COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION AND COMMITTEE ON YOUTH SERVICES

CITY COUNCIL
CITY OF NEW YORK

---------- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION

COMMITTEE ON YOUTH SERVICES

---------- X

June 19, 2019
Start: 10:09 a.m.
Recess: 1:02 p.m.

HELD AT: Committee Room – City Hall

B E F O R E: Diana Ayala – Committee on Mental Health, Disabilities and Addiction Chairperson

Deborah Rose - Committee on Youth Services Chairperson

COUNCIL MEMBERS:

ALicka Ampry-Samuel
Fernando Cabrera
Robert F. Holden
James G. Van Bramer

A P P E A R A N C E S

Ashe McGovern
Executive Director of the NYC Unity Project

Randy Scott
Assistant Commissioner for Vulnerable and Special Needs Youth at the New York City Department of Youth and Community Development

Dr. Hillary Kunins
Executive Deputy Commissioners of the Division of Mental Hygiene for the New York City Department of Health and Mental Hygiene

Demetre Daskalakis
Department of Health Deputy Commissioner of Disease Control

Scott Bloom

Brandon Stinchfield — (Testimony of Amit Paley)
Head of Foundation and Government Grants at the Trevor Project

Beth Wolff
Director of Mental Health Services at The Ali Forney Center

Brie Garner
Policy Team at Community Healthcare Network

Alan Ross
Executive Director of Samaritans Suicide Prevention Center in New York

Aruna Rao
API Rainbow Parents of PFLAG

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

Riti Sachdeva
South Asian Youth Action

Joo Han
Asian American Federation

Joy Luangphaxay
Hamilton Madison House

Anna Blondell/Christine Bella
Legal Aid Society

Kimberly Calero
Lambda Legal

Jeff DeRoche
The Door

John Sentigar
Covenant House

Bridget McBrien
The Jewish Board

Ned Gusick
The Jewish Board

[INAUDIBLE 00:00:18-00:00:36]

CHAIRPERSON ROSE: This hearing is now called to order. So, good morning.

ALL: Good morning.

CHAIRPERSON ROSE: Yeah, you all made it through the raindrops, alright. So, I want to start by thanking Council Member Ayala. She is a great partner to have to work with and I want to say good morning to everyone else and thank you for coming.

My name is Council Member Debbie Rose and I am the Chair of the Committee on Youth Services. As my esteemed colleague will tell you, we are conducting today's joint oversight hearing on Mental Health Services for LGBTQ plus Youth.

I want to thank Speaker Corey Johnson for his commitment to the youth of New York City as well as for his dedication to reducing poverty throughout New York City. I would also like to thank all of the advocates who are here today and who are not here today and youth program providers and all those who came to testify today on this important topic.

Finally, I would like to acknowledge my colleagues who have joined us. Okay, Chair Ayala, they will be here I promise, they will be here.

Today, both Committees will take a deep dive into the available mental health services that exist within New York City for LGBTQ plus youth.

As Chair Ayala will talk about, I am sure, mental health and sexual orientation and/or gender identity are highly interrelated. Although mental health issues can occur within anyone regardless of age, race, gender or ethnicity, LGBTQ plus individuals and more specifically, LGBTQ plus Youth are more likely to experience a mental health condition. And more than four times more likely to attempt suicide, experience suicidal thoughts and engage in self-harm more so then their heterosexual peers.

In performing this oversight, I would like to emphasize that being LGBTQ Plus alone does not put a person at higher risk for mental health disorders and/or suicide. It is the discrimination, rejection, fear and harassment that may come with being LGBTQ plus that increases this risk. And when you add in stigma that is often associated with mental illness, LGBTQ Plus Youth are much less likely then their heterosexual peers to open up about their feelings or seek help. This is why there is a critical need for

mental heath services for LGBTQ Plus Youth in the city.

Today, we will be examining the available mental health programs and services that DYCD — there is too many acronyms — Department of Youth and Community Development and DOHMH, you can talk about that one, offer these youth. As well as the ways in which LGBTQ Plus youth are made aware of these resources.

DYCD has a long history of contracting out to providers in efforts to provide holistic programs and services that shape the general individual. However, specialized services geared toward addressing LGBTQ Plus Youth, mental health needs are critically needed.

I do want to acknowledge that through DYCD's runaway and homeless youth programming, which includes crisis services, borough based drop-in centers, transitional independent living and street outreach that there is some provision of mental health services in runaway and homeless youth. As we know that runaway and homeless youth, this proportionately identifies LGBTQ Plus.

In addition to runaway and homeless youth programming, in Fiscal Year 2019, the Trans Equity

Program Initiative, which is administered by DYCD and DOHMH, was awarded $1.8 million to sustain education programs, legal guidance, employment services, workforce development and health services for transgender and gender nonconforming individuals. This initiative is the first of its kind that benefits solely the transgender community.

As the Chair of the Youth Services Committee, I have an obligation to the youth of this city to help them receive robust and comprehensive mental health services.

In addition, we should recognize and celebrate the diversity of this city. Especially those who are LGBTQ Plus, as June is Pride Month, Happy Pride. And this year will represent the 50th Anniversary of the Stonewall Riots which will forever represent a pivotal moment in history for LGBTQ Plus liberation.

To end, I would like to affirm that different does not mean bad. In fact, different means great most times. It can mean that diverse groups of people come together and embrace their differences and share in their ways of living.

We as a city know that diversity and difference are what makes this city so vibrant and colorful.

That is why we as a city have a duty to serve LGBTQ Plus Youth when they are in need of mental health services.

So, I look forward to hearing the testimony today from the Administration and the advocates, as well as from the youth who have bravely joined us today to testify.

I would like to thank my staff Isa Rogers, Christian Revelo, and the Committee Staff Paul Sinegal, Kevin Kotowski, Michele Perigrin, and Elizabeth Ox. Thank you, thank you Chair.

CHAIRPERSON AYALA: Good morning everyone. I am Council Member Diana Ayala, Chair of the Committee on Mental Health Disabilities and Addiction. I would like to thank my colleague Council Member Debra Rose, Chair of the Committee on Youth Services for Co-Sponsoring this hearing with me today.

Today, we are here to learn about mental services for lesbian, gay, bisexual, transgender, queer youth, and their related communities including but not limited to questioning intersex, curious asexual, straight allies, youth providers and advocates, LGBTQ Plus youth and other interested members of the public.

Although mental health issues can occur in anyone regardless of age, race, gender, or ethnicity, individuals that are LGBTQ Plus are far more likely to experience mental health conditions then that of their heterosexual and assist gender peers. Research suggests that LGBTQ individuals face these health disparities because they are far more likely to experience the stigma, discrimination, denial of civil and human rights as well as face barriers in accessing adequate physical and mental health care.

LGBTQ Plus youth are at greater risk for depression, suicide, substance use and nationally, nearly one-third 29 percent of LGBTQ Plus youth have attempted suicide at least once in the prior year compared to 6 percent of heterosexual youth.

The New York City Department of Health and Mental Hygiene reported that the rate of attempted suicide was 32 percent among New York City Youth who have been bullied on school grounds in the past 12 months and identified as lesbian, gay, bisexual or where not sure of their sexual identity. One in three transgender youth in New York City have seriously thought about taking their lives and 2 in 5 report having made a suicide attempt in the past 12 months.

New York City LGBTQ Plus youth and youth who were not sure of their sexual identify attempted suicide at significantly higher rates in comparison to heterosexual youth. And nationally, LGBTQ youth who experience rejection at home are 8.4 times as likely to have attempted suicides as LGBTQ Plus peers who reported no or low levels of family rejection.

While we know that individuals that identify as LGBTQ Plus are often faced with stigma and discrimination, when they seek healthcare, they also know that suicide is preventable if supportive adults identify warning signs and help to guide young people who are at risk towards the protective factors that keep LGBTQ individuals safe.

To address these issues, the City Council in Fiscal Year 2019, invested $1.2 million for LGBTQ plus youth mental health. That funding is administered by DOHMH through the Hetrick-Martin Institute and supports comprehensive mental health services for vulnerable LGBTQ Plus youth throughout the City, with a particular focus on youth of color, youth in immigrant families, homeless youth, and youth who are justice-involved.

Additionally, the New York City Unity Project unites 16 City agencies and offers enhanced programming and supportive services such as trainings and certifications for more than 500 Health and Hospital physicians and a public awareness campaign on LGBTQ Plus youth and their families. The City has also committed to update and improve LGBTQ Plus cultural competency training for the Mental Health Service Corps, a ThriveNYC initiative, which places nearly 400 physicians and recently graduated Master's and Doctoral level clinicians and substance use programs, mental health clinics, and primary care practices in high-need areas.

It is our hope that we can provide and strengthen the necessary supports to help our LGBTQ Youth remain healthy, happy, and fully engaged in the process of growing up in a safe and inclusive environment.

I want to thank the Administration and the advocates here today for the commitment that they have made to make resources available for LGBTQ Plus youth who rely upon their services. And I look forward to hearing more about all of the work that they are doing and the role that the City Council can play in supporting their efforts.

I also want to thank Committee Staff, Counsel Sara Liss, Policy Analyst Cristy Dwyer, Finance Analyst Lauren Hunt and my Chief of staff Lisa Lopez and my Legislative Director Bianca Almedina for making this hearing possible.

Finally, I would like to encourage everyone testifying at this hearing who feels comfortable to please share their preferred manners, so that we can address everyone in a respectful manner. My preferred pronouns are she, her, hers, and I like to be addressed as Council Member Ayala or as Diana.

I now turn this over to my colleague, Deborah Rose.

COUNCIL CLERK: And this is for anyone whose going to be testifying or answering questions. Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before this committee and to respond honestly to Council Member questions.

PANEL: Yes.

CHAIRPERSON ROSE: We've been joined by Council Members Alicka Samuels and Council Member Holden. See, I told you they'd get here.

So, good morning and again thank you for being here to testify. We heard through both of our opening statements some really alarming statistics that beg to the question about how many services and what resources are we making available to LGBTQ Plus Youth, and especially in the mental health area.

So, I'd like to start with DYCD since I'm the Youth Chair. Could you like tell me, we have specifically the runaway homeless youth shelter system which is supplemented by street outreach teams that often serve as a point of entry into our runaway and homeless youth shelter system. Are street outreach team members trained to provide direct mental health services or referral or do they make referrals to mental health?

Oh, we didn't – you can tell how excited I am. [LAUGHTER]. I mise well adjourn the meeting. No wonder you were looking at me so strange. [LAUGHTER]. It's post budget stuff sorry, sorry.

Please identify yourself and your agency.

ASHE MCGOVERN: I think we are all there emotionally today. So, thank you so much. Good morning Chair Rose, Chair Ayala and members of the Committees on Youth Services and Mental Health,

Addiction and Disabilities. My name is Ashe McGovern and I am the Executive Director of the NYC Unity Project. The First Lady's citywide initiative focused on supporting and empowering LGBTQ plus young people through innovative policy and program change. I also serve as Senior Policy Advisor on LGBTQ Initiatives, and I use they and them pronouns. On behalf of the de Blasio Administration, I want to thank you for the opportunity to testify today. ON this panel, I am joined by Randy Scott, Assistant Commissioner for Vulnerable and Special Needs Youth at the New York City Department of Youth and Community Development and Dr. Hillary Kinins, Executive Deputy Commissioner at the Department of Health and Mental Hygiene.

The NYC Unity Project was founded in September of 2017 by First Lady Chirlane McCray with a core mission of building innovative programs and policies that ensure LGBTQ young people in New York City are safe, supported, and healthy. Our approach is intersectional and multi-faceted. We recognize that in order to support our LGBTQ young people, we must invest both in root cause interventions to prevent the inequities they face, some of which we have

mentioned today already, while simultaneously building affirming programs and services that support those who are already vulnerable right now.

As you know, LBTQ young people face a range of disparities and inequities, including worse mental and physical health outcomes, including higher rates of suicidality, mental illness, and substance misuse, as compared to their peers. Our LGBTQ young people also face higher rates of poverty, unemployment and housing insecurity than their peers. Given the wide range of interpersonal and systemic disempowerment and discrimination these young people face, these experiences are unsurprising, even if devastating. It is a testament to the power and resilience of LGBTQ young people that they continue to show up in the world as their full selves and push us all to create a more just world that creates space for them, despite the consequences, when it is safe and possible to do so for them. And for many, it is not safe and possible.

We know that in order to meaningfully support mental health and wellness for our most vulnerable LGBTQ youth, we absolutely much take a broad approach, and one that tackles antiLGBTQ stigma and

animus broadly; housing and economic insecurity; and health inequity; all with a central consciousness around the ways in which intersecting forms of oppression, including racism, transphobia, cissexism, ableism, and other forms of marginalization make some of our young people even more vulnerable than others. We must boldly be committed to ensuring that our city programs and services are safe, affirming, and welcoming and that is what we strive to do in the NYC Unity Project.

