. The other
23 end of the spectrum in terms of prevention is the
24 money that we invest in supportive housing. So on a
25 yearly basis, we invest 181 million dollars in

2 supportive housing. Currently, the city has over
3 8700 units, 80 percent of which are allocated for
4 individuals with serious mental illness. So, then,
5 what happens in between is a series of initiatives
6 and programs that are targeted at providing crisis
7 response, mobile response, and really interfacing
8 with the clinical community. Again, the ultimate
9 goal being linking people into care as quickly as
10 possible so that they can remain in the community and
11 not in hospitals or in the criminal justice system.
12 CHAIRPERSON AYALA: I was,
13 coincidentally, was reading on the supportive housing
14 piece. There was a piece in the New York Times I
15 think that was written from December that highlighted
16 the failures of the state in regards to individuals
17 that had been, maybe, in some sort of
18 institutionalized setting and men were released into
19 some sort of-- not necessarily even supportive
20 housing, but independent living facilities where, you
21 know, they were not responsible for paying their own
22 bills and taking their own medication. Does the
23 Department of Health track those individuals, as
24 well? I mean, because I mean, based on that story,
25 it seemed like it was not really meaning the goals

2 that, I'm assuming, the state intended and there were
3 individuals that, you know, had become homeless.
4 That there were some instances where some individuals
5 passed away because they weren't properly caring for
6 themselves.

7 COMMISSIONER BARBOT: So, let me start by
8 saying that we as strong partnerships with the state
9 and we work through contracted providers in terms of
10 ensuring that the services that come with supportive
11 housing maintain a particular quality level because
12 it is not just the housing. It's also the wraparound
13 services that come with that. And the article refers
14 to the adult's home initiative that's not through the
15 DOHMH program that we oversee. And I will let Dr.
16 Kunins speak more to that.

17 DR. KUNINS: Good afternoon, council
18 members. UH, chose to add, the article I believe you
19 are referring to, council members, is the adult home
20 program that's run out of OMH and it's not under
21 DOHMH or city oversight.

22 CHAIRPERSON AYALA: No. Understood.
23 But I wonder if there is any coordination? Is the
24 state talking to you about these facilities as we are
25 putting more and more-- you know, my concern is

2 this: that we've seen an increase of what would be
3 considered, you know, a person with a mentally
4 chronically illness, you know, on the streets and on
5 our subways and in our jails. And I wonder if this
6 is a direct correlation between the state's decision
7 to close so many high-- you know, psychiatric beds
8 and place individuals and more of an individualized
9 setting. If that makes any sense.
10 COMMISSIONER BARBOT: No. I hear what
11 you are saying and I just want to sort of step back
12 for a moment and make the point that the majority of
13 individuals who are homeless do not have a mental
14 illness.
15 CHAIRPERSON AYALA: True.
16 COMMISSIONER BARBOT: That being said,
17 we, through the Department of Health, invest on an
18 annual basis roughly 17 million dollars and terms of
19 providing, through contractors, direct clinical
20 services and shelters for individuals with mental
21 health issues. And then we also find, through the
22 Department of Homeless Services, teams that go out
23 and to outreach for individuals that are street
24 homeless or that may be in subways.
25

2 CHAIRPERSON AYALA: I happen to work
3 with a lot of those programs in my district. 125th
4 street, and oh, has been kind of the epicenter of a
5 lot of that and what I will share is that it is very
6 difficult when you can't physically pick somebody up
7 even if they are suffering from some sort of chronic,
8 you know, mental illness and are exhibiting some, you
9 know, behavioral issues on the street. You cannot
10 just physically pick somebody up mostly actually hurt
11 somebody and put them in, you know, in the hospital
12 or get them the care that they need. And so, what I
13 see in my district and I think that's-- you know,
14 Councilman Holden has alluded to this a couple times
15 as well, is that we're basically allowing them to
16 live independently on our streets until such time as
17 something happens and that's something, in my
18 district a few months ago, we had an individual to
19 stab someone, you know, on the back. Stabbed them so
20 hard, then I needed to be surgically removed. And we
21 know that these individuals exist. We know them by
22 name. You know, these are, you know, we-- they are
23 family at this point. But the fact that we can't
24 really help them unless they allow us to help them
25 because state law prevents us from really, you know,

2 truly addressing a lot of these issues. I mean, if a
3 person-- It's almost the equivalent of asking a
4 child whether or not, you know, they are in need of
5 services. You know, if you are not in the right
6 mental state of mind, how do you agree to medication?
7 How do you agree to, you know, counseling or any
8 other resources that may be beneficial?
9 COMMISSIONER BARBOT: So, I'll start and
10 then I'll let Dr. Kunins weight in. You know, I
11 think that the incidents that you highlight are,
12 obviously, things that are very concerning and that,
13 as a city, we are working hard to reduce the number
14 of people who are homeless and, especially, engage
15 individuals who may be homeless and have mental
16 illness. And, you know, the point that you bring up
17 really is an opportunity to stress the fact that it
18 is that ongoing engagement and relationship building
19 to help individuals meet them where they are and help
20 them on the continuum two accessing services and to,
21 ultimately, become housed. We have a number of teams
22 that provide mobile crisis services. We have teams
23 that, you know, depending on whether an individual is
24 present team as potentially violent or is presenting
25 potentially as having other medical issues there are

2 different teams that can be deployed. So, for
3 example, we have recently stood up what we call
4 health engagement in treatment teams, or HEAT teams.
5 And these are individuals-- There is five teams
6 throughout the city and their job is to develop those
7 relationships and link individuals to community based
8 organizations to link them to services through other
9 city agencies. And it's a process.
10 CHAIRPERSON AYALA: But is a HEAT team
11 different than the NYPD's co-response team?
12 COMMISSIONER BARBOT: Yes. They are.
13 CHAIRPERSON AYALA: How? They sound
14 pretty similar.
15 COMMISSIONER BARBOT: So, the co-response
16 teams have two NYPD officers and a DOHMH clinician
17 whereas the HEAT teams have a peer as well as a DOHMH
18 clinician. And they are really both intended to take
19 a public health approach to these encounters and not
20 criminalize evidence that our mental health focused
21 and really lead with compassion and a public health
22 focus.
23 CHAIRPERSON AYALA: Yeah. Council
24 member Holden has a question on this.
25

2 COUNCIL MEMBER HOLDEN: Yes. I have
3 to run to another meeting, but then I will come back.
4 So, Commissioner, thanks for your testimony. I just
5 have a question on these co-response teams as a
6 follow-up to Chair Ayala's questions. Do you go in
7 the subway with these-- because I think you have
8 three teams, you said? Three co-response teams?
9 COMMISSIONER BARBOT: The co-response is
10 more than three. Permit me, please, to just...
11 DR. KUNINS: Five.
12 COMMISSIONER BARBOT: Five.
13 COUNCIL MEMBER HOLDEN: Five?
14 [background comments] Do you go in the subways?
15 DR. KUNINS: We don't go in the
16 subways.
17 COMMISSIONER BARBOT: We don't go in the
18 subways.
19 COUNCIL MEMBER HOLDEN: Why not?
20 COMMISSIONER BARBOT: I'll defer to Dr.
21 Kunins.
22 DR. KUNINS: Well, the-- And I think
23 it's-- Good afternoon, council member. I think, as
24 you heard in the prior hearing, and I appreciated
25 your comments earlier about the subways, there are

2 other outreach teams in subways managed by Department
3 of Social Services. And so these teams are street-
4 based teams both co-response and HEAT. And just to
5 circle back to, I think, the prior question is the
6 idea of engaging someone over time with a helped lead
7 response given the constraints of some of the laws
8 that you mentioned, council member Ayala, as well as
9 the importance of offering people and engaging them
10 and help is the approach that both co-response and
11 HEAT has taken.
12 COUNCIL MEMBER HOLDEN: Yeah. But, I
13 would love you guys in the subways, though, because
14 whatever is being done by Social Services is not
15 working or it's not enough. So, if we had THRIVE, if
16 we had you guys, if we had teams sweeping the subways
17 and trying to get-- I understand the law, but I
18 understand also how people feel riding the subways
19 and are-- We're trapped. My wife won't ride the
20 subways anymore because of incidents. I think
21 everybody in this room has experienced something in
22 the subways. Everybody at that hearing across the
23 way experienced something in the subways. Most New
24 Yorkers will tell you that when those doors close, we
25 are at the mercy of an individual that might go off

2 at any second and there is too many of them. So,
3 getting these response teams-- I mean, you're out
4 eight to six... 16 hours a day. Or you are 16 hours
5 a day. You went from eight to 16. If we could get
6 even to 24 because there are incidents almost every--
7 actually, every day in the subways of a person that
8 could... That out. And sometimes you can... You
9 can arrive at the conclusion very quickly that there
10 is a problem here. So I understand it would-- if
11 your budget would consider getting your response
12 teams. Do you know who makes up the Social Service
13 teams? Their response teams?
14 COMMISSIONER BARBOT: I don't, but I want
15 to circle back to the one thing you're saying and
16 just truly make the point that, you know, I hear what
17 you are saying, but the reality is the vast number of
18 individuals with mental health issues who are in the
19 subways actually don't present a threat and they are
20 more often likely to be the victims of violence. And
21 so, I think this is--
22 COUNCIL MEMBER HOLDEN: [interposing]
23 Yeah. We've heard that, but I don't think New
24 Yorkers will agree with you because we're law
25 abiding. We're going to work. We're going back and

2 forth and, yet, somebody-- It's just a matter of
3 time. Somebody walks in and starts screaming and
4 yelling and when Susan Herman spoke and the last
5 hearing, she said, we're seeing the benefits of the
6 subway of THRIVE NYC. As a coincidence, my-- I have
7 so many complaints about the M line where the
8 homeless had taken over and were actually threatening
9 individuals on a daily basis and then they swept it.
10 We had NCO's sweep the subways, Social Services came
11 in, but it's back and there is a situation, again,
12 when we're confined in a subway car, that is very
13 unnerving and we have people exposing themselves. We
14 have so many incidents that we need a greater push
15 from your area, certainly, THRIVE, and Social
16 Services. We need a team effort to sweep the subways
17 and make the subways... Because ridership is down.
18 Like I said, my wife won't take the-- she takes the
19 express bus and pays double for the experience and a
20 much longer commute. My daughter who is four months
21 pregnant while not get in the seven line anymore
22 because of the incidents. So, when that's happening
23 just in my family-- and then, once we put this on
24 Facebook and social media, we got so many people
25 chiming in saying my-- They were out on a trip to

2 Manhattan. The daughter-- A mother and a daughter
3 and they were accosted twice on two different lines.
4 And, again, they don't want to take the subways. So
5 we have it. We need to address it and we need to
6 address it more aggressively. You can just see it
7 every day. You've seen it. Everybody has seen that
8 everybody has. So if we could put a budget item in
9 to expand the co-response team, I would appreciate
10 it. I think most New Yorkers would. Also, I just
11 want to touch upon the opioid epidemic that we are
12 experiencing. We had a hearing where NYPD was going
13 to look at charging dealers of fentanyl and opioids
14 as their customers died-- had an overdose and died,
15 that they would be charged with manslaughter or
16 homicide. Do you help with that situation? Because
17 would like to see that expanded where there would be
18 a definite repercussions to dealers who are dealing
19 death on a daily basis. So have you worked with NYPD
20 on that?
21 COMMISSIONER BARBOT: So, council member,
22 let me first begin by saying our approach to the
23 opioid epidemic is leading with a public health
24 response to reduce the number of individuals who die
25

2 as a result of opioids and we do not participate in
3 that particular activity.
4 COUNCIL MEMBER HOLDEN: Because I, you
5 know, if-- I'd like to get numbers on the NYPD and I
6 hope-- because that would start to address that we
7 actually lock people up who are dealing these opioids
8 and just don't get arrested and get out of jail and
9 they are back doing it. That we really get serious
10 with these individuals who, of course, people have
11 perished and I think that they have caused their
12 death by dealing these drugs. So I think we need to
13 address that a more aggressive way and, certainly,
14 NYPD. But another thing, I'm not seeing-- Just in
15 one year, I've seen doctors afraid to prescribe
16 opioids. I've seen it drop, which is encouraging
17 because, when I broke my ribs in 2017, I was given an
18 opioid automatically in the hospital without me
19 asking. I could've taken Tylenol if I had a choice,
20 but they gave me that. I have spoken to several
21 doctors and now they say it's tougher and they say
22 they are being watched, I think. Are you working
23 with the doctors who prescribed the opioids? Are you
24 looking at who is doing it and who is doing it the
25 most?

2 COMMISSIONER BARBOT: So, one of the
3 components of the spectrum of services that we have
4 implemented under both Healing NYC and prior to the
5 investment of Healing NYC was to work with providers
6 on what we call judicious prescribing of opioids and
7 Dr. Kunins and her team lead those efforts. And we
8 did what is called a detailing campaign where we went
9 to provide her office is to educate them about the
10 risks of prescribing opioids and giving them concrete
11 suggestions about alternatives to treating patients
12 with pain in a way that wasn't putting them at risk
13 for opioid misuse.
14 CHAIRPERSON AYALA: So, Commissioner,
15 you stated that there is a 300 million dollar budget
16 for mental health services, right? Is that--
17 COMMISSIONER BARBOT: [interposing] 300
18 million for SMI.
19 CHAIRPERSON AYALA: Okay. And how is
20 that money used? How do you break that money down?
21 COMMISSIONER BARBOT: So, as I mentioned,
22 the SMI has a component of NYC Start and that is an
23 initiative for first episode psychosis. Under that--
24 Sorry. I just lost my--
25 CHAIRPERSON AYALA: Okay.

2 COMMISSIONER BARBOT: Oh. Here we go.
3 Under that NYC safe and then we have mobile response,
4 crisis response. We also include crisis respite bed
5 and that's 2.5 million dollars and then, as I
6 mentioned, the supportive housing is 181 million
7 dollars. What I didn't mention is that, in this
8 continuum of services for individuals who may be
9 noncompliant with the mobile teams that we provide,
10 we also then utilize AOT. And under the DeBlasio
11 administration, we've seen a 28 percent increase in
12 the number of people who use AOT.
13 CHAIRPERSON AYALA: AOT. Okay. Thank
14 you. Okay. In the public awareness campaign-- This
15 is an opioid -related question. I know that when we
16 were in the midst of the k2 (sic) epidemic, that
17 public awareness campaign was really, you know, vital
18 because it allowed individuals, for the first time,
19 to really be educated on the effects of synthetic
20 marijuana. Anything, you know, until then, you know,
21 most people assume that because it was being sold in
22 delis across, you know, the city, that it was okay to
23 purchase and that, you know, it was harmless. But I
24 wonder how much of the attention and the public
25 awareness campaign has been designed to really speak

to individuals that are not necessarily addicted to opioids, but that may be smoking send that ache marijuana, buying pills on the street, using cocaine that may very well be laced with fentanyl. Because I think most people-- There's a direct association between the opioid and fentanyl, but, you know, we are not necessarily hearing a lot-- At least I'm not hearing a lot, you know, on the street that people are making the same correlation, you know, to cocaine and I'm just being a little bit more aware.

COMMISSIONER BARBOT: So, I'll start and then I'll hand it over to Dr. Kunins. We, through the efforts in stemming the opioid epidemic, have done a number of media campaigns, right? One of them was destigmatizing access to medication treatment. So buprenorphine, methadone, and really opening my conversation of the importance of getting access to treatment. And neither aspect of public education that we did was around fentanyl and the dangers of fentanyl. And we actually have a couple of things in the pipeline, if you will, to further educate New Yorkers about the extent to which fentanyl is affecting various components of what people may be misusing.