Since its founding, our Project has made significant investments in a range of groundbreaking programs and services with our agency and community partners and I am proud to highlight some of those programs for you today.

We have made tackling LGBTQ youth family rejection a key priority. Which we know is one of the most if not the most significant root causes of LGBTQ mental health inequity. To do this, we have prioritized building programs and services aimed at creating a more robust LGBTQ family acceptance for our young people.

Family rejection is the leading cause of LGBTQ youth homelessness. Rejection can take many forms,

from passive disapproval, to violence, to forcing young people out of the only homes that they know. All forms of rejection can have enormous consequences. We know that family acceptance is an incredibly protective factor in the overall health and wellness of LGBTQ young people, but that rejection can result in a range of negative outcomes including: School absenteeism and drop-out; worse physical health outcomes due to stress; higher rates of poverty and unemployment due to lack of financial support; susceptibility to violence, sometimes at the hands of the family members; and notably higher rates of mental illness, substance misuse, and suicidality.

To tackle these issues, we have invested in several groundbreaking programs, including: A first of its kind yearlong certification training program in partnership with the Ackerman Institute's Gender and Family Project in ACS. The training is primarily for mental health clinicians of color and LGBTQ identified mental health clinicians to help them develop skills needed to mediate family conflict between LGBTQ young people and their families and encourage healthy unification.

The second program, we've expanded the LGBTQ Institute for Family Therapy Project, also known as Project LIFT, in partnership with the LGBT Center of New York and ACS. This program provides a six-month training certification process for licensed mental health clinicians working with families that are involved with the ACS child welfare system.

Also, recognizing the needs of Spanish-speaking communities and the high rates of mental health disparities in this communities, these youth communities in particular. We have also partnered with CAMBA in their Project Accept LGBTQ Youth, also known as Project ALY with DOHMH. This program offers educational outreach and peer support groups for parents and families of LGBTQ young people. Through this partnership, we have funded a Spanish-speaking parent advocate staff position and support group facilitator as well as a Spanish-speaking health educator. We have also partnered with CAMBA to support their social media and marketing campaign, which offers models and messages meant to encourage Spanish-speaking families and all families, to support and accept LGBTQ young people in their lives.

Recognizing the lack of youth led and centered research on this issue, we have also invested in partnership with DOHMH and CUNY's Public Science Project, to conduct a first of it's kind participatory action research project on LGBTQ family acceptance, where young people themselves are designing, conducting and developing research on the needs and concerns of LGBTQ young people in relation to their experiences of family rejection or acceptance.

CUNY's Public Science Project has been a really vital partner in this work and recently conducted the largest participatory action research project on the needs of LGBTQ young people in the country.

Finally, the Unity Project has also launched two citywide public ad campaigns, one featuring LGBTQ young people from NYC and another featuring affirming parents and family members of LGBTQ youth, which are up with subways and bus shelters now, I hope you have seen them if you are riding on the subway, in order to destigmatize the lived realities of our communities and to encourage and promote family acceptance.

We have also made addressing LGBTQ youth homelessness an economic and equity key priorities of the project. One of the most devastating consequences of familial and peer rejection is the disproportionately high rates of LGBTQ youth homelessness. LGBTQ young people in NYC make up an astonishing 40 percent of the youth homeless population, 40 percent. Recognizing that these young people need resources now, we have also invested in key homelessness services and supports, including: Expansion of 24-hour youth drop in centers to every single borough, to ensure that all young people have a safe place to turn at all hours, across the city. This is a partnership with DYCD, and these centers provide LGBTQ supportive mental health services, case management, and programming.

We have also made a significant investment in creating more youth shelter beds for our young people age 21-24 who need them, in partnership with DYCD and City Council.

Finally, recognizing the need to create more permanent housings solutions, this Administration has also made significant capital contributions to

supportive housing for young people, including unites that are geared towards LGBTQ youth.

Finally, we know that this current political and social moment of contradicting progress and regression on LGBTQ rights is very complicated. LGBTQ young people need to know that New York City has their backs. With a federal administration intent on tearing down years of progress and legal protections for LGBTQ communities, we absolutely must be committed to fighting against anti- LGBTQ bias and stigma, and sending clear messages to all of our LGBTQ young people that their lives matter, deeply, that we see them, and that we are committed to supporting and empowering them for exactly who they are, exactly who they are.

To send that message, this Administration and the NYC Unity Project have committed to the following:

New York City human right law, enforced by CCHR, the New York City Commission of Human Rights is one of the strongest and most comprehensive in the entire country. Our laws provide robust and explicit protections for LGBTQ New Yorkers across a range of area, including housing, healthcare, employment, public accommodations, and beyond. Under the de

Blasio administration these protections have been strengthened through regulatory guidance, enhanced enforcement and significant community engagement and public outreach.

In May, New York City announced it would joining 23 cities and states across the country to sue the Trump Administration and stop implementation of it so-called Protecting Statutory Conscience Rights in Health Care rule, which attempts to enable and permit discrimination in healthcare against a range of communities and directly including and implicating trans and non-binary people.

Starting in January 2019, New York City began offering third, non-binary gender marker options on its city-issued birth certificates and IDNYC cards, allowing all people to self-attest to their own gender identity on these documents.

New York City Health and Hospitals has made considerable, groundbreaking investments in partnership with the Unity Project and others, to train our medical providers across their systems as have so many of our agencies in so many areas.

And finally, to kick off Pride season this month, during which we will be celebrating the 50th

anniversary of the Stonewall riots and hosting World Pride for the first time, we announce that we will be honoring Marsha P. Johnson and Sylvia Rivera with the only permanent public artwork dedicated to trans people in the world, as part of our She Built Initiative. Marsha and Sylvia were powerful and transformative visionaries, and transgender women of color. They were deeply committed to obtaining justice for LGBTQ communities, particularly trans and non-binary people of color, young people, and those experiencing poverty, homelessness, and other forms of economic injustice. The NYC Unity Project strives to build upon their legacies, and to remain committed to those who need our city's services most.

Of course, our work is not nearly done. And the programs and services I have mentioned here today are not exhaustive. Across our Administration, we are prioritizing the needs of LGBTQ communities, and we will continue to do so, vigorously. The lives and future of our LGBTQ communities, young people and those across the entire age spectrum, depend on us. We never have and never will take that commitment lightly.

In conclusion, I want to share my deep gratitude to members of this committee for surfacing this important topic, and I am incredibly grateful for our shared commitment to ensuring that LGBTQ young people in this city get the resources they need to survive and thrive. This Administration and the NYC Unity Project in particular, welcome opportunities to collaborate further, and I truly appreciate the opportunity to speak with you today.

I will now turn it over to my colleague Randy Scott at DYCD and I look forward to taking your questions at the conclusion of our testimonies.

RANDY SCOTT: Good morning, good morning. Good morning Chair Rose, Chair Ayala and members of the Committees on Youth Services and Mental Health. I am Randy Scott, Assistant Commissioner for Vulnerable and Special Needs Youth at the New York City Department of Youth and Community Development and I go by the pronouns he, him. Thank you for inviting DYCD to testify today about mental health services for LGBTQ Plus youth.

DYCD supports New York City youth and their families by funding a wide range of high-quality youth and community development programs, including

afterschool programs, community centers, literacy programs, and youth workforce development. We expect all of our programs to be open and welcoming to LGBTQ plus individuals. To help our staff and providers reach that goal, we offer professional development opportunities and training throughout the year.

Through our capacity building department, we offer technical assistance and trainings to DYCD's providers to support their work directly with youth. Trainings help providers understand the continuum of sexual orientation and gender identity and how, to support LGBTQ Plus and gender non-conforming youth in their programs. The Hetrick-Martin Institute HMI has a multi-year contract with DYCD to implement a self-assessment tool which they call the PRYSM scan to help other youth-oriented community organizations identify ways to improve their policies and the program environment to address the specialized needs of LGBTQ Plus youth particularly transgender youth.

In Fiscal Year 2019, HMI provided eighteen half-day workshops for provider staff. The workshops were entitled Supporting Transgender and Gender Non-Conforming Youth in Program Spaces and Supporting LGBQ Youth in Program Spaces. These workshops were

designed to assist providers to foster an environment where transgender and gender non-conforming youth and LGBTQ Plus youth will feel safe and supported. Participants worked through real-life case studies from their DYCD funded programs. Almost 200 people participated, including staff from Catholic Charities, Phipps Neighborhood, Rise Boro, Children's Aid Society, the Door, SCO Family of Services, Mosholu Montefiore, and Chinatown YMCA.

DYCD hosts an annual Healing the Hurt conference in partnership with Vibrant Emotional Health. This Conference educates human service professionals who work closely with clients who have experienced trauma. Every year, several workshop options are specifically focused on helping to address the challenges faced by LGBTQ Plus youth. Some examples from the past years include Understanding and Healing Black and Brown LGBTQ Plus Females, attuning to the Needs of LGBTQ Plus Youth, Trauma, Attachment and Healing Relationships, and Creating Trauma-informed Environments for LGBTQ Plus Youth. Building a Safety Net for Health Adolescent Development.

DYCD is the home of the Interagency Coordinating Council on Youth, ICC, and its LGBTQ Plus workgroup,

which I have co-chaired since 2011. Through the ICC, DYCD has offered training for city agency staff and providers to increase their ability to work effectively with the LGBTQ Plus population. The work group meets monthly and consists of 15 members representing City agencies and the provider community. We were pleased to welcome Chair Rose as an official member of the ICC this year.

Last week, on June 11, the ICC offered its annual comprehensive LGBTQ Plus Cultural Competency Training in partnership with the LGBT Center. More than 50 people participated including city employees from the Department of Health and Mental Hygiene, the Law Department, The Department of Parks and Recreation, The Mayor's Office to End Domestic Violence and Gender-Based Violence, as well as representatives from community-based organizations.

The ICC has also hosted presentations from: Gay Men's Health Crisis about struggles faced by trans individuals in housing and employment; the First Lady's Office on the Unity Project, the City's first multi-agency strategy to deliver unique services to LGBTQ Plus youth; Marsha's House on the services provided to LGBTQ Plus people who are homeless; and

Destination Tomorrow, which provides LGBTQ Plus services in the South Bronx.

With the encouragement of the City Council Speaker Corey Johnson, DYCK and ICC collaborated with the Mayor's Office of Media and Entertainment and NewFest New York's LGBT Film and Media Arts Organization — a lot of words — to host a special free screening of Saturday Church. This film raises awareness of LGBTQ Plus homeless youth in New York City. Following the screening, there was a Q&A with director Damon Czardases and lead actor Luka Kain.

DYCD expects provider organizations to develop relationships with outside organizations and connect participants to the appropriate supports when needed. Programs refer youth to organizations that provide help in the areas of mental health, public benefits, and legal services, among others.

This Administration has made unprecedented investment to keep young people safe and housed. Since 2014, funding has more than tripled to $43 million for runaway and homeless youth services. This has enabled DYCD to fund 753 beds, 678 open-to-date, for youth ages 16 to 20, and 60 beds for youth ages 21 to 24. We also now have 8 drop-in centers,

including one 24-hour center open in each borough, funded with assistance from Unity Project. And we offer street outreach services that operate in locations known to be gathering places for runaway and homeless youth. All DYCD RHY program sites offer specialized services to LGBTQ plus youth, sexually-exploited youth, and in some programs, pregnant and parenting youth.

DYCD funded residential services include both crisis services and transitional independent living support programs. Counselors work with youth to develop Individualized Service Plans to outline short-term and long-term goals. They can receive a range of supportive services both directly and through referrals, which include medical and mental health care services, intensive counseling, family mediation, education, substance abuse prevention, violence intervention and prevention counseling, and housing assistance. When appropriate, staff members assist young people in reuniting with their families or with moving to transition or longer-term programs.

This year, in celebration of the 50th anniversary of the Stonewall Uprising, the theme of DYCD's annual Step It Up youth dance competition was Step It Up for

LGBTQ Plus Rights. Step It Up provides dancers and steppers the opportunity to leverage their on-stage talents to create social change in their communities.

Over 1,000 young performers made an impact throughout the school year, for example creating mini documentaries, supporting the local ballroom community, raising awareness at a community health fair, and offering donations for homeless youth. The final showcase was held Saturday at the Apollo Theater.

DYCD staff and their families are excited to join in this year's march for World Pride next weekend. We know that every effort to support LGBTQ plus youth is an opportunity to send a message to all young people that NYC cares about the. We thank you for our support of DYCD and our efforts to support and affirm LGBTQ plus youth. And after my colleague from the Department of Health and Mental Hygiene shares her testimony, we will be happy to answer your questions. Thank you.

HILLARY KUNINS: Good morning, Chair Ayala, Chair Rose, members of the Committee. I am Dr. Hillary Kunins, Executive Deputy Commissioners of the Division of Mental Hygiene for the New York City

Department of Health and Mental Hygiene. I use the pronouns she, her and hers. Thank you very much for the opportunity to testify today and to join my colleagues from the Administration.

The Health Department is committed to promoting the health and rights of LGBTQ plus youth and I would like to share with you some strategies that we use to address the health inequities that are based on sexual orientation, gender identity, gender expression, as well as race, and class. We work to identify and address unmet behavioral health and social needs and to aim to create safe environments for these youth through programs, policy and our research.

I want to start out by saying that our city very much needs LGBTQ plus New Yorkers. They are vibrant, creative, resilient; and very much deserve to move through New York City as their authentic selves. While many LGBTQ plus people live full and healthy lives, significant health disparities do exist as a result of many structural biases and discrimination including heterosexism, cissexism and racism.

Similar to the national trends that you yourselves mentioned in your testimony, LGBTQ plus

youth in New York City fac challenges that increase their risk of mental illness, substance use, and other health and social needs. As a result, LGBTQ plus youth in New Yok City disproportionately experience mental health challenges compared to their heterosexual and cisgender peers. They are more likely to feel sad or hopeless, more likely to attempt suicide, more likely to drink alcohol, and are twice as likely to misuse both prescription and illicit drugs.

The Health Department has made it a priority to expand and improve affirming healthcare and social services for all LGBTQ plus youth. In service of this mission, last year we were proud to collaborate with sister agencies from across the City and our community partners on the Community Service Board to draft the LGBTQ plus Behavioral Health Roadmap. This roadmap is a comprehensive overview of the City's efforts to provide behavioral health supports for this community, including youth, with recommendations to guide our efforts moving forward.

Now, let me tell you a bit more about our work at the Health Department. We serve the behavioral health needs of LGBTQ plus youth in three keyways.

First, the Health Department provides a range of mental health and substance use treatment services through contracted providers that specialize in serving LGBTQ plus youth and we provide services to connect individuals seeking care to appropriate services. Here are just a few examples:

We provide contractual and programming oversight for two City Council initiatives; you have already heard mentioned. The LGBTQ all All-Borough Mental Health Initiative funds the Hetrick-Martin Institute to strengthen and expand mental health supports and provide direct services, including a youth peer education project to raise awareness and reduce stigma for those seeking mental health care. Additionally, the Trans Equity Initiative funds four community-based organizations, the Ackerman Institute, Callen-Lorde, Gay Men's Health Crisis and the Translatina Network to provide a broad range of health, behavioral health, and social services to Trans gender and non-conforming New Yorkers, including youth.

We fund the LGBT Center or The Center, which provides a range of services for adolescents: these include: Referrals; support groups; mental health

education; outpatient substance use disorder treatment; and substance misuse prevention. The Center also operates a Youth Clubhouse which is a substance free drop in support center and safe haven.

We support the syringe service program at the AIDS Center of Queens County, which provides substance use disorder treatment and harm reduction services for recently immigrated transgender women.

We fund supportive housing programs for LGBTQ plus youth including the West End Residence programs for youth diagnosed with a serious mental illness or substance use disorder.

Through NYCWell, our city's mental health and behavioral health helpline, trained counselors can refer youth to more than 65 LGBTQ plus affirming behavioral health providers.

We developed the Bare It All campaign, you can see some examples to my right. A citywide multimedia campaign that encourages LGBTQ plus New Yorkers to open up to their doctors, healthcare providers about everything that effects their health and to find a new doctor if they cannot have these conversations with their current provider.

In concert with the Bare It All campaign, the NYC Health Map is a centralized directory for affirming care and includes over 100 LGBTQ plus knowledgeable providers and services, including gender affirming, primary and sexual health care, and HIV prevention and treatment. And, our eight Sexual Health Clinics offer social workers services to all patients 13 years of age and older, including short-term counseling, crisis counseling, substance use screening, harm reduction services, and referrals to mental health and other services in the community.

Second, the Department works to promote resilience and wellness in LGBTQ plus communities and build the capacity of community organizations and the healthcare system deliver quality, affirming care. And let me share some examples of these:

Our Comprehensive Drug and Alcohol Misuse Preventions program or CAMP supports twelve community-based organizations that work to organize community changes that prevent or delay the initiation of substance use amount LGBTQ plus and other youth.

Our Mental Health First Aid initiative employs culturally competent and affirming staff who provide

trainings in community settings to enhance New Yorkers resilience and to create a safer space to discuss stressors. MHFA has conducted 32 trainings at LGBTQ plus specific organizations and all of the trainers have received specialized training.

We developed the LGBTQ Health Care Bill of Rights, which details the health care protections available to LGBTQ plus patients in New York City and directs people to report health care discrimination to 311 and/or the New York City Commission on Human Rights.

Staff in the Department's sexual health clinics receive training to provide respectful and culturally competent services to LGBTQ plus and other patients that affirms their identity and we implemented the Uproot Initiative formerly called Out for Safe Spaces which provides ongoing training and technical support to all staff at our department's neighborhood health action centers. These aim to ensure that services are culturally responsive to LGBTQ plus youth in the neighborhoods of the action centers. As you know, the action centers are located in areas with the city's highest disparities in health outcomes.

Finally, the Department works to advance policy change that promotes the health of LGBTQ plus youth. Here are a few recent examples:

Together with you, the City Council and other partners, we made New York City birth certificates more inclusive to all gender identities by allowing people to submit their own affidavit to change their gender marker to male, female, or a newly added X option.

The Administration also supported both local and state legislation to ban conversion therapy. This dehumanizing practice has no basis in science and no place in the field of medicine.

I have covered just a handful of the achievements and initiatives that are underway across New York City to protect and promote the health, safety, and rights of LGBTQ plus Youth. Thank you for the opportunity to testify on this important work, and I particularly want to thank Chairs Ayala and Rose and the other Council member here today for your support and partnership on these very important issues and we are happy to take your questions.

CHAIRPERSON ROSE: I was just trying to start a different kind of paragon. I didn't have enough tea

yet. We've been joined by Council Member Cabrera and again, thank you for your testimony. Thank you for being patient enough. So, we heard in this governs testimony that family rejection is one of the highest risk factors or contributing factors to LGBTQ plus youth being homeless. And so, for each of you, which programs are do your sponsor that address family acceptance work?

ASHE MCGOVERN: Sure, I can start, and Director McGovern is fine. So, as I mentioned in the testimony, we have some core family acceptance projects that we worked on. The first is Project Lift which is a partnership with the LGBTQ center and is a clinical training program for clinicians who work within the ACS system, with families who are in the Child Welfare System. So, that's one of our key programs. Another is a partnership with Ackerman Institute, their Gender and Family Project. This is another clinical training program that again, emphasizes sort of best ways to promote family acceptance and unification. And the model there again is really training mental health clinicians to be able to tackle these issues in their practices. So, these are already folks who are clinical mental

health clinicians but it's a more expansive training so that they can really get the nuance and dig in more deeply and have the skills they need to help support families.

So, those are two of the examples. Also, as we mentioned a partnership with DOH as a CAMBA project ally, which is a project out of CAMBA and specifically sort of their model is focused on education outreach media campaign but also family support groups. So, actually family members and parents who are facilitating support groups with other family members and parents and on that one, we funded a parent facilitator who is Spanish speaking, which is not something that they had had previously but there is a really significant need in the community in which CAMBA serves.

So, those are some of the core programs that we at least are supporting and working on to try and tackle family rejection.

CHAIRPERSON ROSE: Thank you. DYCD you know, what programs are supported DYCD that do family acceptance work?

RANDY SCOTT: Thanks for the question. As you know, DYCD is the youth borough of all New York City,

so a lot of our contractor services focus on family acceptance. So, basically, we could say all of our programs. Within RHY as you know, family reunification is one of the key components of services. So, the contracted providers work with the youth and who they identify as their family to bring awareness, to bring acceptance, to bring some type of unification and work around those issues to make sure that it's whole. It's understood and that the issues that are raised are addressed. So, basically to answer your question, it would be all of our programs based on the type of services that we do throughout New York City.

CHAIRPERSON ROSE: So, all of your programs have a mental health counselor or someone who does this work?

RANDY SCOTT: All of the programs may not have a mental health counselor, but the ones that do not have it have a means to make either a referral to one of the internal programs that do have it or external. So, there is some component to make sure that any mental health issues that are raised are addressed. Whether it's internal onsite, or external through a referral but there is a system in place.

CHAIRPERSON ROSE: How do you expedite the contact with the families of these young people in order to do the family acceptance work? I heard you say that there was one or two programs that actually interacts with the family members. How do you make this connection and you know; do you find it to be effective in an effective way to address the issue?

ASHE MCGOVERN: Yeah, I mean I think the programs that we have funded and supported, we are certainly seeing positive outcomes and I do think the model is effective and many of the programs that I have mentions, the focus on family acceptance particularly the mental health clinician training programs sort of have different elements. One is you know, classroom education, understanding sort of the clinical issues and the cultural competency issues, but then the other piece of it is actually live action training. So, the folks who are in the training are able to work with families, sort of like live and then get immediate feedback afterwards from the teachers and the clinicians who are running the program, which is a really effective method.

So, I think the program models are effective and we are seeing you know, good outcomes in terms of

what clinicians say after the program in terms of their understanding of the issues, their comfort with addressing these issues with families and so, that's what we hoped to do when we funded the programs initially. To create that sort of skill set and that more fluid comfort with addressing these issues.

CHAIRPERSON ROSE: Deputy Commissioner?

HILLARY KUNINS: I'll just echo what my colleagues have said just about in a general approach, which is we support training that is skills based that people both learn the information and then have the opportunity to put it into practice as part of their training wherever possible.

CHAIRPERSON ROSE: When you say that, you are talking about the individual, the young person? Are you talking about the clinician? Or are you talking about the family members?

HILLARY KUNINS: So, part of the Health Department approach and it aims at increasing capacity among providers. So, whether it's a clinical person or other kind of part of our workforces wherever possible the capacity building includes not just book learning but in opportunity to practice skills. Back to your question about the

very important family work. I just want to also highlight the family work that is happening through the two Council funded initiatives that I mentioned. One is the LGBTQ Youth All Borough Mental Health Initiative run largely out of Hetrick-Martin and part of that work and sorry, let me get my notes a little more in my eyes.

Part of that work is to do something called kinship identification. Supporting youth who may not have current relationships with their biologic families to identify other families of kinship whether biologic or otherwise in order to assist them to gain additional support. In addition, are Trans Equity Initiative, also a Council funded initiative. I will just highlight again the importance of the Ackerman Institute, one of our funded providers who is quite skilled in family work and family counseling both by direct service and training and they are offering care to transgender and non-conforming and non-binary New York Youth.

CHAIRPERSON ROSE: Thank you. Many of our runaway and homeless youth — well, in 2018, funding was allocated to DYCD to expand three youth drop-in centers so that each could serve an additional 400

youth annually. Has this funding allocation helped serve additional LGBTQ plus youth? Is this funding adequate and are there any future plans to expand more 24/7 drop-in centers citywide?

RANDY SCOTT: Thanks, with respect to the funding that we received through the Unity Project to expand, there has been an uptake in the number of youth that have come to the drop-in centers. As you know, through word of mouth and folks knowing that operations are now throughout the night and not ending at a certain time, youth are coming to the drop-in whether it's to you know, network with other youth or to receive case management on particular issues. So, yes, there has been an uptake in the number of youth that have come to the drop-ins. And in some of the drop-ins, they have had to relocate to different spaces because of the number of youth that are coming onsite. So, that's been one of the things that is currently happening now, especially in the borough of Brooklyn.

The funding has helped because it has allowed for added services to be provided, especially during the nighttime hours in respect to case management in respect to workshops, in respect to youth just being

to see a professional to help them with their issues so that they can start running once the daylight comes up.

In respect to whether we will expand, I will need to take that back and see how funding comes in regards to any expansion for RHY but at the time right now, RHY their services, the expansion that we have had over the last couple of years, has been great for not only the providers but for New Yorkers who need the services that are being rendered at the sites.

CHAIRPERSON ROSE: Is the funding adequate to meet the need?