DR. KUNINS: I'll just add a little bit to that, which is what we as-- As Commissioner Barbot just mentioned, a fentanyl specific campaign focused on people who might be using stimulants or cocaine. We have done some targeted advertising or public awareness dissemination. One was a bar campaign. Another one is through our-- what we call our rapid assessment response teams disseminating the information very locally in the South Bronx right now, going into Washington Heights particularly around cocaine or message is aimed-- risks of fentanyl being mixed into cocaine use. We have a new Facebook add up just yesterday or the day before that is aiming to educate younger people about the use of pills and something called lean, which we are happy to send you the link as a way to get to new audiences through social media. So we are using a variety of communication strategies. The biggest ones, which you have probably seen, are the ones that Dr. Barbot just mentioned.

CHAIRPERSON AYALA: Is there any campaign to attract the attention of older adults who may be becoming addicted to prescription drugs?

2 DR. KUNINS: So, we have done the
3 work around educating people who might be getting
4 prescribed pills through the detailing campaigns. We
5 are aiming there to put out messages through health
6 provider settings, since older people might be more
7 likely, although not exclusively so, getting
8 prescription pills. And so, as part of our detailing
9 and outreach to provider offices, we always have
10 patient education materials. We distributed those
11 both in the context of detailing campaigns as well as
12 when we are doing outreach to health systems, drug
13 treatment programs, harm reduction programs, and so
14 forth, messaging about risk of pill use.
15 CHAIRPERSON AYALA: I think that it
16 would make sense to, maybe, partner with the
17 Department for the Aging, as well. My staff and I
18 have been actually doing naloxone training, so, you
19 know, we’ve been partnering with some community
20 groups to provide these trainings on our local senior
21 centers and it seems to-- First of all, they love
22 it, you know, and they want to talk about it, but
23 they are always really surprised to learn of the
24 number of older adults have become addicted as a
25 result of pain management.

2 DR. KUNINS: Absolutely. And we have
3 shared our materials in the past with the Department
4 of aging. We have done some trainings with them
5 around substance use issues for older adults and
6 we're happy to continue to do that.
7 CHAIRPERSON AYALA: I appreciate that.
8 Now, in regards to the rollout of the Bronx Plan last
9 year around the opioid epidemic, how is that going?
10 What is the status? I know that, you know, it was a
11 pretty decent winter. We seem to have kind of
12 stabilize. I'm not sure if that is something we can
13 attribute to this influx of services or is it, you
14 know, weather-related? Is it a combination of the
15 two? So how many of the programs that were intended
16 to be funded through this initiative have actually
17 been rolled out?
18 COMMISSIONER BARBOT: So, I'll start and
19 then I'll hand it over to Dr. Kunins. You know, I
20 think that since we did that Walkabout with you and
21 council member Salamanca and other members of the
22 administration, and launched the Bronx Action Plan,
23 we have deployed HEAT teams for the 16 hour shifts.
24 We have engaged hundreds, if not close to--
25 DR. KUNINS: Hundreds.

2 COMMISSIONER BARBOT: hundreds of
3 individuals to make referrals, to link them to care.
4 We have also engaged business owners to share with
5 them what we are doing and to get from them feedback
6 about what other things they would like to be seeing.
7 We have worked with parks in terms of minimizing the
8 number of syringes that are found in public spaces
9 and, actually, our teams canvas for that to make sure
10 that we are not seeing backsliding on that and I am
11 pleased to report that we are seeing, and many parks
12 either zero to just a handful and our teams are out
13 on a regular basis and they will continue to be out
14 there.
15 CHAIRPERSON AYALA: What is the team
16 exactly tasked with doing that is creating such a
17 significant change?
18 COMMISSIONER BARBOT: I'm sorry. Say
19 again.
20 CHAIRPERSON AYALA: What is the teams--
21 What is the team actually doing in the parks that had
22 contributed to the decline of the number of syringes
23 that we are seeing?
24 COMMISSIONER BARBOT: So our teams are
25 engaging with individuals and then we have a

contractor who is doing the actual pick up, as is parks.

CHAIRPERSON AYALA: So, it’s not that individuals are no longer getting high in the parks, and our local parks, but rather that now there are other people there ready to engage them and to ensure proper disposal of the needles. Is that correct?

COMMISSIONER BARBOT: Well, I think it’s a combination and I will let Dr. Kunins speak more details about that. I think, like I said, we have made referrals for people to get into treatment.

CHAIRPERSON AYALA: Okay.

COMMISSIONER BARBOT: So I can’t say kind of what the balance, how it has shifted just yet.

DR. KUNINS: And also, I mean, to-- There’s been the funding was made available to increase the presence of health oriented help, including HEAT teams that Commissioner Barbot just mentioned, including additional funding to the syringe service program who then can have more of a presence to engage people both around educating around say first syringe disposal, as well as services that are available.

2 CHAIRPERSON AYALA: Do you know how
3 many people that have been-- How many of the people
4 that have been approached have said, you know, I want
5 to-- I want to sign up for services. Like I want to
6 receive services. How many people have been
7 connected?
8 COMMISSIONER BARBOT: So--
9 CHAIRPERSON AYALA: Do you track that?
10 COMMISSIONER BARBOT: We do track that
11 and--
12 DR. KUNINS: We're getting the answer
13 as we speak.
14 CHAIRPERSON AYALA: Thank you.
15 DR. KUNINS: So, our HEAT teams that
16 are the health department focused teams have done
17 4000 encounters, to the Commissioners point, have
18 distributed more than 1000 naloxone kits, provided
19 directly more than 100 service linkages. This is
20 probably an underestimate to what we--
21 CHAIRPERSON AYALA: How many? I'm
22 sorry?
23 DR. KUNINS: More than 100 service
24 provisions. We do track people and offer referrals
25 to all of them. This does not include, and I would

2 have to get back to you on this, about additional
3 encounters made by the harm reduction program. So,
4 have also increased their presence in parks.
5 CHAIRPERSON AYALA: Could you explain--
6 Because this is a program I actually haven't heard
7 enough about. The four syringe service programs.
8 Like what is--
9 COMMISSIONER BARBOT: Yes.
10 CHAIRPERSON AYALA: What is that?
11 DR. KUNINS: So, we are-- Thank you
12 for the question. We are engaged in a process of a
13 little bit of rebranding of the syringe exchange
14 programs to reflect, really, the kind of broader
15 array of services and engagement linkage to
16 healthcare, linkage to mental health care. Care
17 management or case management that are syringe
18 exchange programs or syringe service programs are
19 engaged with. So these programs, with the additional
20 funding under Healing, additional funding under Bronx
21 Action Plan, are really, I think, reflect a larger
22 change in how we address people use drugs. These are
23 centers that can address people's needs broadly.
24 They have for a long time, but under the DeBlasio
25 administration, have become better funded and are

2 better able to me a broader range of needs. So that
3 terminology just reflects our intention to convey
4 this broader approach.
5 CHAIRPERSON AYALA: And are all syringe
6 exchange program providers required to assist in the
7 cleanup of the syringes that are improperly disposed
8 of? Because what I hear from providers is usually,
9 it's not written in our contract. It's not our
10 responsibility. We can help. And then, we have
11 other groups that are like, you know, very actively
12 engaged in their communities and are going beyond the
13 scope of their contractual obligations and, you know,
14 being a little bit more proactive about ensuring that
15 needles are not showing up in our playgrounds.
16 DR. KUNINS: Right. So, I think, in
17 principle, all of the syringe service programs would
18 like to be able to help with this and, in the--
19 Before the Bronx Action Plan, there was no designated
20 funding for them to do that, so it was always a
21 balancing act between wanting to address the
22 individual needs of clients, participants, but also
23 being good neighbors and good community members and
24 helping with that work. What the Bronx Action Plan
25 affords us as a city is some resources to support

2 some of the cleanup by syringe service programs, as
3 well as importantly, our colleagues from parks and
4 other agencies.
5 CHAIRPERSON AYALA: But is that just
6 specific to the Bronx Action Plan or is that also--
7 DR. KUNINS: Uh--
8 CHAIRPERSON AYALA: cover Staten
9 Island, you know, Washington Heights?
10 DR. KUNINS: So, have to refer you to
11 the Department of Parks for some additional
12 information and about how they are using the new
13 funding more broadly. In terms of syringe service
14 program involvement, it's both in the Bronx and then
15 Upper Manhattan.
16 CHAIRPERSON AYALA: Yeah. I mean, I
17 think that's always been my biggest critique of the
18 program is we want to make sure that, if individuals
19 are going to use, that they are using and not, you
20 know, spreading illnesses amongst themselves. That
21 they are doing it safely. But, at the same time, you
22 know, we are exposing the general population is the
23 same needles are then improperly disposed of in our
24 communities. And I think that that is why we are
25 seeing a lot of resistance from the communities,

2 right, that we are providing these services. Then
3 they feel like they have somehow been, you know,
4 abandoned. So it has to be somebody's problem.
5 DR. KUNINS: Absolutely. And I do
6 want to highlight, as part of the syringe service
7 program contracts and what they do routinely is to
8 educate participants about safe syringe disposal, as
9 well as supplying means to dispose of syringes safely
10 through something called fit packs, which are small
11 disposal containers or other ways to do that. But we
12 absolutely agree.
13 CHAIRPERSON AYALA: Now, in the Bronx,
14 I know, Commissioner Rodriguez from the parks
15 department actually installed kiosks in several of
16 the parks, not as a means of encouraging individuals
17 from using in the local parks, but if they were using
18 there already and improperly disposing of the
19 needles, so that they would at least, you know,
20 consider disposing of them in the kiosks. Have the
21 kiosks been successful? I know that-- I believe in
22 Patterson Playground, which is in my district, it
23 seems to be working. Saint Mary's is kind of hit or
24 miss.
25

COMMISSIONER BARBOT: So in the areas where our HEAT teams have been canvasing and we are seeing decrease syringes or caps on the ground, you know, it's challenging to know whether it's because they're being picked up or whether individuals are using the mechanisms that Dr. Kunins was referring to. I think the important thing here is that we are able to document and quantify many, many, many fewer syringes in the areas where we had visited together.

CHAIRPERSON AYALA: Does any part of this budget include funding for the fentanyl strips? I hear there is always a desire to have more of those.

COMMISSIONER BARBOT: I'm going to defer to Dr. Kunins on that.

DR. KUNINS: So, we do find fentanyl strips through our contractual relationships with the syringe service programs. So they would like to include that in their budget, we are happy to let them do so. I should add that we have also provided some guidance, which helps program, speak to clients about how to use strips and the circumstances under which they might-- A person might choose to use a strip.

CHAIRPERSON AYALA: Okay. Is there any update from the state on safe injection sites? I feel like--

COMMISSIONER BARBOT: [interposing] So--

CHAIRPERSON AYALA: I asked this questions last year and there still was nothing and here we are a year later. What is the status?

COMMISSIONER BARBOT: So we are clear that the evidence on the effectiveness of opioid prevention centers is strong in terms of its ability to be a part of interventions that save lives. And so, we are waiting on the state to give us a decision and, in the meantime, we are working with our partners to make sure that we've got things queued up so that, when we get word, we can hit the ground running.

CHAIRPERSON AYALA: I mean, but has the state Department of Health indicated whether or not we're close to a decision? I mean, because we've been waiting for over a year now.

COMMISSIONER BARBOT: I have not heard how close they are to a decision, but I am certain that they are talking about it and we are anxiously awaiting.

2 CHAIRPERSON AYALA: Now in the
3 meantime, is the city then having conversations with
4 all of the-- I'm assuming there has been buy-in
5 already from the elected officials representing those
6 communities. I believe that one of the other
7 criteria was buy-in from the District Attorneys.
8 Have the District Attorneys indicated that they'd be
9 amenable to having one of these in their borough?
10 COMMISSIONER BARBOT: So I'm going to
11 defer to Dr. Kunins on that because I'm not certain
12 about the details.
13 DR. KUNINS: So I think two of the
14 New York City District attorneys have indicated
15 publicly their approval or their willingness to have
16 an OPC in their borough. That is DA Vance and DA
17 Gonzales. And there have been a variety of
18 conversations that will continue with elected
19 officials and community members.
20 CHAIRPERSON AYALA: Okay. Can you tell
21 us what capital projects are anticipated for fiscal
22 year 2020?
23 COMMISSIONER BARBOT: So, capital
24 projects--
25

2 CHAIRPERSON AYALA: Specific to mental
3 health.
4 COMMISSIONER BARBOT: Specific to mental
5 health, I don't think there-- There are none.
6 CHAIRPERSON AYALA: There aren't any?
7 Okay. And how much of the DOHMH's 611.1 million 10-
8 year capital strategy will be assigned for mental
9 health, disabilities, and addiction service
10 expansion?
11 COMMISSIONER BARBOT: So for the capital
12 budget there is, to my knowledge, and I'm looking
13 at-- Yeah. There is nothing for expansion of mental
14 health clinics.
15 CHAIRPERSON AYALA: Okay. In regards
16 to the budget for developmental disabilities, it's 13
17 million 449. Doesn't ever seem to really increase
18 and I know that you subcontract along the services.
19 Is there any intention to raise that budget?
20 COMMISSIONER BARBOT: You know, this is a
21 situation where the state does its contracting with
22 CBO's directly. So what we provide is funding to
23 help augment and identify where there are gaps. So,
24 for example we provide funding through THRIVE to help
25 create more employment opportunities for individuals

2 with intellectual and developmental disabilities and
3 that's a way in which we work to really leverage the
4 dollars and the services that the state are funding
5 directly.
6 CHAIRPERSON AYALA: Huh. Okay. Is
7 there a contingency plan for if the state and federal
8 government go through with the anticipated cuts to
9 article 6 for school-based clinics?
10 COMMISSIONER BARBOT: So I have done
11 visits to Albany to ensure that we educate our
12 elected officials about the implications for those
13 comments and I-- We haven't heard yet. For the
14 article 6 cats, those have been rejected in the both
15 won house bills and so we are awaiting sort of final
16 decisions about article 6. But we are slated to lose
17 roughly 59 million dollars that would provide and do
18 provide funding for critical public health services.
19 And so, those are cuts that we cannot afford to
20 sustain.
21 CHAIRPERSON AYALA: That's on top of a
22 peg.
23 COMMISSIONER BARBOT: Correct.
24
25

2 CHAIRPERSON AYALA: Okay. And what
3 portion of the peg exactly will be assigned TO THE
4 Division of Mental Hygiene?
5 COMMISSIONER BARBOT: So, for this fiscal
6 year, our peg is 10 million dollars and for next
7 fiscal year, it's 5 million dollars. There are
8 conversations that are ongoing with OMB and, you
9 know, my intent in our intent is to ensure that
10 direct services to New Yorkers are not impacted.
11 CHAIRPERSON AYALA: Are there any
12 programs that are going to be specifically targeted?
13 COMMISSIONER BARBOT: So for right now,
14 we're looking at everything and the attendant is,
15 again, to make sure that direct services to New
16 Yorkers are not affected and my hope is that by April
17 we will be able to give more detail about which
18 programs or which areas we will be looking to to
19 absorb those pegs.
20 CHAIRPERSON AYALA: Do you feel that,
21 in the current project, we have enough money for
22 supportive housing funding for mentally ill,
23 developmentally disabled or physically disabled?
24 COMMISSIONER BARBOT: So as Health
25 Commissioner, I'm always happy--

CHAIRPERSON AYALA: Always wanting more money.