RANDY SCOTT: The funding currently that we have right now, has definitely helped in terms of the services that we are able to provide. Services have been increased, whether it's through the additional beds that we've been able online or whether the whether the additional staff that providers have been able to hire to serve the youth that are coming in and with the collaborations that we've been able to have with different partners in terms of bringing services onsite or having youth go to their sites to receive.

CHAIRPERSON ROSE: How many borough base 24/7 drop-in centers are there?

RANDY SCOTT: There are five, one in each borough.

CHAIRPERSON ROSE: One in each borough.

RANDY SCOTT: Yes.

CHAIRPERSON ROSE: At each of them, are they specifically LGBTQ youth drop-in centers?

RANDY SCOTT: Well, we use the term specialize. They specialize in services that can be provided to LGBTQ, but we provide services to all youth who fall between the ages of 14 and 24 at the drop-in center. Both in the 24-hour drop-in centers and the daytime drop-in centers.

CHAIRPERSON ROSE: Is the mental health services available 24/7?

RANDY SCOTT: At our drop-ins, yes, as well as mental health services at the daytime drop-ins as well.

CHAIRPERSON ROSE: But they are available 24 hours a day.

RANDY SCOTT: There are staff who are able to address those issues if you should bring them up yes. Through case management.

CHAIRPERSON ROSE: And are we able to accommodate all of the LGBTQ youth that have this need at our drop-in centers?

RANDY SCOTT: If a youth comes, as you know, information is voluntarily shared with the staff there and if a youth comes and identifies as LGBTQ plus and is in need of services, they will be served in terms whatever issues they raise, whether it's through education, employment, mental health services, housing services or other.

CHAIRPERSON ROSE: Do we track these individuals and if so how and do we see if there is follow up services, if they actually get those services?

RANDY SCOTT: Information is tracked down. Currently, we use a system called Capricorn, but we are building a new platform, participant tracking system which will becoming online shortly, which captures any information. So, a youth who identifies as needing assistance and receives case management and through that case management system, their contractor is responsible for putting that information into the system so that it can be captured.

And if a youth, as long they are a part of the program, there is a weekly check in with the youth in terms of making sure that the services that they need are being addressed and an individual service plan is created on that particular youth, so that there is a plan of action of how to work with that youth based on what the youth has identified as needing. It's all youth led.

CHAIRPERSON ROSE: Do we actually help them expedite the plan so that there is some case management and we see them through?

RANDY SCOTT: Yes, as long as the youth stays within that programming, the case management staff work with that youth and through the sessions that they have with that youth is how they identify what needs to be done. What steps need to be taken and any assistance that needs to be provided. So, there is a built-in case management system at all of our contracted programs, so that this work can be done.

CHAIRPERSON ROSE: And before I — I don't want to monopolize this but how do we advertise? How do we make sure that young people know that these services are available and where they are?

RANDY SCOTT: Great question.

CHAIRPERSON ROSE: How do we reach them so that they can access the services?

RANDY SCOTT: Well, DYCD uses a marketing community engagement approach. So, it's basically, we have currently youth palm cards, which are distributed through all of our programs as well as to our sister agencies as well as other provider agencies, so that youth have a way to know how to access our particular programs.

This is very easy, you could fold it and put it in your pocket, carry it with you at any time. We also have a social media campaign where we use you know, Instagram, Facebook, and all of the youth friendly social media in order to promote services that are being done.

In addition, we have Street Outreach and Street Outreach canvases the New York City area in terms of connecting with youth and providing them with the resources that they need.

In addition, we work with all of our providers to make sure that they to put up flyers at their sites, so youth are knowing. We have different flyers that we have created in terms of promoting that and those are usually the ways that we go about doing that.

CHAIRPERSON ROSE: Is Street Outreach, are they trained to sort of recognize and identify mental health issues, so that they can make sort of an appropriate referral?

RANDY SCOTT: Most of the referrals for street outreach are made to our drop-in centers because normally at the time when they are doing street outreach, a lot of the operations are closed. So, what they do is they refer those youth through our 24-hour drop-ins where we do have the staff that are capable of making that assessment.

So, that's normally how the operations are run within our system street outreach transports to the drop-in or advises the youth on how to get to the drop-in. Whether it's giving them this information or others that we have, so that that assessment can be made.

CHAIRPERSON ROSE: Whats the procedure for someone who needs maybe more acute mental healthcare or who is in crisis?

RANDY SCOTT: If someone is in crisis and the staff onsite cannot address that crisis, then all of our programs are contracted to have linkages in their community to mental health professionals who can

address that. One of the good things is that with the thrive dollars that we were able to receive the funding, the investment, staff were able to be hired to address those issues but if a particular program cannot, they make a referral out which is one of our metrics in terms of capturing that.

CHAIRPERSON ROSE: We've talked about outreach, you know, it's very important to me that our young people know what services are available in that and how to access them. And I think it's wonderful that we have them but if they don't know where they are or what times and how to access them, it's you know, sort of a moot point and I've talked with DYCD previously about being at our transportation hubs. It's very important, when I visited Covenant House, many of the young people you know, had come in from other states or they stayed in the subway because they had no where to go. And so, I really want to stress once again that I think there should be an ongoing outreach effort that takes place in our transportation hubs, so that these young people know where to go. Often times, if they are not couch surfing or whatever, they wind up in our subways and in our Ferry terminals and what have you.

So, you know, I really would like to see all of you, you know, in terms of outreach and media outreach utilize our transportation hubs.

RANDY SCOTT: I just wanted to that because one of the things based on what you are saying that we've recently done is we work with 311 in order to allow for any of those types of questions to come in and they be directed to our drop-in centers. So, when a youth or someone should call and is in need of particular services, right now, after hours, during hours, they will be contacting our youth connect hotline and then there will be serviced. But after hours, it goes through 311 and then it will be directed to our drop-in centers, the 24 hours. So, that they can go directly there to receive the services and we've talked about putting information in the kiosk throughout New York in terms of folks being able to do that. So, we've definitely heard you in terms of that discussion and we are continuing to work on identifying all of the avenues in order to make sure the information is available, to not only youth but those servicing youth.

CHAIRPERSON ROSE: So, on your little referral card, 311 is another resource in terms of finding out where services are available?

RANDY SCOTT: On these cards, these actually give you the direct numbers to the drop-in. So, this takes away 311 and just gives you directly to the drop in. So, this is probably one of the best things and again, it can go right into your pocket sleeve, into your purse, into your back pocket, so that you can have it at all times.

CHAIRPERSON ROSE: Okay, so I am going to see those at Grand Central Station and the One Train and the Ferry Terminal.

RANDY SCOTT: You bet you.

CHAIRPERSON ROSE: We are going to work on that. We are really going to work on that. Chair Ayala.

CHAIRPERSON AYALA: Thank you. The question is for Assistant Commissioner Scott. So, in your testimony you said that obviously you know, DYCD expects that all of their programs are welcoming to the LGBTQ plus community. How do you ensure that that is actually happening?

RANDY SCOTT: Well, one of the things that we did, was we work with HMI and HMI is one of our

technical assistance providers currently. To make sure that they went into our programs to see that one of the forms where LGBTQ Friendly, that the staff were well versed on how to work with LGBTQ plus staff and making sure that the space was friendly and welcoming to LGBTQ plus.

So, one of the things that we do, is we provide technical assistance to all of our providers. So, when staff, mostly our program managers go out to these programs, they check for these things to make sure that the services that are contracted to be delivering are being delivered. And we have continuous training on LGBTQ plus, as well as mental health services, so that our contractor staff as well as our intern or DYCD staff are well versed and knowledgeable on what to look for and how to make sure things are happening. So, that's normally the case with respect to yearly flow of check.

CHAIRPERSON AYALA: DYCD serves a population that ranges in age, is this something that happens across the board in all programs? Afterschool programs, COMPASS, Cornerstones, all of them, is this an across the board policy.

RANDY SCOTT: Yes, because we have a capacity building unit within DYCD that works with all of the different divisions to make sure that these are happening and our capacity building division has brought in the different technical assistance providers such as vibrant for mental health services, such as HMI for LGBTQ plus services and others to make sure that any of our staff and/or providers that need assistance or want assistance has that available to them. So, our capacity building has been very busy in terms of training throughout the agency.

CHAIRPERSON AYALA: Well, if Council Member Rose and I decided to make impromptu visits throughout the summer to some of these programs, would we find any of this material throughout some of those programs? Would it be you know, identifiable, would it be right in my face or am I going to have to ask for it?

RANDY SCOTT: Well, most of the sites and I invite you to come to RHY site and you can see basically the services that are being provided, speak to staff and speak to youth themselves. But once you go into a site, it's very welcoming. You will see a lot of literature; you will see a lot of flyers and posters hanging up that share the services as well as

talk about the issues that our youth facing on a daily basis.

And I just also want to say that, not only does DYCD focus on its youth, it's focused on the staff as well as it's providers. So, we want to make sure that it's a holistic approach, so that all avenues are being assisted and serviced, so that there is no drop-in delivery.

CHAIRPERSON AYALA: Okay, you also stated that staff are offered the opportunity for professional development and training throughout the year, is that training mandatory or is it at the discretion of the program?

RANDY SCOTT: Are you talking about staff at DYCD or at the provider level?

CHAIRPERSON AYALA: At DYCD.

RANDY SCOTT: Well, training is some is mandatory, some is based on the need of the particular staff that identify. One thing that we've done through the agency is with respect to mental health first aid is that we have trained basically 279 DYCD staff people.

CHAIRPERSON AYALA: How many staff do you currently have?

RANDY SCOTT: About 500. So, a little over half of the staff have already been trained in mental health first aid. In regards to the staff members at the CBO's, we've trained 1,088.

CHAIRPERSON AYALA: Has the mental health first aid training been specific on LGBTQ plus identification issues, mental heath issues? Or is it just like the regular —

RANDY SCOTT: The regular mental health first aid for youth serve on youth.

CHAIRPERSON AYALA: Okay.

RANDY SCOTT: It encompasses all issues.

CHAIRPERSON AYALA: It has a little bit of everything.

RANDY SCOTT: Yeah.

CHAIRPERSON AYALA: I just want to make the distinction. Can you tell me what the number of beds is per drop-in center. You mentioned that there is one per borough, but you didn't mention how many beds exactly?

RANDY SCOTT: The drop-in centers are not residential programs, so they do not have beds. For the residential programs that we contract by the end

of the Fiscal Year, we should have 753 currently. There is 678 online with 75 pending.

CHAIRPERSON AYALA: Are they at capacity? Are they all being used right now?

RANDY SCOTT: Not all of them are being used because we just brought some programs online, so right now, we are averaging anywhere between you know, 15 to 20 beds vacant a night.

CHAIRPERSON AYALA: Okay, do you track how many of the young people — because you mentioned that the drop-in centers are not specific for the LGBTQ plus youth population, they are just for young people. So, a person may or may not identify. How many do you track? How many of the young people that are actually coming into the drop-in centers are identified as LGBTQ plus?

RANDY SCOTT: Yes, through intake, the youth who share their identity are able to share that with their particular staff and it is identified, yes.

CHAIRPERSON AYALA: Do you know what that percentage is?

RANDY SCOTT: I currently do not have that number with me, but I can get it to you.

CHAIRPERSON AYALA: Okay, is there a possibility that you can share some of that literature with some of the councilmanic offices. I think it would be helpful in terms of getting the message out.

RANDY SCOTT: As long as I know who to send it to, I will get it to you definitely.

CHAIRPERSON AYALA: I will definitely get that to you, okay.

Director McGovern, so you mentioned that you are working with health and hospitals to train providers in LGBTQ plus affirming healthcare practices. Has there been any collaboration with private hospitals or providers?

ASHE MCGOVERN: Private hospitals, not direct collaboration in the Unity Project with private hospitals, but we have worked with of course our nonprofit partners in our mental health clinician training etc.

CHAIRPERSON AYALA: What would be the impediment to working with a private hospital? I know like Mount Sanai has the adolescent health clinic. They wouldn't be considered but they are an excellent resource.

ASHE MCGOVERN: Yeah, I am going to turn it over to my colleague at DOHMH to talk about our partnerships in the Administration.

HILLARY KUNINS: I want to just mention, and I will hold up our show and tell, if I can hold it up correctly. This is the LGBTQ Bill of Rights, which is aimed at healthcare providers both regardless of setting, private and public. This is a strategy to create more affirming spaces as well as to outline for patients what it is that they can expect in terms of LGBTQ affirming care and I am going to call up my colleague Deputy Commissioner Daskalakis who is in the audience to speak about additional ways we work with private hospitals on this issue and outpatient practices.

COUNCIL CLERK: I am going to swear you in very quickly. Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before this committee and to respond honestly to Council Member questions.