COMMISSIONER BARBOT: to take more money. [laughter]

CHAIRPERSON AYALA: If I win the lotto, you can have it.

COMMISSIONER BARBOT: You know, I think the point here is that we work to maximize the services that come with those units and ensure that we keep individuals in their communities thriving and contributing to the fabric of the city. And they--

CHAIRPERSON AYALA: [interposing] Has there been an increase in the budget at all for that specific target group?

COMMISSIONER BARBOT: So, the Mayor under New York 1515, has contributed a fair amount of dollars, 15,000, supportive housing units. 15 K.

CHAIRPERSON AYALA: Okay. And do you feel there's enough access to mental health services for the LGBT youth and adults in all five boroughs?

COMMISSIONER BARBOT: I'm sorry. Can you ask again?

2 CHAIRPERSON AYALA: Do you feel that
3 there's enough access to mental health services for
4 the LGBT youth and adults in all five boroughs?
5 COMMISSIONER BARBOT: We are, as a city,
6 focused on ensuring that we maximize asks us to all
7 New Yorkers, but certainly we recognize that for
8 LGBTQ youth there are unique challenges and so, we,
9 though the unity project and through the LGBTQ
10 roadmap, have been working with community-based
11 organizations to make sure that these organizations
12 are fully leveraging access to NYC Well, that we are
13 maximizing access to mental health first-aid.
14 CHAIRPERSON AYALA: Are those
15 organizations being funded to do this?
16 COMMISSIONER BARBOT: So, as with other
17 organizations throughout the city, it's really
18 raising awareness because taking the courses free.
19 CHAIRPERSON AYALA: Okay. I think
20 that is it. Did you have any other questions to add?
21 I think that that's it. We've run out of council
22 members and we've run out of time and we have
23 [laughter] six panels waiting. Thank you so much for
24 coming to testify. It's always a pleasure.
25 COMMISSIONER BARBOT: Thank you.

2 CHAIRPERSON AYALA: And thank you for
3 sitting through THRIVE. I think that was very
4 informative and very helpful.
5 COMMISSIONER BARBOT: Thank you. And
6 thank you for your leadership in this.
7 CHAIRPERSON AYALA: Thank you.
8 COMMISSIONER BARBOT: We really
9 appreciate it. Thank you.
10 CHAIRPERSON AYALA: Thank you. All
11 right. Okay. The first panel is Mon Yuck Yu, Jo
12 Park, Joo Han, Marie Baseau (sp?), Faith Behum.
13 [background comments] That's fine. Okay. We can
14 start. Are we missing anyone? There were five
15 people on the-- Mon Yu?
16 MON YU: Yes.
17 CHAIRPERSON AYALA: Okay. Jo Park?
18 Joo HAN: She's right here.
19 CHAIRPERSON AYALA: Joo Han?
20 Joo HAN: Yes.
21 CHAIRPERSON AYALA: No. Joo Han?
22 Joo HAN: What do I say? I'm Joo.
23 CHAIRPERSON AYALA: Uh-huh. Marie? Is
24 Marie here? No. Faith? Okay. Thank you. You can
25 start.

2 Okay.

3 CHAIRPERSON AYALA: You want to start

4 this what?

5 JOO HAN: Sure. Thank you, Chair Diana

6 Ayala and the Committee on Mental Health,

7 Disabilities, and Addiction for convening this

8 hearing today. It's good to see you all. I'm Joo

9 Han, the Deputy Director at the Asian American

10 Federation. Our mission is to raise the influence

11 and well-being of the pan Asian American community

12 through research, policy advocacy, public awareness,

13 and organizational development. We represent a

14 network of 70 member agencies working in the areas of

15 health and human services, education, economic

16 development, civic participation, and social justice.

17 I wanted to also think council member Van Bramer for

18 recognizing AF's advocacy work in the previous

19 hearing. We wanted to mention that we are scheduled

20 to meet with THRIVE, but the fact still stands that

21 there has been limited interaction between thrive and

22 the pan Asian community, especially with agencies

23 that provide mental health services like those

24 represented here today. And we are here to highlight

25 the mental health-- The increasingly visible mental

2 health needs of Asian New Yorkers who are the only
3 racial group for which suicide was consistently one
4 of the top 10 leading causes of death from 1997 to
5 2015 and it was one of the top three leading causes
6 of death for Asian Americans ages 10 to 34. But
7 despite these alarming statistics, there is been
8 virtually no investment in citywide mental health
9 services tailored for the pan Asian community by the
10 city. The rate of investment has not changed since
11 the launch of THRIVE NYC. We have spoken with and
12 highlighted in our report that, based on our
13 research, there is no-- The top-down approach that
14 drive takes to provide mental health services does
15 not work for the Asian community. For example, New
16 York City Well, one of the initiatives that they have
17 frequently hinder-- It's difficult for our community
18 to access because of the 70 percent limited English
19 proficiency rate in our community as well as the deep
20 cultural stigma. The community is now under greater
21 threat. According to a February 2019 report by the
22 Comptroller's office, Asian immigrants are being
23 disproportionately targeted for harsh immigration
24 enforcement. Even though immigrants from China,
25 Bangladesh, and India combined represent less than 20

2 percent of the noncitizens in New York City, they
3 comprise 40 percent of all defendants facing
4 immigration detention and removal. Individuals and
5 families who undergo these situations experience
6 extreme stress, anxiety, and trauma, but have little
7 to no access to a language culturally appropriate
8 mental health services. Needs are only growing.
9 Asians are the fastest growing racial and ethnic
10 group in New York City. The population grew by 50
11 percent between 2000 and 2016 and, of this, 25
12 percent Asians live in poverty, a rate that grew by
13 44 percent. And studies have shown that there is a
14 strong correlation between poverty and mental
15 disorders and this, combined with deep stigma and the
16 stress of living in a xenophobic climate put Asians
17 at particular risk for mental health issues. Our
18 2017 report on overcoming challenges to mental health
19 services for Asian New Yorkers identify the major
20 challenges to accessing mental health services for
21 the Asian community. Our overarching recommendation
22 was this: addressing mental health challenges in the
23 pan Asian community requires significant increased
24 support for Asian lead Asian serving organizations
25 working to provide in language culture competent

2 mental health services. They need funding to create
3 community education programs to reduce the deep
4 cultural stigma. To hire linguistically and
5 culturally appropriate providers, and to sustain
6 programs that integrate mental health services into
7 other social services. Nonetheless, the community
8 has received only 0.2 percent of total service
9 dollars from DOHMH from fiscal year 2002 to 2014. We
10 ask the Council to invest-- to address the chronic
11 underfunding of Asian nonprofits and make an initial
12 investment of 1 million dollars and pan Asian
13 nonprofit organizations to develop communitywide
14 capacity and mental health services. Asian lead
15 agencies provide a service says directly to Asians
16 are in the best position to use funding most
17 effectively. This investment will support the
18 following services: Develop a training program for
19 Asian lead organizations using models of nonclinical
20 service delivery that utilize existing services and
21 programs, create a network of nonclinical mental
22 health service providers serving Asian communities to
23 share resources and knowledge about best practices,
24 provide cultural competency training for mainstream
25 mental health service providers as well as develop a

2 database of shared mental health service providers.
3 AF plans to launch a program in partnership with our
4 members to help reduce barriers to mental health
5 services for Asians New Yorkers this year. We look
6 forward to working with the city to address the
7 mental health service needs of Asian New Yorkers.
8 Thank you for this opportunity to testify.
9 CHAIRPERSON AYALA: Thank you.
10 JO PARK: Thank you, Chair Diana Ayala
11 and the Committee on Mental Health, Disabilities, and
12 Addiction for convening this hearing today. My name
13 is Jo Park and I am the clinic director at KCS Mental
14 Health Services. KCS Mental Health Clinic is the
15 first New York State license to outpatient mental
16 health clinic operated by a Korean nonprofit
17 organization. Our licensed professionals have been
18 providing culturally and linguistically competent
19 mental health services since November 2015. And
20 since that time we have provided more than 9000
21 services and served nearly 600 clients. According to
22 our part time nurse practitioner who also works at a
23 local hospital, there's been a decrease in ER
24 hospitalizations of Korean patients since KCS Mental
25 Health Clinic opened our doors in 2015. For most of

2 our older clients with severe mental illnesses, KCS
3 Mental Health Clinic is their only option, as we
4 provide in language psychotherapy and medication
5 management services and accept clients regardless of
6 their ability to pay for services. There is a great
7 need for mental health services in the Korean
8 community. Based on the Asian American Federations
9 2019 ethnic profile of the community, nearly 19
10 percent of the 100,000 Koreans live in poverty with
11 particularly high rates of poverty, nearly 26
12 percent, among Korean seniors. Due to 70 percent
13 being foreign-born, 50 percent of Korean New Yorkers
14 have limited English proficiency, which means that
15 their ability to access services in English is
16 severely limited. Again, according to the Asian
17 American Federation's report, Asian Americans are the
18 least likely group to support-- receive and seek
19 medical help for depressive symptoms due to lack of
20 knowledge, stigma, and insurance limits. One of the
21 biggest challenges that we are experiencing right now
22 at the clinic is recruiting and retaining talent with
23 cultural and linguistic skills. Korean community
24 services is a small community-based organization and
25 we are not able to compete with the competitive

2 salaries of hospitals, larger organizations, and
3 THRIVE. We're already struggling to recruit talent
4 with the cultural and linguistic skills in a limited
5 pool and we simply cannot afford to lose any more
6 staff. In the previous hearing, Director Herman had
7 mentioned they to provide mental health first-aid
8 trainings in Korean and this was actually news to us
9 because we have a clinician who took the training in
10 English, translated everything into Korean, and is
11 providing these trainings on Saturdays during our
12 busiest days.
13 CHAIRPERSON AYALA: Huh.
14 JO PARK: [background comments] So, we
15 would welcome the opportunity to collaborate with
16 THRIVE to help address the challenges our community
17 is facing around the growing need for mental services
18 and how to build capacity and create sustainable
19 solutions. Thank you for the opportunity to testify.
20 CHAIRPERSON AYALA: I think that Susan
21 said that it was on request. Are you all scheduled
22 to meet with THRIVE soon? Who is meeting with
23 THRIVE?
24 JO PARK: The federation.
25

CHAIRPERSON AYALA: The federation? Yeah. I would ask about that, but I'm going to follow up on that concern because she did say that it was by request, but I wonder how many people are actually requesting it, if people know that they have to request it prior to-- I'll look into that and--

JO PARK: Thank you.

CHAIRPERSON AYALA: get back to you. Thank you.

MON YUCK YU: Good afternoon. My name is Mon Yuck Yu. I'm the Executive Vice President and Chief of Staff at the Academy of Medical and Public Health Services. I'm here today to thank New York City Council Committee on Mental Health, Chair Diana Ayala, and Council Speaker Corey Johnson for the continued support of the Immigrant Health Initiative, as well as the various is health and mental health initiatives across the city which has enabled organizations like ours to offer critical mental health services to our vulnerable immigrant populations. I want to urge the City Council to expand our exciting mark by increasing initial funding for the Immigrant Health Initiative and mental health services for vulnerable populations and

2 the community-based organizations that are offering
3 this culturally competent work on the ground. The
4 Academy of Medical and Public Health Services, or
5 AMPHS, is a not-for-profit healthcare organization in
6 Sunset Park that provides free clinical screenings,
7 integrated with individualized health, education, and
8 social services to uninsured immigrant populations in
9 New York City. Our mission is to de-institutionalize
10 healthcare and make it a basic human right for all
11 New Yorkers. We provide free health access services
12 without discrimination of documentation or
13 socioeconomic status serving over 1000 people per
14 year. Sunset Park houses nearly 130,000 residents,
15 of which 44 percent are Latino, about a third who are
16 Chinese, with an exploding population of Chinese
17 immigrants in the community. Sunset Park is also
18 home to one of New York City's highest concentrations
19 of undocumented immigrants and unaccompanied minors,
20 a group that suffers a high risk of chronic,
21 infectious, and behavioral health issues due to lack
22 of health care access. Over the past years, federal
23 immigration threats, hate crimes, migratory
24 posttraumatic stress, and assimilated stress have
25 increased anxiety is among immigrant communities

2 making mental health risk factors for this population
3 more prevalent than ever. These mental health
4 illnesses, when left unattended, place them at a risk
5 for socialization barriers, severed relationships,
6 and physical comorbidities. Furthermore, New York
7 State Child Health Plus offers health insurance to
8 youth ages 18 and under regardless of immigration
9 status, but youth exceeding this upper age limit are
10 often left without healthcare access unless they
11 apply for health insurance through the marketplace,
12 their employer, parents employer, or college.
13 Undocumented youth and families without work
14 authorization fall through these healthcare gaps and
15 while recipients of DACA and temporary protected
16 status are eligible for work authorization and
17 Medicaid, threats to rescind DACA and terminate TPS
18 programs will also disenfranchise more members of the
19 community from accessing healthcare, increasing the
20 pool of uninsured individuals leading to an
21 unprecedented increase of immigrants seeking health
22 care services through CBO's like ours. Without
23 health insurance, undocumented immigrants are unable
24 to access critically needed behavioral health
25 treatments. Emergency and charity care do not cover

2 mental health services for the uninsured. City
3 initiatives offers school-based counseling to youth
4 under 18 and wellness hotlines like THRIVE NYC may
5 only be able to connect community members to
6 institutions where many lack of language competent
7 workers and socialization programs to serve this
8 vulnerable population. Additionally, many community
9 members are uncomfortable going through third-party
10 interpreters for topics as sensitive as mental
11 health. Youth, in particular, may feel embarrassed
12 or hesitant to express their feelings, especially
13 when facing a therapist that does not speak their
14 language. Additionally, our system also does not
15 make mental health care mainstream or affordable,
16 averaging 90 dollars a visit even for low income
17 sliding scale patients who try to access these
18 services through the public hospital system. Over
19 the past two years, the organization has received
20 immigrant health initiative funding that has helped
21 us offer expanded health services, including
22 preventative health screenings, nutrition counseling
23 and social assistance for committee members seeking
24 services free of charge. It also enabled us to offer
25 free bilingual Spanish English mental health

2 counseling to undocumented, insured, and under
3 insured community members often lasting 10 weeks on
4 Saturdays, a service with an ongoing extensive
5 waitlist that may take anywhere from two to three
6 months. In the upcoming fiscal year, we are aiming
7 to expand our services to the Chinese speaking
8 population, especially with the fact that bilingual
9 services in uninsured Chinese immigrant populations
10 is often very much stigmatized and ignored.
11 Socialization services are often offered to this
12 population for individuals that are already seeking
13 psychiatric treatment only, which means that they
14 have to be insured. We are also hoping to offer
15 music in group therapy for this population in the
16 upcoming year and we know that we need to urgently
17 connect immigrants to the appropriate and equitable
18 care and pair that with resources to seek their
19 rights and tear down the emotional barriers they are
20 facing. Currently, there is funding for culturally
21 competent services across community-based
22 organizations that are already doing this work. With
23 the funding provided, we are only able to manage an
24 ongoing caseload of approximately 60 cases per year.
25 We need to topple the support from previous years to