DEMETRE DASKALAKIS: I do, thank you. So, one of the topics that Dr. Kunin's has brought up was our Bare it All Campaign, but behind the Bare it All campaign is actually something that allows us to

provide both technical assistance to providers no matter who they are private or public hospital but also, to evaluate them for their LGBTQ competence.

So, behind the Bare it All campaign is the option to dial 311 or to go to our heath map that it lists an extensive list of services with providers we vetted. There are about 120 providers that include both private and public hospital providers who we have assessed to be knowledgeable about LGBTQ plus issues down to the granularity of very specific issues like, I will give an example, like pubertal suppression for individuals who are pursuing some medical issues around their gender identity.

We are currently in the process of expanding that survey and adding more providers. So, we pretty much focus on medical issues, but we are going deeper into issues around fertility and then deeper into issues of mental health as well. So, the survey provides an opportunity to give that technical assistance but also to get data to really tell New Yorkers that if you are not able to talk to your provider about your sexual identity or gender identity, don't worry 311. We have people who you can talk to, so it's kind of a double whammy, like we both do technical assistance

as well as provide really good resources to providers and I will tell you, you brought up Mount Sanai, that LGBTQ Healthcare Bill of Rights is plastered throughout the entire network. They are one of our best. We've distributed about 800 posters that are throughout all the clinics and it's even in their cancer center, it's everywhere in the network, so it is definitely permeated through both public and private sector.

CHAIRPERSON AYALA: That's wonderful. Now, in hearing this I kind of — I am thinking of my own teenagers that are at home and how the last time that I took them in for a physical, we were kind of thrown out of the room because you know, there is a screening process that's fairly new, or its new to us and there is a series of questions. And so, I have a teenager that's a very grumpy teenager and not into anything and so, the doctor was a little concerned maybe you know, are you depressed, and they handed us a form. You know, in the event that you know, that this child felt like you know, maybe he needed to speak to someone. Which I appreciate but I wonder, is there any collaboration with DOHMH? They are conducting the screenings, which are great, right.

So, they are identifying whether there are mental illness concerns with the patient but are they then connecting to any of the resources that are being provided throughout the city? Like, what do they do with that information, would you know?

HILLARY KUNINS: So, I think it's hard to know each hospital or clinical practice has their own routines. I think whats extremely important, good medical practice always is once you screen for something you have a plan for when it's positive. I think one strategy the city is taking to support providers is through NYCWell, which has been widely advertised as you know, and that is a resource that's not only available to patients but also available to providers who are seeking to link their adult youth and adult patients to care.

I think similarly to what Dr. Daskalakis just described in terms of the Bare it all Campaign and the health map in NYCWell, we have 65 LGBTQ plus affirming providers and if somebody calls with that as a request, we have also similarly identified particular providers with expertise.

CHAIRPERSON AYALA: So, of the calls that you are receiving through the NYCWell Network, do we know how many are from LGBTQ plus youth?

HILLARY KUNINS: We don't have that number, as you know, people can volunteer that information and so, our numbers we know are much lower than the numbers that we know that we are reaching and so, we don't have a solid way to track that right at the moment, we are working on that.

CHAIRPERSON AYALA: Is there a way to conduct any type of follow-up with a vulnerable population caller?

HILLARY KUNINS: We do offer with NYCWell to see if people would like follow-up and so, for those who do, we do have capacity to make sure youth or adults, LGBTQ plus, identifying or not. We have capacity to do follow-up to see if they were successful in completing their referral and some people do accept that offer.

CHAIRPERSON AYALA: And do you know the amount and types of mental health related calls, are they being tracked?

HILLARY KUNINS: I am sorry, I didn't hear you.

CHAIRPERSON AYALA: Are the amount and types of mental health related calls being tracked?

HILLARY KUNINS: We do track overall service types with NYCWell, and I can get that to you. I don't have that with me.

CHAIRPERSON AYALA: Okay, Dr. Kunins, in regards to the school-based health centers, can you tell us how many schools offer free mental health care for the high schoolers through the school-based health centers.

HILLARY KUNINS: Yes, I mean, let me just speak broadly about school-based mental health. I think as you know the Administration has invested significantly in school mental health and all schools have some sort of school — access to school-based mental health services in a variety of ways. I am again, call up a colleague. This is Scott Bloom who directs Mental Health for in schools, who is from my department and also from Department of Education.

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

SCOTT BLOOM: Yes. So, as Dr. Kunins said, that we in every school right now across New York City, there are some services. Some of them are onsite. In terms of the school-based health centers, those are different then the school based mental health clinics. Just so you know, there is a difference there.

So, there are about 322 schools that cover health centers, that have some mental health services with them. And then we have about 294 schools that have school based mental health clinics. Those are onsite clinics overseen by the state office of mental health and we collaborate with mental health providers throughout New York City to offer treatment for individual family psychiatric services, group work as well.

CHAIRPERSON AYALA: Are you tracking how many students are utilizing the care?

SCOTT BLOOM: Right now, we have aggregate numbers because of FERPA and HIPAA Laws, FERPA laws dealing with education records we can't get into and HIPAA laws that are part of the providers. This year, moving forward, we are looking at unique services. We are looking at unique kids, but we only

would have aggregate numbers and we can get those to you.

CHAIRPERSON AYALA: Okay, do schools in certain boroughs use such care more frequently or infrequently then others?

SCOTT BLOOM: I am sorry.

CHAIRPERSON AYALA: Do schools in certain boroughs use such care more frequently or infrequently then others?

SCOTT BLOOM: That's hard to say, of course, because Staten Island would have less schools. You would see less services but that doesn't mean that they aren't using them more then others.

So, we would have to take a look at that. We do have some numbers in terms of break down of the types of services that we have in each borough and we have that as well.

CHAIRPERSON AYALA: Now, in the schools that are providing the mental health care, is that provided onsite or are the students referred out?

SCOTT BLOOM: Referred out, right, so, we have let me is I can get that number for you right away. In terms of the onsite services, right, so there is a combination of both. So, some of it is where we have

over 400 schools across the city that have onsite services, so students and their families can get seen there. And then we have a number of services where mental health agencies will go in and do more coaching. They will work with schools to create a school mental health plan to do prevention work and then they open up those channels for referrals to their community centers.

So, there is a combination of onsite services and a combination of connecting to community services.

CHAIRPERSON AYALA: And who is providing the onsite services? Is it a certified professional?

SCOTT BLOOM: Oh yes, right, these are again, overseen by the State Office of Mental Health, they have a license, and these are mental health related professionals, so they could be licensed clinical social workers, psychologists, mental health counselor, in some cases are therapists. As long as they're recognized by the State office.

CHAIRPERSON AYALA: Okay, perfect, thank you.

SCOTT BLOOM: You are welcome.

CHAIRPERSON AYALA: I have one more question and then I am going to yield to my colleague and all of that. Council Member Holden is starring me down. I

am only kidding. Dr. Kunins, in Fiscal Year 2019, the Council invested $1.2 million for LGBTQ plus youth mental health to be administered by DOHMH through the Hetrick-Martin Institute. Can you describe the type of programming the funding has supported?

HILLARY KUNINS: Yes, so I think as I mentioned a little bit in my testimony, that funding is going to support a number of both direct and indirect services in — I'll just summarize in five key categories. This includes city outreach and education, homeless youth services, mental health direct services, and as I mentioned in an earlier question, kindship identification, and support. This is to help youth connect with or find family support or kinship support and capacity building and technical assistance and training for other providers.

CHAIRPERSON AYALA: Okay, that kinship program, I recently had an opportunity to meet with a young girl who identifies as transgender and she was describing her experience and is a program similar to this and she was there with her father, who was like beaming with pride. And I will tell you that she is going to be a future advocate and she will probably be running

that agency in a couple of years, because she was just so passionate about how proud she was to have found individuals who were like minded and understood but could help her communicate what she was feeling to her family. And you know, growing up Latina and knowing how culturally you know, it's very difficult to find and accepting environment. I was just so excited to be sitting there with them and really proud of all of the work that her father put into really understanding her and supporting her through her journey. So, whatever way that we can be helpful in helping to carry your message as well, and to connect you to as many young people as possible.

Please use us as a resource, because I think sometimes people forget that we have a really large constituency you know, in each district and we do reach a broad network of individuals and we would love to be considered partners after the budget cycle is over.

HILLARY KUNINS: Thank you and thanks for sharing that story.

CHAIRPERSON AYALA: Thank you.

CHAIRPERSON ROSE: I just want to acknowledge that Council Member Van Bramer has joined us.

COUNCIL MEMBER HOLDEN: Thank you so much Chairs for this important hearing and thank you all for your great testimony. Director McGovern, it's really alarming that 40 percent of the youth homeless population is made up of LGBTQ plus youth, which I think this is a crisis and I am really curious as to how many of those are family rejection related, do you have an idea of that?

ASHE MCGOVERN: Yeah, so there was a survey done a couple of years ago by the True Colors Fund, the Williams Institute at UCLA School of Law and the Pallet fund and this is sort of one of the most comprehensive surveys that's been done on this particular issue and over 60 percent of the young people who are experiencing homelessness have said they have experienced family rejection. Near that amount have experienced other forms being directly kicked out of their homes, 50 percent-ish, around and around 50 percent have experienced violence from their families that either made them have to leave or they left because their families kicked the, out.

So, it's an extraordinary number.

COUNCIL MEMBER HOLDEN: And it must be a daunting task especially with the violence to try to reunite.

Is that always an attempt to reunite the family or sometimes you just say, we can't do this?

ASHE MCGOVERN: No, I mean I think that decision should be driven really largely by the LGBTQ young person and the goal of these sort of mental health programs that help clinicians facilitate those conversations, is really focused on centering the needs of the young person first and foremost and their safety first and foremost. And in situations where young people want to be united with their families or are currently living with their families but want to be able to live their more comfortably and as their full selves, that's really the intent of these programs, to make sure that they have the skills to do that.

COUNCIL MEMBER HOLDEN: So, is there any success rate that you have on reuniting families, let's say it's just you know, the family rejection is maybe half you said or 60 percent. Do we have any numbers on how many have been reunited? How many success stories do we have?

ASHE MCGOVERN: I don't have those numbers available. You know, our clinicians that we are training are working with many families, so the

Project Lift program for example that works specifically with ACS involved families, which and in partnership with the LGBT center, in one year of the program, they have reached over 700 families.

So, I think it's a great and important question to understand better how these are actually working in practice, but we do know that the message is getting out and the skills are getting to the communities and the families that need them.

COUNCIL MEMBER HOLDEN: Is there peer mentoring? Because I think that would work. Do you have that?

ASHE MCGOVERN: Do you mean peer young people, peer parents?

COUNCIL MEMBER HOLDEN: Yeah, young people who experience the same situation that obviously have been helped and can actually talk to other youth that are going through it. I mean, I would think you know, when you connect with peers, that would work. Is there any of that going on?

ASHE MCGOVERN: Yeah, that's a great point and it's powerful to connect with peers. We in the Unity Project have a youth Council that we work with to help develop our priorities. And then also, as I mentioned earlier, we partner with CUNY and DOHMH on

a participatory action research project that is youth lead and youth driven and youth developed. LGBTQ youth developed to surface what issues are most important to them around family acceptance and rejection and that process has been very deep and collaborative and it's created a cohort of young people who are actually relating to each other about these experiences, in addition to developing resources for other young people.

COUNCIL MEMBER HOLDEN: That's great. Also, you know, I want to mention you know, touch on Council Member Rose's comments about outreach. Which I am never happy that the city is doing enough outreach. Coming from advertising and graphic design and communications, I think our bus shelters are not used. I know we have ads to pay for it, but I think there should be some space allotted for public service and outreach. Especially the homeless outreach, wherever the homeless are, they are not going to pick up a computer or a smart phone and look at a multimedia presentation.

It has to be on the street. It has to be where they are. It has to be in their neighborhoods, and I think it's great having all these programs, it's just

that we don't really connect with our target audience. It's a waste, we're wasting money and we're not helping enough people.

So, billboards, you know, I know people find them annoying, but they can actually be set aside for public service more. And that I think has to be done. So, on every Committee that I am on, I always this but then it doesn't seem to get better and I don't see the outreach enough. Certainly, we should all in our Council offices have ads that we can throw up on the window and really reach everyone or at least more people.

ASHE MCGOVERN: Just on that point if it's helpful to mention, so the Unity Project actually has two public ad campaigns that have run. We had one last year, we have one running currently that ran on all the subway lines and also bus shelters directing young people to resources on our website, which is mobile accessible, which we know, many young folks use their phones instead of their desktop computers.

And also, in sharing that 311 has referrals for all of our programs. So, just to mention that, I totally agree with you and we should be doing more.

COUNCIL MEMBER HOLDEN: Thank you. I think, one other question. Commissioner Kunins, the outreach on the Bare it All Campaign, because I think that's a great idea and connecting with other doctors. I don't know if they are doctors, if they even have a doctor that they can open up to their physician but to find a doctor that they can open up to; how is the outreach going in that area? That seems to be another daunting task.

HILLARY KUNINS: I am going to bring up Deputy Commissioner Daskalakis again.

COUNCIL MEMBER HOLDEN: It' a lifeline right.

HILLARY KUNINS: I am finding a lifeline, but I will say that reaching healthcare providers is central to the work in DOHMH, I think as you know, and engaging providers across a range of public health initiatives through direct what we call, public health detailing campaigns through giveaways such as the fantastic Bill of Rights cards and so forth are strategies where we as a Health Department look to our healthcare provider community to do important public health tasks and I think this is a great example in the Bare it All campaign and the health map of provider outreach that we do do.

DEMETRE DASKALAKIS: Thank you for the question. Demetre Daskalakis from the Department of Health Deputy Commissioner of Disease Control.

So, I think we are currently working on expanding the survey. So, I think that once that survey is expanded and we have another circle of providers added, we are going to reboot the Bare it All campaign to make it very public and obvious that we've added a bunch of providers.

So, that will probably happen in the next year we hope around Pride. So, plans are still ongoing for that. But the goal is to keep priming the pump to let people know that we have this service that is expressed publicly by this campaign.

COUNCIL MEMBER HOLDEN: Great, thank you so much. Could I get a copy of the Bill of Rights there at one point? Thank you, thank you so much.

CHAIRPERSON ROSE: Council Member Van Bramer.

COUNCIL MEMBER VAN BRAMER: Thank you and I was about to say I think Dr. Daskalakis should just stay there because I feel like I am going to move into areas where he is going to be called upon.

So, first, I just want to say thank you to the Chairs as one of the five openly gay members of the

City Council. This is a very important topic for me, and Council Member Holden mentioned a couple of things. So, I first came out in 1989, 30 years ago this month and in 1988 I had seen an ad in the back of the Village Voice, back when people read the Village Voice and it was a thing. And it was just a small little ad that said gay, lesbian, youth group in Queens and it was at the AIDs Center of Queens county. And I held that ad for a year before I summoned the courage to call the number and I said, I am not sure I am gay, but I think I might want to come by, and they were so wonderful to me.

And you know, I think it was really helpful actually to come out in that peer led and driven environment and also, at that time with the HIV AIDs epidemic, really devastating on community to come out in an environment where we were talking about the decisions that we needed to make around sex and safer sex.

So, then I went to GLYNY, the Gay and Lesbian Youth of New York at the Center, which was really youth run and youth organized, and it was incredible to be exposed to that experience. So, my question for all of you is how are we doing more and better?

Because somewhere today there is a kid in Queens or the Bronx, a queer kid on Staten Island right, and we live in a much more open world and obviously we are trying to reach those kids who may need to take a year as well with the information in their wallet or in their mind to call? So, it's more targeted advertising, it's going deeper into communities. Obviously, we are very diverse, we have ethnic communities, immigrant communities in Queens in particular all over the city. Like, what are we doing there?

So, in 1989, it was this gay kid from Astoria Queens you know, reading the Village Voice and thank God for that ad, but today it's different. Right, and it's changing all the time and how are we still trying to get those who are hard to reach even though it's a much more progressive world that we live in in New York City anyway but not for everyone.

ASHE MCGOVERN: Thank you for that question and for that history, that was interesting to hear. You know, in terms of what the Administration is doing and what we are doing now versus what we might have been doing ten years ago, is we have the Unity Project. Right, so we actually have a citywide

commitment to LGBTQ young people that had not previously happened, and the Unity Project serves as a coordinating hub across all of our agencies around important LGBTQ Policy and Program Initiatives.

And we are very conscious and committed to making sure that the programs that we are investing in, but the programs that our partner agencies are investing in are across the boroughs are going to hard to reach communities centering outreach is really important and making sure that outreach is particular to the communities that we are trying to reach in order to sort of address particular barriers.

So, the general answer to that is that we are committed to and collaborating regularly and coordinating as an Administration. I think you know, in a way that we haven't before, this administration.

COUNCIL MEMBER VAN BRAMER: And the various agencies are you know, advertising and aerate in different ways to reach as many different LGBTQ youth; however, they may choose to identify because of course they may not be identifying as LGBTQ youth. When in fact, they see that ad.

ASHE MCGOVERN: Yeah, and it's another reason that's it's important for many of our services that

are not just for LGBTQ young people to also be competent in serving LGBTQ young people since we know that many of our folks will go to services and programs may or may not be out. May or may not feel safe to come out and it's important for us as a city to make that space for them to do so.

COUNCIL MEMBER VAN BRAMER: So, and here I think we might get into Dr. Daskalakis's territory. But you know, the mental health of our people and certainly our young people has everything to do with decisions that we make and how we experience our bodies and how we make decisions around sex and other things. And I admire Dr. Daskalakis's work so much because it's very sex positive and it's about us embracing who we are and yet, also informing people about all the different ways in which we might be able to keep ourselves as healthy as possible.

So, when you are dealing with LGBTQ youth, some of whom are homeless, some of whom may or may not have even begun to be involved in the sex work. You know, how do we keep them safe and how do we do that work right, which is really important, but some people will shy away from it right, and you've done so much great work in making sure that people have

access to prep and how are we doing that? Like, is that even something we are thinking about? Getting to this incredibly vulnerable population and you know, working with them and giving them all the support that they need but then also providing them with the tools to get through whatever stage they maybe in their life and do that in a way that they could be 30 years later sitting here as the first trans Council Member from Queens you know?

DEMETRE DASKALAKIS: Our first step is sort of looking at the date of void. So, one of the sort of clear observations is that historically we do not know very much about our communities of individuals who are engaged in sex work. And so, over the last two years, two and a half, we've been doing focus groups and other survey's that both focus on LGBTQ plus individuals who are doing sex work as well as women who may not identify as LBGTQ plus, who are also in sex work and so, that has given us an insight into their service needs and both the Borough of HIV and the Borough of STI, which I can speak for since they are in disease control, are really looking to align resources in a way to better address those communities rather than assuming they are accidently

getting services in our venues. And so, the good news is, we have a lot more data. We have a lot more direction and now we are looking at how we can use the resources we already have which are adequate to do this, to actually initiate better service that is overt and open around sex work rather than just tagged on to the sexual health work we are already doing.

COUNCIL MEMBER VAN BRAMER: Right, and obviously you know, a percentage of our people may or may not be involved in sex work, but even if you are not, to the Bare All campaign right. So, for me in my life and experience, when I first came out, we had a family doctor from the neighborhood right, and that was the last person I was going to talk to about the sex that I may or may not have been having or wanting to have and then when I finally came out and I was in my early 20's, I talked to an older gay man that I knew from work and said, I think I want a gay doctor. Because it's really important to me to be able to talk to the doctor about everything and anything and not have anyone react in any way other then like, oh, okay, great. Let's talk about that, you know.

So, I have had that for the last 27 years, but for LGBT youth, that's a hard conversation to have and you may not even know about these things and some folks may find themselves to these great organizations, like Calien Lorde and things like that but how are you reaching them and actually providing folks with even that information should they want that. Maybe not all queer people want a queer doctor like me, but you certainly want to have that option, right?

DEMETRE DASKALAKIS: So, other than the Bare it All campaign which sort of tries to do that through the social media mechanism, sort of just making it you know, pretty obviously LGBTQ with the NYC that's become Rainbow and the Bare it All, that's the colors of the Trans Flag, that's all on purpose to sort of get people's attention. Beyond the sort of social media aspect and the health map and the 311, one of our real front lines in this work are the sexual health clinics and so a lot of youth come to those clinics who may not necessarily identify as LGBTQ plus who may have sex with others but define as LGBTQ plus and so, under the Ending the Epidemic program in New York City, one of our charges from the community

was to convert the clinics from STD clinics to destination clinics where people actually want to go to get services because it's better than other places.

And so, part of that is enhancement of social work services which I think Dr. Kunins talked about a little bit, but not just around mental health. The goal is to make these environments places where we offer people connection to primary care. And so, part of the mission is that individuals who are coming to seek care there have the option of talking to a social worker, or in fact, are encouraged to talk to a navigator or a social worker so they can leave the safety net and go to places such as the fabulous H&H facilities that we partner with very closely. So, they can land somewhere to get that really important and good LGBTQ plus affirming care that they need.

So, really, that front line is really important. 85,000 plus visits a year. We see exactly the right people who are missing in other healthcare environments. So, that clear call by the community to make these places gateways to primary care is happening.

COUNCIL MEMBER VAN BRAMER: Right, and the last thing I will just say —

COUNCIL MEMBER ROSE: Could you wrap up?

COUNCIL MEMBER VAN BRAMER: Yes, I can wrap up. So, let me just say, it's incredibly important that openly LGBTQ people be at these tables. It's one of the reasons that I ran for office. So, I want to thank all of you for doing the work that you do. And just say that part of the work that you all do and the funding that you are sending out is to also develop the future leaders, right. So, that young queer kids like myself, when I was fourteen, thought I wanted to be in politics, but then when I realized I was gay, I was like, but you can't be gay and be in politics.

Obviously, we all changed that, but I hope that part of what you are doing also is about thinking about leadership and developing leadership because young queer kids who come into you and interface with anyone of you in your agencies and organizations, you know, there are lots of leaders there right. Future leaders and future elected officials, I hope so.

Thank you.

COUNCIL MEMBER ROSE: Thank you very much Council Member and you've been a wonderful leader.

We have three panels; I just want to ask a couple of lightening round questions. Are the agencies that are represented outside of DYC, a member of the interagency coordinating council with DYCD or the Mayor's Office.

ASHE MCGOVERN: We have our own sort of coalition.

COUNCIL MEMBER ROSE: ICC?

ASHE MCGOVERN: Yeah, we have our own coalition.

COUNCIL MEMBER ROSE: Okay, alright. Deputy Commissioner, could you make available the Bill of Rights to all of our Council Member's offices? I think we're a wonderful distribution point. We have community fairs and we are out at community events all the time. I think if you could make that available to us, that would be a great way to get that information our there.

And for DYCD, I just have one last question. Are there disparities and access to the drop-in centers across the boroughs? Are you seeing you know, some drop-in centers seeing more young LGBQT young people than others, you know throughout the boroughs?

RANDY SCOTT: Well, all of our drop-ins are contracted to serve a certain amount. For example, the 24/7 drop-ins are contracted to intake 1900 and case manage 190. In the daytime, are 1500 and 150 for case management and they are all meeting that goal.

As you know, the Door is one of our drop-in centers and they are a major CBO in the community. And they have a lot of wrap around services on site. So, they see a high number of youth in regards to that come to that particular site.

So, it all depends on the location and the space size in terms of numbers.

COUNCIL MEMBER ROSE: So, they're all meeting their goal, their numbers. And do you find that — is there a need for us to expand those services because we are not able to accommodate the numbers?

RANDY SCOTT: At this time, we are. The programs have shown that they are able to accommodate the services that are being rendered. We are not at a place where their serving —

COUNCIL MEMBER ROSE: They are not turning people away.

RANDY SCOTT: No, no one is being turned away in any drop-in and/or residential program that is contracted with us.

COUNCIL MEMBER ROSE: Okay, thank you. We've been joined by Council Member Chin and I want to thank you all. You know, you really are doing important work. The numbers, stats are alarming, and I agree, you know, we are at crisis level. So, City Council, I know we've demonstrated our ability and desire to address the need. So, if there is just one thing, is there anything that you think we should be doing that we're not doing? Is there something that we need to explore or is it a funding issue?

HILLARY KUNINS: I mean I think community-based organizations would say it's always a funding issue and the more money we can get to them the better. The more money directly in the hands of our community members in order to build their own programs and services, the better, which of course you know and agree with. And so, I would say that's a really important piece of it and at the beginning of the hearing, you had mentioned the recognition that it's not that LGBTQ young people are somehow just experiencing more mental health disparity because of

a need to them, but actually we are talking about discrimination and stigma and systemic and interpersonal and so on that, they appreciate that recognition very deeply and it's very important that we ground our work in that and that you all are grounding it as well. Because it means that we have to tackle poverty. We have to tackle racism. We have to tackle homelessness; we have to tackle all of these intersecting issues that create an environment where LGBTQ young people are suffering.