2 match the increased demand seen under growing
3 immigrant communities, as well as the demand from
4 immigrants who will fall out of coverage due to
5 federal policies affecting their status.
6 Furthermore, we need more coordination with New York
7 City's THRIVE NYC program to ensure that culturally
8 competent mental health services, service CBO's, are
9 included as a referral site for coordinated care. I
10 humbly think the city Council for funding both
11 immigrant health initiatives and other mental health
12 initiatives through the Speaker's programs and
13 initiatives and strongly urge that the Council expand
14 initiative funding for immigrant and mental health
15 services, community-based organizations like AMPHS
16 working on providing on the ground culturally
17 competent mental health programs. We look forward to
18 working together to ensure that healthcare is not a
19 privilege, but a basic human right.
20 CHAIRPERSON AYALA: Thank you. I'm
21 going to ask that we try to stick to the two minute
22 rule. We have over 18 people that are awaiting and
23 it-- So if you can summarize a copy of the full
24 testimony, you know, it will be entered into the
25 record. We just don't have enough time. And I just

2 want to thank you for coming to testify. I know that
3 this has been an issue that we have also been kind of
4 hammering away at here at the Council. We're trying
5 to, you know, work on a solution that better
6 addresses your needs and your funding needs. So, I
7 look forward to hearing more about any progress with
8 the THRIVE-- not agency. The THRIVE office and
9 anything new that arises from that. Thank you.
10 [background comments]
11 Good afternoon, Chairperson Ayala. My
12 name is Faith Behum. I'm an Advocacy and Policy
13 Advisor at UJA Federation of New York. I'd like to
14 thank you for this opportunity to testify today.
15 Before I get into our budget request pertaining to
16 mental health initiatives, I would just like to
17 stress the need for continued support of the human
18 services sector. UJA is grateful to the City Council
19 for their support of our fiscal 2019 request to
20 encourage system wide contract to review and allow
21 providers to adjust contracts to support cost
22 escalators for rent, insurance, supplies, and
23 utilities inappropriately account for fringe benefits
24 over the life of the contract. We hope you will
25 continue to support us in our request for fiscal year

2 20, including 215 million to fully fund the Health
3 and Human Services cost policies and procedures
4 manual and standing with the sector to reject any
5 cuts to human services funding. Our nonprofit
6 partners receive funding through a number of mental
7 health initiatives, including autism awareness,
8 geriatric mental health, children under five, and
9 court involved youth mental health. We are
10 requesting an increase in funding for the autism
11 awareness initiative by 800,000 for a total of 4
12 million in fiscal year 20. Seven of our nonprofit
13 partners receive funding through the autism awareness
14 initiative. This initiative funding allows our
15 nonprofit partners to provide wraparound service as
16 to autistic children and youth in afterschool and
17 summer programs. The wraparound after school and
18 summer programs guided by our nonprofit partners
19 generally focus on assisting participants develop
20 intellectually and socially. Many of these programs
21 are low key and in community centers that promote the
22 inclusion of people with autism and other disability
23 and all their classes and events. These inclusive
24 environments and ensure individuals with autism make
25 connections with each other, as well as the broader

2 communities in which they live. Creating inclusive
3 environment costly for providers, but funds from the
4 autism awareness initiative help providers to create
5 inclusive environment by funding additional support
6 staff or technology to support the assistance
7 individuals with autism need to attend programs.
8 Thank you for the continued support of this
9 initiative and adjust, very quickly, I would like to
10 ask for support of the geriatric mental health
11 initiative for a total of 2.5 million. Children
12 under five initiative for 2 million, and court
13 involved youth mental health initiative for a total
14 of 3.25 million. Thank you for your time.
15 JOY LUANGPHAXAY: Good afternoon. My name
16 is Joy Luangphaxay. I am the Assistant Executive
17 Director of Hamilton Madison House for the Behavioral
18 Health Program. We are a nonprofit settlement house
19 located in the lower East side. We are the largest
20 outpatient behavioral health provider for the Asian-
21 Americans on the East Coast. Currently, we operate
22 five mental health clinics, a personalized recovery
23 orientated service program, and its supportive
24 housing program. For individuals with severe mental
25 illness. We are located in two locations both in

2 Manhattan and Queens. Our staff are bilingual and we
3 provide services in Chinese, Japanese, Korean,
4 Vietnamese, and Cambodian. In the last decade,
5 Asian-Americans continue to be one of the largest and
6 fastest growing populations in the New York
7 metropolitan area. We at Hamilton Madison House have
8 worked tirelessly to increase the capacity to service
9 underserved populations through active education,
10 preventative projects, and providing culturally
11 specific services. In New York City, there are only
12 a few psychiatric units and the public hospitals and
13 fewer than a dozen mental health clinics that provide
14 linguistically services to meet the needs of the
15 growing Asian community. In recent studies on
16 suicide attempt or some of Chinese-Americans, local
17 PCP'S were the most common providers in which the
18 suicide attempters sought consultations for their
19 mental health and, yet, most of the providers failed
20 to provide psycho education or referral services to
21 mental health. Asians are often the most difficult
22 to engage in services due to stigma associated with
23 seeking help and unlocking cultural competent
24 providers. Many admit to having thoughts of suicide
25 or attempted suicide in the past. This is a crisis

that cannot be ignored. Currently, in Hamilton Madison House's mental health programs, 20 percent of our client population has severe symptoms with high risk factors, many with passive [inaudible 1:22:34] and often requires psychiatric intervention. Currently, due to the lack of clinicians and the financial resources to fund positions, we are on a waiting list for citizens to be seen. Our wait list is an average of three to four week to be seen by a treating prescriber or a clinician. We have not been funded by any New York City THRIVE initiative or have not been consulted regarding the mental health needs of the Asian American community. Providing vital services for underserved populations, Hamilton Madison House is often looked upon for safety net for the Asian American community. We strongly urge the New York City Committee for Mental Health, Disabilities, and Addictions to address this issue and to allocate appropriate funding to Asian American organizations that provide services to growing, yet underserved and overlooked population. Thank you.

CHAIRPERSON AYALA: So, have you requested a meeting with the THRIVE teams?

2 JOY LUANGPHAXAY: Yes. We have, but we
3 have not had an opportunity to meet with them.
4 CHAIRPERSON AYALA: Okay.
5 JOY LUANGPHAXAY: They did not show up for
6 the meeting. So--
7 CHAIRPERSON AYALA: Okay. We'll see
8 about maybe we can facilitate a meeting and invite
9 everyone. Maybe we have a roundtable or something.
10 Okay. Thank you, guys.
11 JO PARK: Thank you.
12 CHAIRPERSON AYALA: The next panel is
13 Donna Tillman, Alice Burke. Burn? Burken? Booken?
14 ALICE BUFKIN: Bufkin.
15 CHAIRPERSON AYALA: Sorry about that.
16 Salma Al Malik (sp?), and Sarita Daftary. Good
17 afternoon. Do you want to start? Remember to
18 summarize. [laughter]
19 SALMA AL MALIK: Good afternoon. My name
20 is Salma Al Malik and I am the founder of Climb To
21 Autism Services. We're seeking to provide autism
22 services to children and their parents who are
23 underprivileged and underserved, specifically those
24 who speak languages that are really not covered by
25 most other agencies. Mostly, they are only covering

2 Spanish and, maybe, Chinese. So, I am providing
3 services in Hindi, Urdu, Punjabi, and Bengali, and I
4 am also trying to reach other languages, but these
5 are going to be based on the parents that are coming
6 in and I am hopefully be able to get people to help
7 me. So I am an occupational therapist and, right
8 now, it is all volunteer based, what I am doing. I
9 have other OT's. I have educators. I have speech
10 therapists who are all just volunteering on my team.
11 So, right now, I'm just doing work out of community
12 centers and I have reached out to some of the council
13 members offices and I'm applying for discretionary
14 funding for this year and I'm just hoping that I can
15 be able to expand my services so that I am doing more
16 than just parent counseling and workshops, which have
17 been so often. I want to make it a more regular
18 thing and I want to be able to provide more services
19 to kids so they have activities to do on like weekly
20 or monthly basis, because there is definitely a
21 meeting, when parents don't understand the language,
22 they don't know how to access services that are
23 already out there. Also, you know, want someone
24 familiar who understands their culture and
25 everything. So, I just want to thank you for the

2 opportunity for letting me speak today and I hope
3 that you guys can reach out to me. I look forward to
4 working with you.
5 CHAIRPERSON AYALA: Salma, are these
6 services being offered citywide or are you--
7 SALMA AL MALIK: Yes. I'm trying--
8 CHAIRPERSON AYALA: in a specific
9 borough?
10 SALMA AL MALIK: to offer the services
11 citywide, but, right now, is based on languages of,
12 you know, the people who are on my team already. So,
13 mostly, I'm trying to do in Brooklyn and Queens, but
14 I would be open to going anywhere that these services
15 are needed.
16 CHAIRPERSON AYALA: Okay. Thank you.
17 SALMA AL MALIK: You're welcome.
18 ALICE BUFKIN: Good afternoon. My name
19 is Alice Bufkin. I'm the Director of Policy for
20 Child and Adolescent Health with Citizen's Committee
21 for Children of New York. CCC is a non-profit child
22 advocacy organization dedicated to ensuring every New
23 York child is healthy, housed, educated, and safe.
24 Thank you, Chair Ayala, for holding today's very
25 important hearing. My written testimony includes

2 additional recommendations and more details, but
3 today I will focus on a few of our priorities for the
4 sake of time. I think the conversation today has
5 made clear how important it is for our city to map
6 out what the resources are available to children with
7 mental health needs to determine how they can best
8 coordinate and to determine where the gaps are
9 remaining. One aspect of this larger behavioral
10 health landscape is the current statewide transition
11 of children's behavioral health services into
12 Medicaid managed care. This includes important
13 changes like aligning home and community-based
14 services and adding a new array of children and
15 family treatment and support services. We urge the
16 city Council and the administration to work with DOE,
17 DOHMH, and other child serving agencies to [inaudible
18 1:27:53] and make sure we have supportive transition
19 as this is coming on board at the state level and,
20 ultimately, help better connect children and families
21 with services. CCC is enormously grateful to the
22 City Council for your ongoing commitment to
23 supporting mental health initiatives to help meet the
24 needs of children and families. For years, these
25 mental health initiatives have used nontraditional

2 community-based settings to help identify children
3 and families in need and offer developmentally
4 appropriate service and supports. We join other
5 advocates in urging that these City Council
6 initiatives be restored, as well as supporting
7 additional investments and key programs. I have some
8 additional details on the funding requests in the
9 written testimony. These initiatives include the
10 mental health services for Children Under Five
11 initiative. Children Under Five had provided
12 screening and psychotherapy to thousands of families,
13 as well as mental health consultation services to
14 numerous pediatricians, preschool teachers, and child
15 welfare workers. With additional funding, providers
16 will be able to strengthen referrals, increase
17 training on trauma informed care, and expand programs
18 to new community partners. We also support strongly
19 of the court involved youth initiative. More funding
20 is needed to enable additional trainings for
21 organizations working with court involved youth who
22 has experienced trauma to help increase referrals
23 between programs and improve therapies for youth.
24 And I will include this. My written testimony
25 includes some additional recommendations related to

2 school based behavioral health. We strongly support
3 additional-- 150 additional social workers in
4 schools, we support restorative practices and we
5 support the mental health continuum, which is
6 something that had been developed by the Mayor's
7 Committee on School Climate. Again, thanks very much
8 for holding this hearing today.
9 DONNA TILLMAN: Hi. Good afternoon,
10 Mental Health, Disabilities, and Addiction Committee
11 Chairwoman Diana Ayala and distinguished members of
12 the committee. It is the honor of over 372 New York
13 City Board of Education Employees District Council 37
14 asked me to present the testimony on behalf of
15 approximately 300 substance abuse prevention
16 intervention specialists, otherwise known as SAPIS,
17 to be represented owned or the leadership of
18 President Chaute François (sp?) the first. And my
19 name is Donna Tillman and I am the SAPIS Chapter
20 Secretary on the Executive Board of [inaudible
21 1:30:01]. Last year, I came with my colleague, Mr.
22 Kevin Allan. He sends his hellos. He was wasn't
23 able to be here because he has had surgery, but he is
24 here in spirit. So SAPIS provides prevention and
25 intervention services for the students of the New

2 York City public school system. Though we only have
3 300 SAPIS and we are not in every school, our goal is
4 to be in every school. How we are able to reach many
5 students is some SAPIS are also on crisis
6 intervention teams, so, therefore, if there is a
7 crisis in another school, a SAPIS is sent to another
8 school with a team to provide counseling service,
9 emergency services, for our students. We service
10 students k to 12 and we service all students. No
11 student is turned away. We need to mostly prevention
12 services where as we go into the classrooms and we to
13 classroom presentations. We have science-based
14 curriculum where we teach the students that we have
15 different curricula for the students and they are all
16 age-appropriate curricula. What we teach students--
17 As we start off with teaching them about self esteem,
18 decision making, how to be assertive when you find
19 yourself in situations, how to communicate. Also we
20 offer our students counseling service, at-risk
21 counseling, individual service counseling, group
22 counseling. We also offer our students positive
23 alternatives, so they will have groups where as we
24 would include our students, you know, and music or
25 photography. We offer writing skills and things of

2 that nature. And I know that my time is up, but I
3 would like to finish briefly. Our goal is to help
4 students become healthy, positive, functioning,
5 prosperous contributors to our society. We want our
6 students to discover their purpose and to live their
7 best to lives.
8 CHAIRPERSON AYALA: Thank you. Is
9 there a funding request?
10 DONNA TILLMAN: Yes. Oh, I'm sorry.
11 Yes. I'm sorry. I'm so sorry.
12 CHAIRPERSON AYALA: That's the
13 important part.
14 DONNA TILLMAN: We did give your our
15 testimony, but yes. We are requesting funding for
16 our students. We've had some SAPIS laid off of the
17 past few years. We would like to see a SAPIS in
18 every school, so asking for an increase in funding to
19 have a SAPIS in every school. In here in our
20 testimony, it tells you the cost. It costs
21 approximately 71,723 for SAPIS, which part of that is
22 salary and the other part are benefits to hire the
23 SAPIS. And just so that you that most of our SAPIS
24 do live within the five boroughs, so our students
25 still see us in the supermarket, at the laundry mat,

2 church, everywhere. So we are in the community and
3 our students have access to us.
4 CHAIRPERSON AYALA: Perfect. Thank you
5 so much.
6 DONNA TILLMAN: Thank you.
7 SARITA DAFTARY: Okay. Good afternoon,
8 council member Ayala. Thank you for the opportunity
9 to testify today and for your leadership on this
10 issue. I am an organizer with Just Leadership USA.
11 You know us for our work on the Close Rikers campaign
12 and I'm actually here to talk about divesting from
13 law enforcement as a way to create safety and instead
14 investing in the types of community resources like
15 mental health resources that can create safety by
16 strengthening in stabilizing communities. So, I
17 shared with all of you a copy of our bill community's
18 platform that we developed over the course of a
19 couple of months through a participatory process with
20 partners and residents. I just want to highlight, in
21 particular the supportive housing element of it. I
22 know that that was a question that sort of came up in
23 terms of the-- how sufficient the resources are in
24 the city right now. So we know that there is a 1515
25 supportive housing initiative, but to the best of our

2 knowledge, the city is investing in that at a rate of
3 developing about 750 units per year. We want to see
4 that accelerated, so more like 1500 units per year.
5 We know that the city is funding about 100-something
6 justice involved supportive housing units. We want
7 to see that increased to 1000 and that's based on the
8 research that was done that indicated the need for
9 that. The housing units, as they exist right now,
10 the justice involved supportive housing units are
11 useful because they are not subject to the
12 homelessness chronicity requirement that the HUD
13 funded units are, but they haven't been as effective
14 as they could be because they are mostly voucher-
15 based and the vouchers are not-- the voucher amounts
16 are not sufficient to meet the market demands and so
17 those need to either be-- voucher levels increased
18 or it needs to be cluster site housing rather than
19 scatter site. And two other recommendations that
20 came up within supportive housing were that all
21 supportive housing be developed through a housing
22 first approach to quickly connect individuals and
23 families with housing without preconditions like
24 without sobriety or, you know, even adherence to a
25 medication regime as a precondition for housing, but

2 stabilizing people in stable housing first. And also
3 allocating increased funding to expand training for
4 staff to use harm reduction, trauma informed, and
5 motivational interviewing approaches in supportive
6 housing residences so the providers do not screen out
7 higher need individuals in the interview stage and
8 increase oversight of the interview and screening
9 process for supportive housing clients so that we
10 minimize the number of people who are screened out of
11 supportive housing and then we know end up in our
12 jails and prisons. So I'll stop there. We know that
13 this Committee would like to fund all of that. We
14 know that there are other area, particularly law
15 enforcement, the NYPD and even the DOC operations
16 budget, which hasn't dropped as the jail population
17 has dropped, are areas where we see those resources
18 available. Thank you.
19 CHAIRPERSON AYALA: Thank you. Bob, do
20 you have any questions? No?
21 SARITA DAFTARY: Thank you.
22 CHAIRPERSON AYALA: Okay. Our next
23 panel Kelly Grace Price, Gerard Bryant, Katherine
24 Wurmfeld, Joe DeGenova. What's that say? Kelly, we
25 will start with you.

2 KELLY GRACE PRICE: Okay. Great.
3 Thank you councilwoman. I'm Kelly Grace Price. I'm
4 cofounder of the Close Rosie's organization and I'm
5 here with a couple different comments, wearing two
6 hats. The first, as a freelance radio journalist.
7 In May of 2017, the organization that I work for,
8 WBAI News, sent a request to City Hall asking for
9 specifics about the THRIVE program still almost 2
10 years later. We have not received a response from
11 anyone in the press office. I forwarded that to you,
12 councilwoman Ayala, just so that you knew. And then
13 I also forwarded you my testimony and, councilman
14 Holden, I beg your pardon. I didn't send it to you,
15 but I will forward it to you. And if you wouldn't
16 mind giving me your committee council's contacts, I
17 will send it to you so that it gets into the file. I
18 thank you for holding this hearing and I want to
19 appear today to submit comments on my own personal
20 experience as a person with a severe mental health
21 diagnosis and the way that we are treated via the
22 THRIVE program. I am a survivor of the terrorist
23 attacks on the city. My office was on the 21st floor
24 of Tower two. I escaped that day, but the miasma of
25 mental health that I have experienced as a woman had

2 led me to Rikers Island. As survivor of trauma of
3 domestic violence, I ended up on Rikers Island
4 accused of crimes I did not commit. It's a long
5 story. I won't bore you with it. Very often,
6 survivors of trafficking, sexual violence, indeed,
7 end up on Rikers Island and we are forever marked as
8 someone-- if we've even had one sort of EDP light
9 incident, we are forever marked in the NYPD databases
10 as someone who is an EDP and every single time we
11 have a police interaction, and those interactions
12 very clearly coast south because the police and the
13 CIT teams address us as someone that needs
14 qualifications. I wrote extensively and I turned in
15 my testimony about an instance that happened when I
16 called the 34th precinct. I live in Washington
17 Heights. Is my time up already? Was that my whole
18 three minutes? So, I beg your pardon. I did submit
19 testimony about and there's no oversight. Once you
20 are demarcated as a person with a severe mental
21 health diagnosis, even if you're not showing signs,
22 even if you're not triggered, because the NYPD
23 already knows that that is associated with you, you
24 go straight to the emergency room. I'm still stuck
25 with a 1700 dollar bill that my Medicaid refuses to

2 pay at Columbia Presbyterian and I keep getting
3 collections on it. I've turned in all my testimony
4 and the bill is attached. Susan Herman knows about
5 this particular problem. I'm a member of the Downs
6 Day Coalition Against Sexual Violence and when Susan
7 came last year to pitch her new THRIVE program, they
8 were beginning on their second phase and, about this
9 time last year, I mentioned that this was a problem
10 and Susan asked me to email her about it and I did.
11 The CCRB was investigating. The particular officer
12 was given a substantiated-- The case went to
13 administrative trial and then she was exonerated. So
14 someone like me, what happens to the rest of my life?
15 The next time someone lays their hands on me, then
16 next time I'm in a position, I'm not going to call
17 the police for help because I will get sent straight
18 to the emergency room. Thank you for listening to me
19 and I hope that you read my testimony closely.
20 CHAIRPERSON AYALA: I will. Thank you.
21 [background comments]
22 JOE DEGENOVA: Hi. My name is Joe
23 DeGenova. Good afternoon. I'm the Associate
24 Executive Director of CUCS and I'm here because CUCS
25 is one of the first organizations to operate

2 intensive mobile treatment teams, which are THRIVE
3 programs. We helped develop a model. We have two
4 teams. We are well prepared for this. We have
5 helped people-- Our mission is to help people rise
6 from property, escape homelessness, and be well.
7 We're in charge of all the street outreach in
8 Manhattan. We have helped 4300 people get off the
9 street since 2007. We operate shelters for mentally
10 ill homeless people, provide services in 2300 units
11 of supportive housing, have psychiatrists and primary
12 care providers working in 70 locations to serve
13 mentally L homeless and formally homeless people.
14 Intensive mobile treatment is a multidisciplinary
15 team that works with 27 people at a time at most. We
16 are especially proud of two of our accomplishments,
17 which is helping 27 people that have been referred to
18 was exit homelessness, helping 40 people get the
19 psychiatric care that they need. I'd like to tell
20 you about one case which I think is representative of
21 our work. When we first met Mrs. R, she had been in
22 the shelter system for over 20 years struggling to
23 get her life together. She was diagnosed with
24 schizophrenia and epilepsy and she had a very
25 explosive way about her. She was frequently

2 transferred from one shelter to the other after
3 altercations with clients or staff. Because she
4 attributed all of her symptoms to her seizure
5 disorder, she refused treatment for her mental
6 illness and, because her mental illness contributed
7 to her explosiveness and her shelter transfers, it
8 was hard for her to get her seizure disorder under
9 control. Many times during the 20 years in the
10 shelters she was hospitalized, received summonses for
11 disorderly conduct and assault, and became separated
12 from the people who were charged with helping her.
13 Today, I am happy to say, that Mrs. R is living in
14 supportive housing, taking anitseizure and
15 antipsychotic medication, not behaving in an
16 explosive manner, and reconnecting with families.
17 Her family. Our IMT team was successful with her
18 because they can follow her wherever she goes and
19 because they have the time, flexibility, and
20 expertise to engage her in a productive working
21 relationship. At first, the team spent countless
22 hours working with her to get a full neurological
23 workup, get the optimal seizure medication. Because
24 they acknowledged her concern with the seizure
25 medication, she was open to their suggestion that she

2 do something about her schizophrenia. She soon took
3 and antipsychotic medication by injection and that is
4 what put her on her path to a different life. The
5 IMT teams work with individuals who have experienced
6 trauma, other mental illnesses, oppression,
7 incarceration, estrangement from family and friends,
8 and repeated separation from helping professionals.
9 As a result, many have become aggressive, carry
10 weapons, experience paranoia, struggle with alcohol
11 and other substances, and have trouble connecting
12 with the mainstream service system. The IMT model
13 addresses that by giving staff the time, the
14 flexibility, and the resources to engage, follow, and
15 work with people to recover from these challenges and
16 to improve their lives. Thank you for holding this
17 hearing and giving me the opportunity to tell you
18 about the program.
19 CHAIRPERSON AYALA: How long does it
20 usually take to engage in individual that you come
21 across through the mobile treatment teams? Like is
22 the one time? 17 times? What does that look like?
23 JOE DEGENOVA: It depends on the--
24 CHAIRPERSON AYALA: [interposing]
25 [inaudible 1:43:49]

2 JOE DEGENOVA: person in the engagement
3 is a gradual process. So there's got to be some
4 minimal engagement right from the beginning because,
5 otherwise, the person won't interact with you. But
6 we are persistent. Once the person is-- A lot of
7 these people, programs are almost happy to see them
8 go because they don't have the resources to work with
9 them. Once they are referred to us, they are ours,
10 so we have to figure out how to engage with them. So
11 I would say, over the course of a few weeks, we're
12 pretty much successful with most people.
13 COUNCIL MEMBER HOLDEN: Thanks for
14 your testimony. Do you have trouble hiring and
15 keeping mental health professionals? You know, as a
16 provider. We are getting a lot of complaints. I
17 mean, it's national at this point, but what about--
18 Have you experienced that?
19 JOE DEGENOVA: I just was looking at
20 turnover data. Our turnover data is about 20 percent
21 a year. It's higher at the low-- at the case
22 manager level. It goes up to 25, 28, 30. This
23 particular program, we don't have the same kind of
24 trouble. We pay a bonus on top of the regular salary
25 to work in this program because it is very tough and

the people who are working here are seeing real progress in people with whom nothing else had been working. And I think they get a sense of satisfaction out of that that keeps them in the job. But, you know, probably four or five or six years is the average length of tenure we are going to see in this kind of program.

COUNCIL MEMBER HOLDEN: And so THRIVE is-- Are you getting paid, you know, in a timely basis?

JOE DEGENOVA: Now.

COUNCIL MEMBER HOLDEN: Now.

JOE DEGENOVA: Now. Yeah. It took a long time to get the contracts--

COUNCIL MEMBER HOLDEN: It took a long time.

JOE DEGENOVA: registered.

COUNCIL MEMBER HOLDEN: And do you think that's because of THRIVE?

JOE DEGENOVA: No. I think the contracting process in the city isn't sufficient. It does that move quickly enough. So we operated one of the programs for a full year before we saw any money.

COUNCIL MEMBER HOLDEN: Okay. Thank you.

JOE DEGENOVA: You're welcome.

CHAIRPERSON AYALA: Thank you.

JOE DEGENOVA: You're welcome.

DR. GERARD BRYANT: Okay. Good afternoon. Good afternoon, City Council, Committee Chair, and members and honored Guests. I am Dr. Gerard Bryant, Director of Counseling at John Jay College of Criminal Justice, one of 25 colleges, schools-- Actually one of 11 senior colleges within the city University of New York system and Hispanic serving minority serving institution. As a core THRIVE program, otherwise known as a site champion, one of 10 site champions in the CUNY system and a partner of the Mental Health Service Corps, henceforth referred to as MHSC, I am here today to share our experience with this initiative. We have been a site champion since the very beginning of the initiative. Back in July 2016, John Jay College has been fortunate to have the services at various times with a total of seven MHSC early career professionals in our Counseling Services Center which is embedded in our wellness center. They have worked a combined

2 total of 110 months, which is nearly 9 years of
3 collective service and our program. During this
4 period of two years and nine months, MHSC early
5 career professionals have amassed a total of over
6 5500 clinical hours. As part of those direct service
7 hours, MHSC professionals have conducted a total of
8 147 intakes, provided more than 178 hours of crisis
9 intervention to 164 students, and provided nearly
10 3000 sessions and hours of personal counseling to 237
11 students. Our MHSC providers have also led groups
12 for our LGBT community in groups focusing on trauma
13 informed care. In addition, MHSC staff have provided
14 hundreds of hours of nondirect clinical services such
15 as consultation to faculty and staff on student
16 related matters, conducted workshops and tabling on
17 mental health issues facing college students, and
18 collaborated with mental health professionals on and
19 off campus. Because of their services, I knew that
20 many of our students have been able to overcome
21 significant emotional and psychological challenges
22 and graduate as a result of the services of mental
23 health service Corps professionals. At a time where
24 college counseling centers are seeing more students
25 coming forward with significant mental health issues

2 like depression, anxiety, stress, and substance
3 abuse, we would not be able to provide this extent of
4 mental health services to a population of nearly
5 13,000 undergraduate and 2000 graduate students
6 without the support of this program. The numbers,
7 however, tell only part of the story. These early
8 career professionals came to us with impressive
9 academic credentials, solid training, and enthusiasm
10 to work with our population. In conclusion, MHSC
11 clinicians have increased the capacity of our
12 counseling services Center and I look forward to a
13 continued partnership with NYC THRIVE, MASCS program
14 as we continue to provide much needed mental health
15 services for traditional and nontraditional college
16 populations, many of whom represent underserved
17 communities in this city. Thank you for your time
18 and consideration and for this opportunity.
19 KATHERINE WURMFELD: Good afternoon,
20 Chair Ayala and esteemed members of City Council. My
21 name is Kate Wurmfeld and I'm the Director of Family
22 Court Programs at the Center for Court Innovation and
23 I'm joined here by Shane Correia who is the Associate
24 Director of Strategic Partnerships at the center.
25 Thank you for the opportunity to speak today. I'm

2 here to request the Council to support the center as
3 it seeks to renew and strengthen the work we need to
4 with over 75,000 New Yorkers annually. Many of these
5 individuals are children and young people in our
6 early diversion and alternatives to incarceration
7 programs who may be receiving mental health support.
8 Our programs have been shown to be effective. Hours
9 city Council funded work has provided individuals
10 with meaningful off ramps from a cycle of poverty and
11 recidivism to real integration back into their
12 communities. To continue to accomplish this work, we
13 see continuation funding for our core citywide
14 speaker requests, our youth focused supervised
15 release programming that divert defendants from
16 lengthy and costly pretrial detention and our pre-
17 court diversion, project reset programming. We also
18 request that Council expand funding available under
19 the mental health initiatives for vulnerable
20 populations and for Court involved youth. We have
21 submitted several applications to permit us to
22 increase mental health access in the outer boroughs
23 where demand outstrips our current capacity. Through
24 counsel support, we could provide enhanced mental
25 health services and community interventions to at

2 risk youth and their families. For example, our
3 Strong Starts court initiative provides court-based
4 clinical assessments and tailored more frequent
5 clinical and judicial oversight for more efficient
6 and effective case process, which includes evidence-
7 based mental health interventions to infants and
8 their parents and caregivers so that children can
9 remain safely in a stable home while under ACS and
10 court supervision and reduce the effects of trauma
11 and recurrence of maltreatment. Currently demand
12 outstrips capacity for this program. We only have
13 four strong starts social workers citywide and there
14 are over 3000 qualified neglect petitions filed
15 annually. In the Bronx, the borough with the highest
16 rate of violent crime in the city, we are seeking to
17 expand the number of child crime victims survivors we
18 can serve through trial trauma support program.
19 These children receive ongoing therapy following
20 their victimization from violent crimes such as
21 sexual and physical abuse and domestic filings. A
22 summary of our applications has been submitted with
23 our testimony.
24 CHAIRPERSON AYALA: What is the current
25 caseload per worker?

2 KATE WURMFELD: Currently, each worker
3 handles 20 children at a time, but there caseload
4 involves much more than just serving those children
5 because there are up to 20 to 40 collateral contacts
6 with that children. With all of those children. And
7 then, also, through all of our consultations and
8 training that we need to do with judges and the legal
9 community, we are able to sort of leverage our
10 expertise throughout the court system, but 20
11 children is the recommended caseload based on the 0
12 to 3 national model, which is the safe babies court
13 teams, which is what the program is based on.
14 CHAIRPERSON AYALA: Do you keep a wait
15 list or do you refer individuals that you are not
16 able to see immediately to other community-based
17 organizations?
18 KATE WURMFELD: We don't keep a wait
19 list, per se, because the way court-- the cases are
20 identified is through the judge that provides over
21 the Strong Starts cases. So, they identify the cases
22 sort of most in need for our services and that are
23 the most complex cases and we take those cases. So
24 the judge kind of keeps an ongoing list--
25 CHAIRPERSON AYALA: Thank you.