COUNCIL MEMBER ROSE: Thank you. Okay, well thank you all. And our first panel will be Amit Paley the Trevor Project; AJ Rubin-DeSimone Callen-Lorde Community Health Center; Alan Ross the Samaritans of New York Suicide Prevention Center; Beth Wolff Ali Forney Center and Brie Gardner, Community Healthcare Network.

Okay, would you identify yourself, you agency and you can begin your testimony and we're going to keep you to three minutes.

BRANDON STINCHFIELD: I should say, I was not planning on giving on giving testimony until about two minutes ago when my Executive Director left the

room. So, thank you very much for having me. So, I will be giving Amit Paley's testimony.

Greetings Chairs Ayala and Rose, and thank you to the Committee on Mental Health, Disabilities and Addiction and Committee on Youth Services for inviting the Trevor Project to testify on this important hearing on mental health services for LGBTQ youth.

My name is Brandon Stinchfield, I am the head of Foundation and Government Grants at the Trevor Project. My pronouns are he, him, and his.

We are the worlds largest suicide prevention and crisis intervention organization for LGBTQ youth. Suicide among LGBTQ youth is a public health crisis in New York City.

According to the 2015 Youth Risk Behavior Survey, almost 20 percent of LGBTQ youth in the city attempted suicide in the previous year. That compares to just 6 percent of non-LGBTQ youth. And half of LGBTQ students reported depressive symptoms such as, sadness or hopelessness for two weeks or more that interfered with their usual activities compared with a quarter of non-LGBTQ students.

Last year, the Trevor Projects 24/7 phone chat and text services reached over 2,000 crisis contacts from across the five boroughs. But we estimate that as many as 40,000 LGBTQ youth are in crisis in New York City every year.

In many ways, New York City is already a national leader in mental health for LGBTQ youth. We commend New York City public schools for their suicide prevention policies, which equip school employees to address prevention, postvention, intervention, and high-risk youth, including LGBTQ youth. The city's policy is a model that we encourage other schools across the state to follow. And under Speaker Corey Johnson's leadership, City Council is investing more funds in programs that support LGBTQ youth mental health.

Just this week, we learned that the Trevor Project will receive funding from the city for the second consecutive year. We are especially grateful to Speaker Johnson and Council Members Rivera, Dromm, and Perkins for their support.

With our Fiscal Year 2019 funding from DOHMH and DYCD, we provided counseling to young people from New York City every day. We are also developing an

online webinar in LGBTQ suicide prevention and distributing posters, advertising our services to all public, middle, and high schools in the city.

I am happy to report that right now we are in the process of sending 26,000 posters to 1,100 schools serving 677,000 students. I am not printing those myself.

For years to come, these students will know that the Trevor Project and the City are here to support them. But there is much more the city can do with the Trevor Projects current level of funding, we are reaching only 5 percent of the estimated 40,000 LGBTQ youth in crisis in the city.

May I finish really quick? Okay, sorry, so I will just say we hope that the city will consider creating a budget initiative dedicating to ending LGBTQ suicide next year alongside the other great initiatives for LGBTQ youth.

Thank you so much to the Committee on Mental Health, Disabilities and Addictions and Committee on Youth Services for inviting us to be here today. Thanks for everything you are doing to support LGBTQ youth and I have to get this in, Happy Pride.

COUNCIL MEMBER ROSE: Thank you.

BETH WOLFF: Good morning everyone, I am Beth Wolff I am the Director of Mental Health Services at The Ali Forney Center. I use all pronouns. On behalf of AFC and the LGBTQ homeless youth that we serve, I want to thank you all for the opportunity to testify today.

I will skip over reviewing the disparity and mental wellness, that's already been covered pretty fairly, but I do want to say that this year, our agency has lost $500,000 of federal funding for our mental health department. This has meant the loss of funding for three full time mental health professionals at the Ali Forney Center. At present, we have more than one hundred youth on our wait list to receive psychiatric evaluation. Our full-time therapists are managing caseloads averaging 95 clients each. The need for more skilled, trained, trauma informed, and often most importantly, trans and queer competent and affirming mental health staff is palpable for our youth.

During my time providing and managing mental health services at the Ali Forney Center, I have realized the heartbreaking truth that my team and I are simply unable to fully meet the needs of the

1,800 homeless LGBTQ youth that are accessing our services each year. Young people who have somehow managed to overcome the stigma of engaging in mental healthcare, of asking for help, of people in authority, of mental health care and psychiatry, of medication, and of discussing their feelings and trauma, and are able to say, I need therapy or I need to see a psychiatrist are then being told they need to wait months to connect to these services.

What I have also learned is that our youth will wait. Queer homeless youth would rather delay their mental health care and healing, and often their process toward stable housing, to ensure that the care they receive is with people they believe will understand and value them. The two major factors deterring LGBTQ youth, and especially trans youth, who are people of color, from mental health engagement is one, the pervasive stigma surrounding mental healthcare for this community, and two, the anxiety associated with the anticipation of rejection and the belief they will not be understood.

The vast majority of mental health providers are white and cisgender. There is a deep need for therapists who are queer or trans people of color.

Finding a trans therapist of color feels nearly impossible for adults who are able to pay out of pocket. For queer youth, the options are even further limited.

I thank you all as members of theses committees, to support the creation of programming that prioritizes, encourages, recruits, trains, and compensates trans people of color to enter the mental health field. With Increased representation, will come a decrease in stigma, an increase in engagement and a deepening in the quality of care that is provided to our youth.

Thank you for your time.

BRIE GARNER: Good morning, my name is Brie Garner. I use pronouns she and her and I am on the Policy Team at Community Healthcare Network. CHN is pleased to submit testimony to you all today. CHN is a nonprofit network of 14 Federally Qualified Health Centers, including two school-based health centers and a fleet of medical mobile vans. As part of CHN's mission, it is our duty to advocate for the rights and wellbeing of CHN patients. This includes the right to access mental health services for LGBTQ plus youth.

New York City has taken important steps in preserving and promoting this right, but there still remains many gaps in care. Today, we outline several concerns and offer recommendation for improving access to and quality of mental health services for this population.

At CHN, we frequently encounter patients who have limited or no health insurance. LGBTQ plus youth become estranged from their parents resulting in lapses in insurance coverage. We also see that ineligibility for Medicaid based on certain immigration statuses leaves many undocumented LGBTQ plus youth without access to healthcare. The NYC Care program is an important first step towards ensuring coverage for New Yorkers who cannot afford or are ineligible for insurance. Nevertheless, we strongly urge the city to consider expanding the program to include FQHCs. FQHCs are integral to providing community-based care for low-income individuals regardless of insurance status and are trusted resources within their communities. Including FQHCs in the NYC Care program, will increase access to direct health services for uninsured individuals, particularly uninsured LGBTQ

plus youth in a trusted community setting. It is a miss by the Mayor's Office to neglect inclusion of FQHC's in this program.

Violations of the Federal Mental Health Parity Act also create challenges for LGBTQ plus youth seeking mental healthcare. Unlike standard medical services, behavioral health services are subject to a range of arbitrary rules created by insurance companies that limit access to treatment. Foremost, among these obstacles is the lack of adequate behavioral health networks in many managed care plans. Additional barriers include restrictions on the number of reimbursable mental health visits, burdensome prior authorization requests and significantly higher co-pays for behavioral health visits.

Critically, prior-authorization requirements for medication-assisted treatment of substance use disorders play additional unnecessary barriers to these life-saving treatments. We recommend that these requirements be removed to facilitate access to substance use disorder treatment for LGBTQ plus youth experiencing opioid addiction. We also recommend that some parental consent requirements be removed

for standard behavioral health services to facilitate access to treatment.

Lastly, there is still a general lack of knowledge, awareness, and understanding of LGBTQ plus population, specifically transgender and gender nonconforming populations among healthcare providers.

For instance, when a transgender patient goes into a clinic, providers may automatically assume that the patient is seeking hormone therapy when in fact, they are there to receive treatment for a sore throat. These assumptions and unconscious biases my result in distrust and disengagement in the healthcare system.

Today, we highlight a need for improved provider training in addition to quality cultural competency and sensitivity trainings. Healthcare providers need to be proficient in trauma informed care. We have made trauma informed care a priority at CHN and strongly believe that training providers in trauma informed care is a critical next step.

We thank the Committees for the opportunity to speak today. CHN looks forward to working with the City to further improve of quality of and access to

mental health services for LGBTQ plus youth. Thank you.

ALAN ROSS: I am going to depart from my testimony and just give you the highlights and hopefully you will read it. I am Alan Ross; I am the Executive Director of Samaritans Suicide Prevention Center in New York. We are part of the world's oldest suicide prevention network. We created the first suicide hotline 65 years ago. We have 400 affiliated centers throughout the world, we run the one in New York City.

I want to start by thanking the Council for restoring our funding for the suicide hotline or there would be 75,000 calls that wouldn't get answered next year. So, we thank you very much.

If I can indulge after 30 years, I am going to tell you what I see. We've been working with Hispanic at-risk populations, we've been working with Asian, we've been working with homeless, we've been working with immigrant and certainly for 35 years, we've been working with LGBTQ community.

Whatever policies and programs you come up with, there are certain things that just don't happen. Everybody works in a silo. Very few agencies

nonprofit and government groups are collaborating and coordinating and connecting. There is just a little bit of water here. The five of us made sure we shared it, so a little bit would go far. It's some simple stuff that just doesn't get done. I know there is part of a conversation about integration.

We have to remind ourselves as much as we want to focus on any at risk population that nobody is one thing. Nobody is bullied or nobody is gay, or nobody is Hispanic, you could be a multiplicity of things. People are dimensional, they are complex, they are unique and if we take this singular approach, we don't get anywhere. We've been working with the National Council for Suicide Prevention for 30 years and burden analysis tells us you have to look at people in the complexity of who they are.

We would encourage you to put some time, energy, and even the smallest amount of funding to create community coalition for this issue as well as any other and get all of us that are working together to sit down. There is a lot of intelligent people with a lot of experience that been working in communities for 10, 20 and 30 years but we're never really able to do what we're capable of.

We also would suggest that we share resources. We've done a small version of a citywide resource guide through New York State OMH. People will seek help the way they are comfortable. You can't dictate whether it's Samaritans, or Trever or Thrive, people are going to go where they're comfortable and the official in government it is, the less likely they are to go.

I think you would have brought up that there is as many as 60 or 70 percent of the LGBTQ community that suffers a psychological disorder, never received any care at all. We've got to break down those barriers. We've got to overcome that stigma. We need to do it collaboratively, coordinated, we've don't this with the New York State Suicide Prevention Council. With the New York City Suicide Prevention Task Force. It's happening in communities all across the country. We are not doing it in New York.

So, we would suggest, and Samaritans is happy, we've been collaborating and coalition building for years to get all of us together. Look at action plans, look at shared resources and if we don't have additional funding, let's at least connect the dots, breakdown the silos and strengthen the safety net.

I thank you for your time and attention.

AJ RUBIN-DESIMONE: Good morning, my name is AJ Rubin-DeSimone. He, him, his are my pronouns. Thank you so much for the opportunity to speak to the Committees today. I am a Manager at the Callen-Lorde Community Health Center and I work specifically in the health outreach to teens program. The HOTT program, we offer services, medical services mostly to the city's youth ages 13-24 and we do so without charging those patients regardless of their ability to pay, whether or not they have health insurance. We have some grants to cover that.

We offer a full range behavioral health services in the HOTT program. I talk therapy, we have crisis intervention, we have dialectic behavioral therapy groups. We have nontherapeutic support groups led by peers and we also have psychiatry.

So, we do a lot. We also have a mobile program that the City Council has supported. Thank you and we do some really great work.

We also use a trauma informed approach to providing care. We are very conscious of the intersectionality of identity at play and the

historical forces of that trauma on our young people and we also use a harm reduction approach.

We've talked a lot about the statistics, we've talked a lot about the risk factors that LGBTQ young people have as opposed to their non-LGBTQ peers. Family rejection being a large one, institutional non-readiness, to accept people as they are being another.

I want to share a couple of just stories about our patients with the Committee if I may. You know, we've had some really positive outcomes in individual achievement everyday in our clinic. And our patient population has really done a great job. For one patient, a transgender female connecting to behavioral health in our program empowered her to overcome persistent and severe agoraphobia that was rooted in her fear of violence that was directed towards her every time she left her house.

Another, cisgender gay man living with HIV, young man, he was really able to process the ways in which the stigma of his sexual orientation and diagnosis were having a negative impact upon his life. And yet, another patient, a transgender women, she suffered from severe depression related to

intermittent homelessness, burdensome youth serving systems for this patient who first engaged through crisis intervention services. Her behavioral provider became her anchor as she successfully navigated through this very trying period in her life.