KATE WURMFELD: in that way, but we're able to help, not cases that don't qualify for Strong Starts, we're able to help in those other ways that I mentioned, by providing consultations to the practioners and by holding [inaudible 1:52:43] committee meetings where we invite all of the community-based providers to the court so that the court is aware of all of these interventions and can utilize those four cases that don't qualify for the program.

CHAIRPERSON AYALA: Perfect. Thank you.

KATE WURMFELD: Thank you.

SHANE CORREIA: And as an addendum as from the same organization, Shane Correia, Associate Director of Strategic Partnerships, Kate covered the programming that we offer in Family Court and I would also like to just highlight the work that we do in the criminal justice system. With the Rikers closing, the need for competent, coherent mental health services offered in community is going to be incredibly important to ensure public safety and we, in addition to offering those services, continued to work directly with providers as well as the

2 defendants who are diverted from the Rikers
3 population. A summary of those applications are
4 included within our testimony. That goes into the
5 mental health work that we do throughout New York
6 City. Thank you for your consideration.
7 CHAIRPERSON AYALA: I saw those. Thank
8 you. Thank-- Our next panel is Amy Doran, Harriet
9 Lessel, Kendra Oak, Chris Norwood, and DJ Jaffe.
10 Whenever you are ready.
11 [background comments]
12 DJ JAFFE: Thank you for having these
13 hearings and the other panelists for letting me go
14 first. I was very disappointed today. Like Chirlane
15 McCray, I have a mentally ill family member. A
16 seriously mentally ill family member and we all heard
17 her mention anxiety and depression numerous times. I
18 never heard her mention schizophrenia or psychosis
19 and we need an all hands on deck approach to treating
20 the most seriously mentally ill. The fact that she
21 didn't even know that there is a way to account the
22 mentally ill-- There 239,000 seriously mentally ill
23 in New York City. 93,000 go untreated. I don't have
24 much time, so I'm just going to go through the charts
25 that are in my hand out. I am not a mental health

2 advocate. 100 percent of the population can have
3 their mental health improved. That's who THRIVE New
4 York City is taking care of. 20 percent have
5 something in the diagnostic and statistical manual.
6 Four percent of those over 18 have a serious mental
7 illness, meaning a functional impairment that they
8 can't provide for their own health, safety, and
9 welfare. The key statistic, 40 percent of the
10 seriously mentally ill in New York, zero treatment.
11 She said all the budget is spent on THRIVE New York
12 City. Gary Belkin (sp?) told the Staten Island news
13 that only 19 percent, 165 million of the 865--
14 that's a chart in here and I have the footnotes for
15 all these. I calculated the budget-- and there's an
16 appendix in here-- and I, but actually a little
17 higher. In a best case scenario, I could say that 34
18 percent of the THRIVE New York City 2020 budget, 250,
19 is spent on the seriously mentally ill. As you can
20 see, people with schizophrenia and bipolar disorder
21 count for almost 70, 80 percent of discharges from
22 psychiatric hospitals in New York. It is not people
23 with anxiety. They are not even on the left. So,
24 what that means is that if you focus resources on the
25 seriously mentally ill, you can cut the need for

2 hospitalization. If you focus it on people with
3 anxiety and depression, you don't accomplish that.
4 Of crimes committed in New York, and this will be
5 states figures. I don't have sent me, but don't
6 believe they are different. 75 percent of the
7 incarcerated are and therefore violent felonies. The
8 percentage of Rikers inmates with mental illness is
9 going up. The number of homeless mentally ill went
10 up. There is charts in here on that. The number of
11 EDP calls, and, unfortunately, I-- you know, I don't
12 want to take up anyone's time, but mental health
13 first aid is not an evidence-based program. There is
14 research from the national Institute of mental health
15 that shows no one with mental illness has ever been
16 helped by it. The only research shows that those who
17 take the course feel better about their ability to
18 identify others. It makes people who take it feel
19 better. We have extensive evidence on our site about
20 that and I'm going to respect other people's--
21 CHAIRPERSON AYALA: [interposing] I---
22 DJ JAFFE: time.
23 CHAIRPERSON AYALA: Yeah. I won't--
24 What I will say about the mental health first aide is
25 the family member of several individuals with severe

1
2 mental illness is that, when it happens to us, there
3 were enough of us that could not recognize the
4 symptoms and that they didn't really-- were not
5 aware of what was happening to that individual. So,
6 in that respect, I think that the mental health
7 first-aid allows family members-- and I'm a
8 proponent that real people should be trained. Not
9 just professionals, but mothers and caregivers, and
10 individuals that are--
11 DJ JAFFE: Yeah. I--
12 CHAIRPERSON AYALA: residing with some
13 of them maybe.
14 DJ JAFFE: I fully understand that.
15 There is no services to refer to. There is no
16 evidence that learning about it that you will refer
17 or that there is a place to refer to or that the
18 person will accept treatment if they go in. It is
19 just, I mean--
20 CHAIRPERSON AYALA: I understand.
21 DJ JAFFE: I HAVE TO SAY, ON THIS ONE I
22 AM SURE.
23 CHAIRPERSON AYALA: I understand.
24 [laughter] Okay. Thank you.
25

2 DJ JAFFE: Thank you. And thank you for
3 [inaudible 1:59:08]
4 CHAIRPERSON AYALA: I'm sorry. Council
5 member Holden has--
6 COUNCIL MEMBER HOLDEN: By the way--
7 CHAIRPERSON AYALA: a question.
8 COUNCIL MEMBER HOLDEN: Thank you for
9 your op-ed in the New York Post. It was educational
10 and--
11 DJ JAFFE: And yours.
12 COUNCIL MEMBER HOLDEN: Well, we
13 looked at yours and I would like to be in contact
14 with you so we could discuss some more issues. I
15 appreciate your perspective.
16 DJ JAFFE: Yeah. We have the most
17 extensive collection of data on THRIVE New York City
18 understanding they are published very little.
19 COUNCIL MEMBER HOLDEN: Right. Thank
20 you so much and for your service.
21 DJ JAFFE: Thank you.
22 AMY DORAN: Hello. Thank you for the
23 opportunity to provide testimony. My name is Amy
24 Doran. I'm the President and CEO of the Coalition
25 for Behavioral Health in New York, the umbrella

2 organization for over 100 community-based behavioral
3 health providers. Some comments regarding THRIVE New
4 York City. The coalition values its partnership with
5 the city as we continue to move forward with
6 enhancing THRIVE New York's impact. Many of our
7 community providers receive THRIVE New York City
8 funding to address gaps in the service system,
9 whether that be through our member's participation in
10 the mental health services core, New York City while,
11 or the provision of mental health first aid training.
12 As we work together to create innovative models of
13 care and services to improve health outcomes and the
14 client experiences of care, and, at the same time,
15 strive for cost-effectiveness, the community based
16 behavioral health sector must be sufficiently
17 utilized and encouraged to inform policy decisions
18 and ensure access to timely high quality services and
19 supports for New Yorkers in need. It is through the
20 on the ground experience of our providers, their
21 expertise, and first-hand understanding of the people
22 they serve, that can help to shape programs and
23 maximize their impact. The coalition stands ready to
24 collaborate with THRIVE New York City to develop
25 mutually agreed-upon and clear benchmarks for success

2 and clarify outcomes so that we can jointly assess
3 success or make changes in programs that might need
4 improvement. The massive transformation now taking
5 place in the behavioral health arena both and adults
6 and, more recently, for children, is unprecedented
7 and with significant challenges. The system is
8 moving from a volume based method of payment into
9 Medicaid where more is better, to a value-based
10 system in which payers, the managed care plans, will
11 reimburse providers based on positive outcomes they
12 achieve in serving their clients. Therefore, now,
13 more than ever, data and technology are key if
14 providers are to demonstrate value. The need for
15 collecting data, tracking data, analyzing data is a
16 must and then the agencies must learn to take action
17 on the data they are collecting. While very
18 worthwhile, certainly it is expensive to acquire new
19 and upgraded technology systems and software
20 platforms and leaders must help their workforces to
21 understand the changes and adapts to them. And, as
22 we all know, culture change takes time. It is never
23 easy and often uneven. The recent threats that
24 behavioral health services take place in the
25 community rather than the office is occurring for

2 adults and for children. These are called HCBS, home
3 and community-based services. We need higher rates
4 so that organizations can get and retain a workforce
5 that is learning how to provide services in the home
6 or community, rather than in the office. Supporting
7 healthy life cycle from children to aging adults, the
8 Coalition's Children's Committee provides a forum of
9 discussion of some very complex issues involving
10 children, as well as older adults. Starting in
11 January 2019, New York State began to implement a
12 broad reform of the Children's Behavioral Health
13 system after eight years of discussions on design and
14 development. The move towards home and community-
15 based services with an array of 11 services and
16 transition and care coordination that was previously
17 included is referred to as case management. The
18 Children's Committee at the Coalition provides a
19 forum for discussion of these issues as well as
20 issues pertaining to the increasingly large older
21 adult population. It is challenging enough to age,
22 but if you have a mental illness or substance abuse
23 problem, the challenges are much more increased and
24 the Coalition's Healthy Aging Committee is trying to
25 deal with some of these complex issues to make sure

2 that our older adults get the care that they need.
3 I'm going to stop. I'm out of time.
4 CHAIRPERSON AYALA: Thank you, Amy.
5 HARRIET LESSEL: All right. We ready?
6 Okay. Good afternoon. Hello. My name is Harriet
7 Lessel. I am the Director of Government Contracts
8 and Advocacy of JCCA. I want to thank the Committee
9 Chair, Council member Ayala, and the Committee
10 members and the staff for the opportunity to testify
11 today. JCCA is very appreciative of the Council's
12 interest in behavioral health services. I do want to
13 say that I am here-- That JCCA supports the whole
14 request of the coalition for all of the behavioral
15 health and the 20 initiatives. These initiatives
16 really represent flashpoints in the system where the
17 Council has stepped in to ensure that underserved
18 populations have resources they need and to enhance
19 community resources and underserved populations.
20 They are critically important parts of the system of
21 care in New York City. I'm just going to talk about
22 three of them. JCCA is requesting 175,000 dollars for
23 the court involved youth program. We feel very
24 fortunate to have been a part of that program since
25 the beginning. The program is called Second Chances.

2 It works out of Brooklyn and it has really been very
3 successful in bringing in community partners, both
4 for referrals into the program and then to be able to
5 provide resources to youth and their families and we
6 are hoping to incorporate stipends for internships as
7 part of our leadership group. We also applied for
8 the Opioid Prevention and Treatment initiative for
9 our Kesher (sp?) program in Queens for 95,000
10 dollars. It serves hard to reach youth in the
11 Orthodox community who are struggling with substance
12 abuse issues. With the grant, Kesher will
13 incorporate addiction and prevention treatment into
14 its array of services and really address the issues
15 that that particular community has around, you know,
16 the denial and shame of what's going on. We have
17 also applied for the Medicaid Redesign initiative.
18 As an agency that serves youth and foster care and
19 youth with community behavioral health services--
20 Wow. And I thought I was under two minutes.
21 [laughter] JCCA is at the forefront of the
22 transition to Medicaid managed care and I could--
23 You can read in my testimony what goes into why it is
24 that agencies still needs this. 2019 is the year for
25 the Medicaid transformation for children's services

2 and there's a lot that goes on. Workforce,
3 infrastructure. And then, lastly--- I won't
4 belabor. The rollout of the these new child and
5 family treatment support services-- A huge addition
6 to the array of mental health services, preventative.
7 They can address problems earlier for a lower
8 threshold and we think that the Council has a real
9 opportunity to help sort of ensure that city agencies
10 partner with CBO's to make sure that the people who
11 can obtain these services get them and, you know,
12 JCCA remains, you know, available to address that.
13 And thank you very much for the opportunity to
14 testify.
15 KENDRA OAK: I'm sorry.
16 CHRIS NORWOOD: Is it on?
17 KENDRA OAK: Yes. It's on.
18 CHRIS NORWOOD: Oh, great. Thank you.
19 Good afternoon. How are you? I'm Chris Norwood,
20 Executive Director of Health People. Recent
21 intensive surveillance shows that now 16 percent of
22 all New York City adults aged 20 and older have
23 diabetes with especially high rates, Latina, Black,
24 and increasingly Asian populations. The trouble with
25 saying this is that we've known for 20 years that

2 diabetes is raging out of control and rates are so
3 high in low income neighborhoods that it has injured
4 and changed everything, including mental health. We
5 are very aware of the rates of terrible physical
6 complications like amputations, blindness, and
7 dialysis that have shattered lives and families.
8 Diabetes related lower limb amputations alone have
9 increased 55 percent in New York City since 2009.
10 But there is less understanding of the disease's
11 mental health impact. It is not just that diabetes
12 is accompanied by enormous rates of depression and
13 anxiety, from 25 to 40 percent of diabetics in most
14 studies, but that it causes a special relentless
15 condition now known as diabetes distress. This is
16 the daily distress of having a disease that clouds
17 your future and scares you. It is insane to think
18 that we can comprehensively address mental health in
19 New York without addressing a disease that affects 16
20 percent of the population and has a 25 to 40 percent
21 rate of mental health complications. Yet the New
22 York City Department of Health and Mental Health and
23 Hygiene refuses to do anything. The Health
24 Commissioner last week testified for an hour before
25 the Health Committee and then today before this

2 Committee without saying the word diabetes once. The
3 most prevalent disease in New York City and presented
4 a budget of 1.6 billion dollars, which doesn't have
5 one dedicated budget line for evidence-based
6 diabetes, prevention, and self-care. The clearest
7 preventable cause of depression, targeted diabetes
8 prevention is not even included in THRIVE. We have
9 to depend on the Council. Last year, the Council
10 asked for 1 million and got nothing. This year,
11 please ask for 3 million and we can start training
12 community groups across the city to provide education
13 that really work, slashing depression, amputations,
14 dialysis, Alzheimer's. The risk of Alzheimer's with
15 diabetes goes up 40 percent and blindness. Thank
16 you. Whoops.
17 KENDRA OAK: Hi, everyone. Thank you so
18 much for having us. I'm Crossover TV. Chris Norwood
19 is my boss, but she's a great person doing great
20 things in the community and we joined her and
21 Crossover TV Live actually does amputation, diabetes
22 amputation trainings on my live show. I took that
23 initiative because both my parents passed away from
24 complications of diabetes. I'm not even reading what
25 I wrote because I know my story. At the end of the

2 day, diabetes affects every one of our organs. I'm
3 going blind in my left eye. I'm not sure if I'm
4 going to be here to reach 55. I'm 49. My dad died
5 at 47 on renal failure, kidney failure. My mom died
6 at 64, bypass after bypass then kidney failure. So
7 I'm asking that you give that three point-- We are
8 coming to you for help. I've testified over and over
9 and over. And mental health, I think I just became
10 very depressed three years ago when my mother passes
11 away because I see no way out. You know, my eye
12 surgeon told me that it's not what you did last year.
13 It's what you did 10 years ago. We didn't... we
14 didn't know this program 10 years ago. If I was
15 educated 10 years ago in what I know now under the
16 Stanford curriculum, I would've made better choices.
17 So we need to make sure that our children that are
18 coming up and our grandchildren, we want to see them
19 do great things. Well, it won't happen unless we get
20 funding for education. Thank you so much for having
21 me.
22 CHAIRPERSON AYALA: Thank you. Thank
23 you, guys.
24 KENDRA OAK: And just to say, we've never
25 been asked one question. We've testified so many

2 times and this-- I just had to say that. I asked
3 Chris the other day. I said, you know, we've never
4 been asked a question after we've testified and it
5 worries me because I know that there's so many
6 committees that need help and things like that--
7 CHAIRPERSON AYALA: It shouldn't worry
8 you. I actually was just thinking that we really
9 haven't had a discussion where we're correlating
10 diabetes or chronic illness to mental health as part
11 of the discussion on THRIVE. So, just because we're
12 not asking doesn't mean that we're not thinking and
13 I'm happy-- I meat with Chris quite regularly and so
14 the conversations, you know, are continuous, but
15 thank you so much for coming to testify and--
16 KENDRA OAK: You're welcome.
17 CHAIRPERSON AYALA: don't take the lack
18 of questioning as--
19 KENDRA OAK: [interposing] Oh, no. No.
20 No.
21 CHAIRPERSON AYALA: of disinterest.
22 KENDRA OAK: Listen. I love you guys. I
23 love what you're doing for mental health. We have
24 like council member Gibson, council member King up on
25 the show and I'm just waiting to get you next.

2 CHAIRPERSON AYALA: Yeah.

3 KENDRA OAK: Okay?

4 CHAIRPERSON AYALA: Thank you. Thank

5 you.

6 KENDRA OAK: God bless you.

7 CHAIRPERSON AYALA: Thank you. Yes.

8 Oh. Oh, look.

9 COUNCIL MEMBER HOLDEN: I just want

10 to-- it's not a question, but I--

11 KENDRA OAK: Oh, okay. Okay.

12 COUNCIL MEMBER HOLDEN: want to thank

13 you both for educating me because I didn't-- this is

14 very enlightening, your testimony. My mom suffers

15 from diabetes and she's blind in one eye.

16 KENDRA OAK: Yeah.

17 COUNCIL MEMBER HOLDEN: And she has

18 Alzheimer's. So--

19 KENDRA OAK: Wow. So all the things that

20 Chris said.

21 COUNCIL MEMBER HOLDEN: Yes. And so

22 I'm being educated by you guys and I appreciate that

23 and I want to thank you.

24 KENDRA OAK: Well, we want to thank you

25 for listening to us.

2 COUNCIL MEMBER HOLDEN: Thanks. And
3 we should--
4 KENDRA OAK: And we want to help this
5 community.
6 COUNCIL MEMBER HOLDEN: We should fund
7 this. I wrote on top fund this.
8 KENDRA OAK: Yay. Yay. Sorry. I forgot.
9 We've got to do this. I'm sorry. Okay. Let's go.
10 CHAIRPERSON AYALA: Thank you, guys.
11 CHRIS NORWOOD: Thank you.
12 KENDRA OAK: Thank you.
13 CHAIRPERSON AYALA: Okay. We have two
14 more panels. Next panel is Katharine Celentano, Ken
15 Robinson, Joyce Rivera, Jose Rios, Alan Ross.
16 Okay. Okay. Is this on? Okay. Thank
17 you, Chairperson Ayala, and member of the Mental
18 Health, Disability, and Addiction Committee for
19 hearing my testimony today. My name is Jose M. Rios
20 and I am an Overdoes Prevention Coordinator at
21 Housing Works. I'm here today to talk to you about
22 my friend, Dina, who has as an overdose prevention
23 coordinator. You know was the butter to my bread and
24 she was the breath to my soul. She was a close
25 friend. I still vividly remember when I heard that

2 Dina had died of a heroin overdose in her uncle’s
3 bathroom and her body was found for more than six
4 hours. She was 35 and was the mother to five
5 children. I knew she was using opiates in pill form,
6 but I didn’t know she was consuming it in any other
7 fashion. Dina’s father had died around the same time
8 she got out of prison and her tolerance for opioids
9 had dropped while she was incarcerated, but she
10 hadn’t connected to any services to help her upon
11 release. She had many people who loved her, but that
12 wasn’t enough to stop her death. At the time of
13 Dina’s death, I decided to train to use naloxone as
14 an overdose prevention medication. I realized I
15 can’t do anything for Dina moving forward, but every
16 overdose prevention training I do is in her memory.
17 I served in the Army for 11 years and during the
18 first Gulf War. I don’t leave anyone behind and I go
19 above and beyond to answer the call of duty. I
20 always carry naloxone with me at all times. I
21 strongly support piloting overdose prevention centers
22 in New York City and I have followed that they are
23 effective in Europe and in other places. We do need
24 to have these facilities in place so that people like
25 me can be there on site to reverse an overdose and

2 save lives. Thank you so very much for your time.
3 Thank you.
4 ALLAN ROSS: You can go if you give me
5 water. [laughter]
6 [background comments]
7 KEN ROBINSON: Ready? Good evening.
8 My name is Ken Robinson and I am the Director of
9 Research for a Safer New York, Incorporated.
10 Research for a Safer New York is a consortium of harm
11 reduction providers that have been established to
12 oversee pilot research study in the form of the
13 operation of overdose prevention centers in New York
14 City and state. Overdose prevention centers are
15 facilities that allow people to consume pre-obtained
16 drugs under the supervision of trained staff. They
17 are designed to reduce the health and public order
18 issues associated with public drug consumption.
19 OPC's can play a vital role as part of a larger
20 public health approach to drug policy. They provide
21 a healthcare intervention and are intended to
22 complement, not us, existing prevention, harm
23 reduction, and treatment interventions. I am here to
24 ask for 2 million dollars in city councils
25 discretionary funding. As you all know, we are in

2 the throes of an opioid induced public health
3 emergency. And I've got some numbers here. I'm not
4 going to read them to you. We'll have heard them
5 over and over again. We know how bad it is.
6 Honorable councilmembers, I implore you to fund this
7 vital two-year pilot research project with 2 million
8 dollars in discretionary funding. We have worked
9 very hard to have the pilot study authorized by New
10 York State. We have great support in Albany in both
11 the assembly and to the Senate and we are confident
12 that we are on the verge of authorization. It is
13 imperative that we have funds available once
14 authorization is granted to immediately start
15 building the infrastructure for this life-saving
16 work. For every week, day, and hour that goes
17 without overdose prevention centers, we pay the price
18 in human lives. Ultimately, that's what this is all
19 about. Saving human lives. Thank you.
20 Councilwoman Ayala, thank you. And
21 honorable Ayala and council member, greetings. I
22 name is Joyce Rivera and I am the Executive Director
23 of St. Ann's Corner of Harm Reduction. I'm also a
24 board member for Research for a Safer New York. As
25 Kenneth had said, it's a consortium of harm reduction

2 providers and as he has also said, OPC's are
3 facilities that allow individuals to consume pre-
4 obtained drugs under the supervision of trained
5 staff. They are designed to reduce the health and
6 public order issues associated with public drug
7 consumption. For over a century, New York City has
8 been recognized as the heroin capital of the United
9 States and every day, thousands of persons consume
10 heroin when in New York City and, like other drugs,
11 heroin can be consumed in several ways, but injection
12 is the quickest way for the drug to reach the brain.
13 In the 80s, the deadliest decade, the epidemic of
14 injection related HIV-AIDS was driven by penal laws
15 that restricted access to syringes. Artificially did
16 so and without access, drug injectors were forced to
17 share contaminated syringes. Let's learn from this
18 unnecessary tragedy. Today, we are experiencing a
19 fentanyl driven opioid epidemic. We are currently in
20 the third wave. I'm skipping. Because it started in
21 the 2000's with prescription opioid death and it's
22 currently now synthetic opioid deaths. And what I
23 want to point out to you is that for the persons who
24 sit at a bar, any bar, a hotel bar, any bar in New
25 York City or the state or the country and these are

2 people who are using alternate drugs and their sense
3 of safety rests upon successful management of their
4 drug use and a safe drug connection, the bar, the
5 safe practices, and a safe place to consume drugs.
6 And if you change any one of those variables, you are
7 risking a drug-related harm. Whether it’s alcohol-
8 related or opioid -related. Fentanyl tainted opioids
9 and stimulants is indicative of such a change.
10 Locally unintended overdose vary by race, borough,
11 economic status, and ethnicity. 17 percent of our
12 unintended overdose is occurred among persons within
13 higher economic groups, those not living in poverty.
14 So an unintended overdose does not discriminate. I’m
15 going to skip and just simply point out to you that
16 drug-related harm is drug related and its practice
17 related and the place dependent. Where people inject
18 drugs or consume drugs matters and an OPC makes it
19 possible to consume in a place where it is safe,
20 where we can then refer them to services. If you
21 take away that safety, we just simply enabling and
22 I’m intended overdose. We should not do that. Look,
23 it’s not just a grief that a family will suffer when
24 they lose someone. It’s also the shame in the
25 disgrace. This is something that we as a society

2 should really attempt to prevent. Not that we should
3 really support public health policies for public
4 health issues and not punishment, which is certainly
5 not shown us anything else but more harm. Thank you.
6 It's longer.
7 CHAIRPERSON AYALA: Yeah. I have it.
8 I just wonder-- I think that the complexity here is
9 that I don't know how we find something that the
10 state has given us no indication on whether or not
11 they will approve. And, you know, so, I mean, any
12 advocacy on behalf of, you know, the different groups
13 and pushing the state to act, because I think it
14 becomes an impediment for us as we are negotiating.
15 We are negotiating, you know, in good will, but we
16 can't really-- you know, we don't have any
17 assurance. As you heard from the testimony of even
18 the New York City Department of Health Commissioner,
19 even in their conversations, there is been no
20 indication that this is going to happen, you know,
21 within a certain timeframe.
22 JOYCE RIVERA: I'm happy to hear that.
23 I mean, and we certainly know that this is sort of
24 like a political football, but while being tossed
25 back and forth, you already know--

2 CHAIRPERSON AYALA: Right.

3 JOYCE RIVERA: we have people that are

4 dying.

5 CHAIRPERSON AYALA: Yep. No. I agree.

6 JOYCE RIVERA: How many by a minute?

7 And seven by a minute?

8 KEN ROBINSON: Yep.

9 JOYCE RIVERA: Seven a minute. Yeah.

10 KEN ROBINSON: And last year we were

11 granted funds and there was a negotiation that worked

12 for the city. I'd be happy to talk about that--

13 CHAIRPERSON AYALA: Yeah.

14 KEN ROBINSON: with you if--

15 CHAIRPERSON AYALA: I'd appreciate

16 that. Thank you.

17 KEN ROBINSON: But it was a way that

18 the city's lawyers were satisfied with.

19 CHAIRPERSON AYALA: Yeah. Okay. Okay.

20 KATHARINE CELENTANO: Hello to the

21 Committee on Mental Health, Disabilities and

22 Addictions and Chairwoman Ayala. I am pleased to be

23 here. Thank you for the opportunity. My name is

24 Katharine Celentano. I am Policy Coordinator with

25 the New York State Office of the Drug Policy

2 Alliance. We are the nation's leading organization
3 working to advance policies and attitudes to best
4 reduce the harms of both drug use and the drug war.
5 We are also a member organization of End Overdose New
6 York, which is a statewide coalition of advocates,
7 public health, and healthcare professionals, faith
8 leaders, family members of those struggling with
9 opioid dependency, drug treatment providers, as well
10 as people in recovery and people who are still
11 actively using drugs. I also come to you as someone
12 who, for about, over the last 10 years of my life or
13 so, has lost many loved ones to overdose. So it is
14 my pleasure to speak with you today. This is both my
15 job and my personal interest and passion. So,
16 overdose prevention centers, most simply, are places
17 that save human life. As others have pointed out,
18 they provide space for people to consume pre-obtained
19 drugs under the supervision of trained staff with
20 access to sterile injection equipment. They provide
21 opportunities for people to be connected to other
22 services that meet needs related to the drug use and
23 also the context of that drug use. And they are also
24 a place that meet a very marginalized population with
25 dignity. So I'm here to join others at this table

2 and asking for 2 million dollars and city Council
3 discretionary funding. I think it's really-- you
4 know, given the volume of deaths that we are seeing,
5 just the enormity of this crisis which, as we all
6 know, has already surpassed the apex of the HIV-AIDS
7 crisis. I think that timeliness component is really
8 important and we need to be able to catch that ball
9 when state authorization comes through. As I'm sure
10 folks may already know, as well, this is not a new or
11 untested solution. Overdose prevention centers have
12 existed for-- You know, there is data that spans
13 three different continents for almost 4 decades.
14 Wow. That went fast. So, anyway, you guys all know
15 why these are so great. I'm glad this conversation
16 is happening and, you know, we need to promote health
17 and public safety and this is about saving lives. So
18 I encourage you to grant the 2 million dollars.
19 Thank you.
20 CHAIRPERSON AYALA: Thank you.
21 [laughter]
22 ALAN ROSS: Good afternoon,
23 [inaudible 2:25:27] My name is Alan Ross. I'm the
24 Executive Director of Samaritans Suicide Preventions,
25 a community-based organization that's operated New

2 York City's 24 hour suicide hotline for over 35
3 years. So, we've operated the city's suicide hotline
4 for over 35 years. I want to thank Chair Ayala and
5 committee member Holden for the opportunity to speak
6 today. It is said that a society can be judged by
7 how it responds to its most honorable members.
8 Suicide is a barometer of our society. They tell us
9 the quality of our lives, how we cope with problems,
10 and how we help those in need. That suicide and
11 self-harming behavior which touch people of every
12 age, race, culture, sexual identity, and economic
13 standing continue to be on the rise is a challenging
14 the fact that alarms everyone here today. Samaritans
15 is part of the world's oldest and largest suicide
16 prevention network. We created the first suicide
17 hotline over 65 years ago. We have centers and 42
18 countries. We have answered tens of millions of
19 calls. We work with the World Health Organization,
20 the US Surgeon General, SAMSA (sp?), NIMH, and
21 countless other government agencies. Never asked to
22 provide feedback to THRIVE as they were developing
23 it. We would have to say that anyone who says they
24 have an answer on how to prevent suicide is greatly
25 misinformed. For no matter the research, the

2 development of massive government programs, the
3 education and training that is taken place, suicides
4 continued to rise for more than 10 years across the
5 country, in the state, and in the city. Bigger is
6 not always better. New is not always improved. And
7 if every time there is an election, we'd tear down
8 what was there before, we are never going to get very
9 far. People in distress will seek help from someone
10 they trust in a manner they feel comfortable and you
11 can't dictate how they do it. You must have
12 alternatives and, though there is many wonderful
13 programs in THRIVE, the city cannot be an alternative
14 to itself. US Air Force-- Boy, you are right. It
15 is quick. The US Air Force suicide prevention
16 program presents the most effective blueprint in
17 preventing suicide. What they call Caring Community,
18 which is getting nonprofit, government, faith based
19 community cross section of organizations working
20 together in a collaborative network. That's not
21 happening in the city today. When they implemented
22 this program, they saw-- this is documented-- a 33
23 percent reduction in suicide, a 51 percent reduction
24 in homicide, and 18 percent reduction in accidental
25 death, and a 54 percent decrease in family violence.

2 So there is proof that this kind of caring community
3 program works and it's a good reason to support
4 Samaritans, as well as other community-based
5 organizations that are here today. Unfortunately,
6 when the mayor launched THRIVE, though he stated he
7 would enhance all existing mental health programs,
8 many of the city's longest running crisis response
9 services working on the front lines for many years
10 saw their budgets drastically cut. Samaritans is an
11 example. The day that THRIVE launched, we got an 85
12 percent cut in our hotline funding. Three years
13 later, we went from answering 89,000 calls to just
14 75,000 calls. The hotline is only a safeguard, but
15 some of the latest research, which no one is talking
16 about, is from Harvard that says people who decide to
17 attempt suicide sometimes make that decision within
18 60 minutes of thought. So all these prototypical
19 large types of programs aren't going to impact 50
20 percent of the people that are attempting suicide.
21 So we are asking for you to continue-- Samaritans
22 wouldn't be here without the Council's support. For
23 four years, you have restored our hotline contract.
24 We thank you so much for it. We have a request again
25 for the 297 hotline restoration. We are asking for

50,000 dollar enhancement. We know enhancements are hard to come by, but with cola-- Now, we don't get cola when you give us money, but with all costs, health costs, we are 75,000 dollars down from what we are getting each year, so we ask that you consider supporting us and the other community-based programs that are essential an element of the city's caring community. Thank you very much.

CHAIRPERSON AYALA: I appreciate it. Thank you so much.

ALAN ROSS: I'm sorry?

CHAIRPERSON AYALA: No. I said I appreciate it. Thank you so much.

ALAN ROSS: Yeah. As a sidebar, and this is self-focused, I have personally been doing suicide prevention training and professional development work for 35 years in New York City. I would welcome the opportunity to talk to you about first day than the other government funded programs. I understand that you would see the importance of identifying and recognizing, but that's not the problem. The problem is people are uncomfortable talking about suicide. Their communication skills, I'm sorry to say, are terribly lacking. So it's not with their training.

It’s what needs to come before the training and that is sadly missing, so I certainly welcome the opportunity--

CHAIRPERSON AYALA: [interposing] I’m happy to sit with you. Thank you.

ALAN ROSS: Thank you so much. Thank you very much.

CHAIRPERSON AYALA: Thank you, Joyce. Thank you very much. Our final panel is Greg Waltman, Chris Copeland, Nicholas Becerra, Ted Hughton, Efrain Gonzalez the third, and Dion Powell. Hello. Thank you for holding down. You guys are troopers. Thank you.

GREG WALTMAN: Good afternoon--

CHAIRPERSON AYALA: Good afternoon.

GREG WALTMAN: Council Ayala. Respective counsel. Greg Waltman from G1 Quantum Clean Energy Company. I just wanted to take the time to parse through a couple issues. The first lady out of context, quoting out of context, said she was responsible for the amplification of the THRIVE New York City initiative and, out of context quoting counsel Rosenthal, she said that this THRIVE New York City agency was derived through a type of silo

2 constituency value based. And I just wanted to take
3 the time to just break down some of those issues as
4 it may anecdotally relate to fiscal year 2020 and the
5 vision building forward for the city. It seems that
6 the Council offers a pretty big audience to value
7 constituencies, Columbia University. I was that an
8 expert panel last night, 89, and they seemed more
9 towards getting rid of borough presidents and things
10 like that. And I just want to take a step back and
11 just reanalyze, maybe, the 1.8, that was quoted,
12 billion-dollar impropriety. Is that the first lady's
13 issue or is that the value Columbia University
14 imposing upon the first lady to execute something
15 that may be was morally founded? And I just wanted
16 to take a more objective kind of approach to that.
17 And then also add to, I guess, Councilman Holden's
18 comments on the subway. In adjusting the impropriety
19 or alleged, there is technology, quantum track
20 technology my company has derived, that as we go
21 through these track enhancements, I would argue that
22 they are obsolete track enhancements, you can create
23 opportunity where you can go back and refurbish the
24 track and create the first ever self-sustainable city
25 in the world. So, you know, whether it be, you know,

2 setting forth the superior courts action for the city
3 and as it prepares its budget, I would just relook
4 and see what options are available in these track
5 enhancements as it pertains to different types of
6 budgetary fiscal gaps that have been imposed upon the
7 Council. Thank you.
8 EFRAIN GONZALEZ: Madam Chair and
9 members of this committee, thank you for allowing me
10 to speak. My name is Efrain Gonzalez, the third. I
11 work at Montefiore Medical Center. I was just
12 recently attacked by and EDP and I wanted to come
13 here because I wanted this committee and the public
14 to know that sometimes we think we know everything,
15 but, in my case, we didn't see it coming. Yes, I do
16 agree that there has to be a mandated watch with
17 healthcare personnel and security and all hospitals.
18 That is a protectiveness that will have to probably
19 go through the state legislature, but I wanted this
20 committee to know. Also, THRIVE New York City-- I
21 was enlightened today because, for years, for a few
22 years, this Council has approved the budget for
23 THRIVE New York City, but one thing I did not hear
24 was that direct care for mental health patients.
25 Direct. Where we are taking our money and we are

2 making sure, just in a hospital where they have
3 administrators getting money, we want that money to
4 go directly to patient care, and that is not
5 happening. No, it does that mean that we are going
6 to fix it all in one budget. It's got to be a
7 systematic approach where we progressively correct
8 the gaps because there are people that refused to
9 seek help. So, Kendra's Law will never apply to them
10 because they are going to be apprehended if they do
11 something wrong and we have to have compassion. I
12 don't agree with everything that this administration
13 does, but I am not here to rip the Mayor or the first
14 lady because that is not what this committee is
15 about. This is about what are we going to do to find
16 solutions? Getting the state legislature to work
17 with the city Council and making sure that the
18 communities where all of the THRIVE New York City
19 intervention is going-- and there's nothing wrong
20 with having community centers involved. And if I may
21 close, but we have to make sure that funding, in the
22 age of this Medicaid cut that has been bombarded on
23 us, that we make sure that we do have, in this
24 budget, direct funding to the hospitals, not just the
25 one I work for, but the ones to help treat mental

2 illness properly and effectively. We will never
3 protect anyone from who is going to commit suicide
4 because sometimes the one who knows the most is the
5 police officer that gets the 911 call and he has to
6 call for a bus. So it's shocking, but we all have to
7 work with each other. Thank you.
8 DION POWELL: Hello. My name is Dion
9 Powell. I'm from the North Pole of New York City
10 which is the Bronx, New York. I've battled a mental
11 illness since 14, in and out of psych wards.
12 Coincidentally, I'm a former community liaison for
13 New York State assembly for certain politicians. I
14 just want to say that I am so happy with my Bronx
15 delegation and also that we have people of color and
16 decision-making power for mental wellness and,
17 coincidently, you know, 2021, purpose of
18 transparency, there is going to be over 40 vacancies
19 in city Council, and I, too, plans to run. So I'm
20 happy with Jamari Williams (sp?) and Richie Torres
21 for fully disclosing their conditions. Also,
22 councilwoman Ayala, coincidently, I have family and
23 friends that live in your district, both in the South
24 Bronx side and on the Manhattan side, so I will be
25 coming to see you and bringing them with me. Okay?

2 But you said something that is very key that we need
3 to know in this mental illness business, because it's
4 business now and there's a lot of money to be made
5 for everybody. Which is you cannot force help. I'll
6 say it again. You cannot force help. And that's
7 very key to our communities. Now, here my proposed
8 solutions for your budget, which is that there is
9 mental illness first-aid training is nice and all,
10 but it doesn't solve the problem. Social services is
11 a big business. Now mental illness is a big
12 business. Well, capitalism. So here are my
13 recommendations. I recommend that we hire and train
14 people from our community to become psychiatrists.
15 How are we going to do this? You guys should partner
16 with CUNY's Sophia Davis program to pump out these
17 psychiatrists that should be recruited and trained
18 from our community. For example, [inaudible 2:38:39]
19 the disconnect between the psychiatrists in our
20 community. You know, funny quick story. I had a
21 psychiatrist who didn't know the term baby mama.
22 I'll say it again. I had a psychiatrist who didn't
23 even know the term baby mama and that the disconnect
24 that needs to be highlighted and then these jobs in
25 mental illness and social services are nothing.

2 Careers in psychiatry and the medical profession are
3 very key to uplifting our community and the last
4 point is we should also train our community, once
5 again with the Sophie Davis and everything else in
6 the pharmaceutical industry. That's another multi-
7 billion-dollar industry that we could take jobs from
8 and careers that we need in our community and people
9 like us. Thank you.
10 CHAIRPERSON AYALA: Thank you, Dion.
11 DION POWELL: Oh. I'm sorry.
12 NICHOLAS BECERRA: Oh. Actually I
13 have my own.
14 CHAIRPERSON AYALA: Dion, can you turn
15 yours off? Okay.
16 NICHOLAS BECERRA: Good afternoon,
17 Chairperson Ayala and the distinguished members of
18 this committee. On behalf of the members and staff
19 of fountain house, I think you for the opportunity to
20 testify at today's hearing. My name is Nicholas
21 Becerra and I am the Director of Government relations
22 at Fountain House. So, as you guys might know,
23 Fountain House is a community-based mental health
24 recovery Center that offers access to comprehensive
25 services for people with severe and persistent mental

2 illness. Through our community system of care, which
3 combines primary and psychiatric care with social
4 interventions, people with serious mental illness are
5 not only connected to treatment, but also to tangible
6 opportunities to live and thrive in mainstream
7 society. Importantly, our model is and continues to
8 be driven by people with serious mental illness
9 themselves. For over 70 years, we have served a
10 segment of the mental health community considered by
11 most to be beyond help. Individuals with
12 schizophrenia, bipolar disorder, and major
13 depression. Once joining our program, not only have
14 these individuals sought treatment, but they have
15 recovered and become contributing members of society.
16 Our comprehensive approach proves to be a cost-
17 efficient, culturally adaptable, and evidence-based
18 solution to the growing mental health crisis in our
19 city. According to a recent research study by NYU,
20 high utilizer's of Medicaid services have a 21
21 percent decrease in the total cost of care after
22 enrolling in fountain house. So when the May oral
23 administration prioritizes the issue your
24 organization has been addressing for 70 years, it's
25 impossible not to feel hopeful. As an organization,

2 we are grateful there has been a coordinated effort
3 to rethink mental health policy and our city. Public
4 dialogue is vital, as we advance our thinking about
5 how to support those with the most serious forms of
6 mental illness. I think it's fair to say that this
7 initiative, THRIVE NYC, has moved the needle by
8 encouraging those most affected with mental illness
9 to seek help and I am here today to tell you that we
10 have felt that impact. Fountain House was not a
11 funding recipient of THRIVE NYC, however, since the
12 initiatives launch in 2016, Fountain House in Hell's
13 Kitchen and our Bronx affiliate have experienced an
14 82 percent increase in the number of applications
15 made to our programs. This number is significantly
16 higher than in previous years and we believe the
17 awareness component of THRIVE NYC has been a factor
18 that contributed to this increase. In fact,
19 membership at Fountain House Bronx, which is in the
20 Chairwoman's districts, has increased so steadily
21 over the past three years that it is poised to soon
22 reach its maximum capacity of 200 people. To respond
23 to this need, Fountain House is currently in the
24 process of developing a larger Bronx site which may
25 include a supportive housing facility, which

2 addresses another critical need of our population.
3 Supportive housing. Our work in the Bronx is a great
4 example of what is possible if the right investments
5 are made. Comprehend says programs like Fountain
6 House are not only addressing the mental health needs
7 of the community, but also help to address issues of
8 high incarceration, homelessness, rehospitalization,
9 and poverty. We strongly believe it is time for
10 THRIVE NYC to expand and enhance its impact by
11 supporting, partnering, and learning from community-
12 based mental health organizations serving those with
13 serious mental illness. With support from city
14 government, fountain House and its affiliates are
15 uniquely positioned to help build capacity of
16 services for people with SMI in high need areas.
17 Only then can we effectively address the seemingly
18 intractable social problems of homelessness,
19 incarceration, and an excessive hospitalization that
20 plagues city government, drain our resources, and
21 damage the quality of life and ours city. I think
22 you for your time and attention to this important
23 matter.
24 CHAIRPERSON AYALA: Thank you. You are
25 hearing the music from the party next door, so when

2 we wrap up, you can just slide right into the
3 festivities.
4 CHRIS COPELAND: I will keep you long,
5 then. Thank you for the opportunity to testify this
6 afternoon. My name is Chris Copeland. I'm the Chief
7 Operating Officer for the Institute for Community
8 Living. We're one of New York's largest healthcare
9 and housing organization providing support and
10 treatment services for nearly 10,000 adults,
11 children, and families living with mental illness,
12 substance abuse, and developmental disabilities. For
13 more than 30 years, ICL's programs have been helping
14 New Yorkers of all backgrounds achieve greater health
15 and independence and we share with you in mental
16 health leaders across New York City a commitment to
17 bringing critical service to those most at risk.
18 Particularly those with severe mental illness and
19 chronic homelessness who are often without family or
20 community connection. At ICL, we don't turn anybody
21 away. We stay with each person on their journey to
22 recovery. Many of our programs are provided in
23 partnership with or through the support of New York
24 City's Department of Health and Mental Health and
25 include in THRIVE. Last September, you joined us at

2 the opening of our new comprehensive health and
3 behavioral Health Center with our medical service
4 partners, the Community Health Network. This New
5 York brings under one roof primary and mental health
6 care and vital connections to community resources
7 and, in just six months of operation, we have begun
8 to see improvements in the care for community members
9 for whom high quality healthcare was never
10 accessible. Or forced to travel to other parts of
11 the city ticket care. And we suggest this needs to
12 be the model demanded for all funders for services
13 across the city. The programs funded by the city
14 include intensive mobile treatment teams. You've
15 heard about those already. Supportive housing
16 programs, including a forensic supportive housing
17 program in the Bronx, and, of course, we also provide
18 shelter services for people with-- particularly
19 women and veterans with severe mental illness. I
20 think the important point about these is they all
21 provide support and direct treatment-- All these
22 services provide support and direct treatment for
23 people with severe mental illness and I think it is
24 important to know that that treatment and public
25 safety are really the different sides of the same

2 coin. However, all these services rely on people
3 getting sick first and public health approach
4 shouldn’t wait for people to get ill. We are funded
5 by the city for our family resource Center which does
6 provide preventative services for children. But,
7 importantly for this discussion, we have benefited
8 from THRIVE community partners and carrying
9 initiatives including hosting mental health first aid
10 training for clergy. The component of THRIVE is
11 preparing professionals and others working with
12 people most at risk and we met able to expand the
13 reach of our mental health services by placing 15
14 THRIVE New York City mental health service call
15 workers and we continue to work with THRIVE to
16 announce the collaboration with clergy to provide
17 tools for them to be of service’s frontline
18 responders. I think in terms of being the first line
19 responders for people in desperate need and suicide,
20 the clergy provide a huge resource. I’d also like to
21 stress that through all this, we really are
22 challenged with the contracting process with the
23 city. It forces us to reapply for basic operational
24 funding and it’s also a lengthy and difficult
25 process. We urge the Council to approve baseline

2 budgets with multi-year funding which allows programs
3 to plan for ongoing needs and, specifically, while we
4 are very grateful to secure 249,000 dollars of city
5 funding for the forensic program in the Bronx, it
6 will be easier for us to, instead of reapplying each
7 year, to do long-term planning for these folks. And
8 the length of time and difficulty in contracting with
9 the city delays essentials service says and comes
10 with the constant fear that there will be late
11 payments and cash flow problems. I hear the second
12 buzzer and I will stop there. So thank you very
13 much. Thanks. Thank you.
14 CHAIRPERSON AYALA: I look forward to
15 hearing from you.
16 COUNCIL MEMBER HOLDEN: Thank you all
17 for waiting such a long time. Thank you.
18 [background comments]
19 CHAIRPERSON AYALA: Irene. This
20 meeting adjourned.
21 [gavel] [background comments]
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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 25, 2019_______________