In each of these cases for each of these patients, our providers employed a multitude of strategies to engage the patient. In each of these patients who were able to successfully transition into adult medical care services upon discharge from adolescent care.

We are in Article 28, Department of Health Clinic, therefore, we provide psychotherapy services and psychiatry services that are "short-term" of limited duration and provided incidental to general healthcare. We have an access issue. Two out of every three patients who need our services can't receive them and so, we employ the city to maintain dedicated funding for behavioral healthcare for LGBTQ youth. Thank you.

COUNCIL MEMBER ROSE: Thank you all especially for the work that you are doing. Are all youth services free or are they at a sliding fee? I

thought your recommendation about federally qualified health centers is a valuable one, in terms of people being able to access services.

I don't know, do most of the federally qualified health center have a mental health professional as part of their panel?

BRIE GARNER: So, all of our 14 site do offer integrated behavioral health services. And all of those regardless of inability to pay are free of cost if needed.

COUNCIL MEMBER ROSE: Okay, thank you and Samaritan, I appreciate your remarks and it's been sort of bone of contention with me is that we do work in silos and there's limited resources and it just seems like it would make more sense if you know, we shared resources and work collegially.

So, am I to understand that there is no collaborative effort or coalition that works specifically with the LGBTQ youth population?

ALAN ROSS: It would be presumptuous of me to answer, to my knowledge, no. In September there is going to be suicide prevention day. So, anytime we can find ways to get everybody to come together, we do but it's very hit and miss and there is nothing

ongoing. We used to have the New York City Suicide Task Force for about 10 years. OMH funded it, so Trevor would sit on it and Central would come as well as Community Live and Hamilton Madison and at least we would get the people who have some concept of whats going on to at least do some connectivity to utilize resources better. And it's meeting money in donuts and coffee, I mean, it's nothing.

COUNCIL MEMBER ROSE: I think it's an excellent idea. I would like to kind of explore it further with you. DYCD has the interagency coordinating council and it brings all of the different agencies together. It seems like it's just a no-brainer that we have that on the non-for-profit side.

ALAN ROSS: And if I could just footnote. There are things that nonprofits and community groups can do that government can't and community groups are much more apt to come together under a community banner then under a government banner. We have a different way of operating and we're not so —

COUNCIL MEMBER ROSE: Right, okay, yes, Council Member Holden.

COUNCIL MEMBER HOLDEN: Yes, thank you all for your testimony. Mr. Ross, I heard you mention

connect the dots, which coincidently that's what ThriveNYC is supposed to do and they mentioned that at some hearings that we had here. Susan Herman said, we connect the dots. And I know that Beth you lost a half a million in Federal funding. Have any of you seen a difference with Thrive funding wise or connecting the dots?

ALAN ROSS: Thrive has launched to enhance suicide prevention in New York City, 85 percent of Samaritan top line budget was cut, that's why we keep coming back to you to restore it because in the suicide for the city, they cut the city's oldest hotline which was answering almost 90,000 calls at the time. Today, it's answering 75,000 as a result of those cuts.

We should be answering 120. If you talk to NAHME, if you talk to Trevor, if you talk to GMHC, none of us were brought into those Thrive conversations. The trouble the First Lady is having, if she had been collaborating with some of the hotlines that have been around for 30 and 40 years, we could have helped.

Because some of that stuff is fair game, it is hard to document anonymous and confidential things,

but there is not the level of inclusion in community — in my perspective in any fashion.

COUNCIL MEMBER HOLDEN: And that's usually the problem that I've seen with government or the city agencies not connecting, not reaching out, but connecting the dots is what they do. Anybody here benefiting from Thrive?

BRANDON STINCHFIELD: Which every project doesn't receive funding from Thrive, NYCWell, which I think is a part of Thrive does direct LGBTQ callers in crisis to us occasionally.

COUNCIL MEMBER HOLDEN: Okay, anybody else?

BRIE GARNER: We receive some Thrive funding but it's funding more like clinical oversight for the agency and less direct service providers. But the Mental Health First Aid programs have been really great and also a really important thing that we have sent our young people to as well for peer support.

COUNCIL MEMBER HOLDEN: Okay, thank you.

CHAIRPERSON ROSE: Thank you. We've been joined by Council Member Matthieu Eugene. Thank you so much. Thank you for the work that you do.

Okay the next panel is Aruna Rao API Rainbow Parents of PFLAG; Riti Sachdeva South Asian Youth

Action; Joo Han Asian American Federation; Joy Luangphaxay Hamilton Madison House.

COUNCIL MEMBER ROSE: Please identify you, give us your name and your agency and you may begin your testimony.

JOO HAN: Good Morning Chair Ayala and Chair Rose and the Committee on Mental Health, Disabilities and Addiction as well as the Committee on Youth Services.

Thank you for convening this hearing today. I am Joo Han Deputy Director of the Asian American Federation. For the past 30 years, we've worked to raise the influence and wellbeing of the pan-Asian American community through research, policy advocacy, public awareness, and organizational development. We have about 70 member and partner agencies that we work with that support our community through a range of social services.

We are here today to highlight the mental health needs of what is perhaps one of the most overlooked and underserved populations in New York City, Asian American LGBTQ plus youth, in order to urge the City Council to prioritize their service needs.

According to a study that was conducted by Asian American Pacific Islanders in Philanthropy, about 25

percent of LGBTQ Asian Americans experience psychological distress at rates higher than any other group, straight or LGBTQ and at rates more than four times higher than their straight Asian American counterparts.

Additionally, our mental health report in 2017 found that a higher percentage of Asian American Youth report experiencing depressive symptoms compared to their White counterparts, but Asian Americans are the least likely of groups to report, seek, and receive medical help for depressive symptoms due to a lack of knowledge, deep cultural stigma, insurance limits and a lack of linguistically and culturally competent service providers.

This is significant because suicide is the second leading cause of death for Asian American ages 15 to 24 in New York State.

When compounded by the stigma facing youth who identify as LGBTQ plus, Asian American youth are at great risk of having little to no access to mental health services to address their specific needs. Furthermore, our report in 2017, found that because there is such limited mental health services for the pan-Asian community as a whole, it’s nearly

impossible to find culturally competent specialists dealing with LGBTQ issues and concerns in the Asian community.

There is currently one mental health clinic serving the Asian American LGBTQ population in New York City and it's important to note that the Asian American population grew by 50 percent between 2000 and 2016.

So, the services have not kept pace with the need in the community. We know that there is potentially fatal consequences to ignoring the mental health needs of this population. These youth often face homophobia and discrimination not only from Asian society but also from their own parents and families who usually have little understanding acceptance of LGBTQ plus identities.

We ask the City Council to make initial investment of $1 million in pan-Asian American nonprofit organizations to develop our community wide capacity in mental health service for LGBTQ youth and their families.

In order to one, develop a training program for Asian led social service organizations using models which integrate mental health concepts in existing

youth programs or services that are LGBTQ accepting; create a network of mental health service providers serving the Asian LGBTQ communities in New York City to share resources and knowledge about best practices and available services for this population. Develop a shared data base of mental health services providers that serve LGBTQ youth and their families in the Asian community and also provide cultural competency trainings for mainstream mental health service providers specializing in LGBTQ issues to better address the unique needs of the Asian American youth community.

Asian American Federation plans to launch a program this year in partnership with the members to enhance mental health services in the Asian community also including the LGBTQ youth and their families. It will take the lead on designing and implementing programs based on our research which will help to reduce barriers to mental health services for this population.

We look forward to working with the city on how to address the mental health services needs of Asian New Yorkers which include our LGBTQ youth and their families.

Thank you for this opportunity to testify.

RITI SACHDEVA: Thank you, Chair Diana Ayala and the Committee on Mental Health, Disabilities and Addiction, for convening this hearing. I am Riti Sachdeva, I use she, her pronouns.

For five years I worked at South Asian Youth Action, a CBO based in Queens that has been programming for 22 years. SAYA aims to foster a strong sense of belonging in youth and provide them with tools to thrive academically, professionally, and personally.

As SAYA staff, I've developed and implemented programs and curricula around sexuality education and social and emotional skills within a race, class, gender, and sexuality framework. I've worked with youth at SAYA's Center in Elmhurst, Queens, as well as, five high schools in Queens and Brooklyn, and three middle schools in Queens. I've been the adult facilitator for the LGBTQ plus group at the Center and at Richmond Hill High School. Whether as part of a formal group or in one on one chats, I've had the privilege of being the confidant of a number of API LBGTQ plus youth who are in a process of understanding their own desires, practices and

identity and in a process of testing out how the world would respond to these desires, practices, and identities.

Consistently, API LGBTQ plus youth share that they feel like they don't have a place at home. They are afraid to come out to their parents and their families for fear of rejection; for fear of being sent back to their home countries; for fear of being disowned. API LBGTQ plus youth have internal conflicts about disappointing their immigrant parents who have sacrificed so much for their children; they feel angry that their parents care more about what other people think than about their children's happiness; they feel guilty that they have a sexual or gender orientation that does not meet society's expectations; they feel frustrated about the culture of silence and shame in their families; and they feel scared about being alone with these seemingly insurmountable thoughts and feelings.

These internal and external conflicts appear as symptoms like panic attacks, sleeplessness, absence from school, eating disorders, cutting, substance use and substance abuse, and high-risk sexual activity like sex without condoms. These are the default

coping mechanisms that youth resort to as a way to numb their pain and forget their isolation.

Professional counseling could be a way for youth to have the consistent support of understanding feelings, learning coping skills and drawing strategies that they may not be able to find at home or school or even in the CBO's that they are part of.

However, the parental consent requirement to receive professional counseling is a deterrent for many youth under 18 to receive the counseling that could help them with their mental health challenges. It's vital that they be able to access mental health care without parental consent, similar to the way that youth can access family planning options without parental consent, since their parents may be part or cause of their mental health distress.

Outside of the home, most schools and CBO's who do not explicitly serve LGBTQ plus youth, have few staff that can use LGBTQ inclusive language. Furthermore, few staff have a framework for understanding how gender and heteronormativity make invisible LGBTQ plus youth's lived experiences and future ambitions. Often school and CBO staff don't even recognize bullying language and bullying

behavior and so students become more isolated and more despondent about having any safe space.

Funds for training staff at schools and CBO's is essential, that is training that has multiple levels, not just a one-shot deal but trainings that build throughout the semester or school year and every year. Trainings that would imbed LBGTQ plus inclusive language, attitudes, and behaviors into the culture of the agencies and organizations.

Thank you.

COUNCIL MEMBER ROSE: Thank you.

ARUNA RAO: Thank you, Chair Diana Ayala and the Committee on Mental Health, Disabilities and Addiction, for convening this hearing. My name is Aruna Rao, my pronouns are she and her. I am the mother of a young adult who identifies as queer and transgender, a member of the Steering Committee of API Rainbow Parents of PFLAG New York City, and the founder of Desi Rainbow Parents and Allies, a national group of South Asian parents and allies dedicated to family acceptance of LGBTQ youth. I also have two decades working as a mental health advocate for NAMI, the National Alliance on Mental Illness.

Our mission at API Rainbow Parents and Desi Rainbow Parents, is to raise awareness of the needs of Asian American LGBTQ youth, adults, and their families. To provide support and referrals, and to promote family and community acceptance of API LGBTQ people. We represent individuals and families who live in New York City and surrounding areas. We run support groups and activities in Manhattan and Queens, and also provide one on one support for parents struggling to help support their LGBTQ children.

I am here today to address the mental health needs of the people we serve, informed both by my personal and my professional background. My child Leela, who is transgender, uses the pronouns they and them, has struggled with depression and anxiety caused by the experience of first having to hide their sexual orientation and gender identity from everyone including their family. And then from struggling to receive affirming medical support and acceptance from the community.

My child was lucky enough to have access to adequate mental health treatment and parents who learned how to support them, but many LGBTQ youth,

API LGBTQ youth, face tremendous obstacles which range from being forced into conversion therapy to becoming homeless. Their parents are also frequently dealing with trauma and rejection themselves from their extended family and their community.

Many of the people I encounter and provide support to need mental health services. Most of them will refuse to acknowledge that they need these services. They are dealing with stigma on multiple levels. From being LGBTQ, or from having an LGBTQ child, from having to admit that they are experiencing mental health symptoms and from having to seek help outside the family. And experiencing mental health issues is seen as shameful, as a sign of weakness as lack of strength and willpower. They don't trust the mental health system; they don't trust psychiatric medications. Most people will seek help only in a crisis, where there is some kind of breakdown and sometimes that includes self-harm and suicide attempts.

Even after the crisis forces them to use the services, they may withdrawal after the immediate situation is resolved, and not return for follow-up. Of those who will agree to seek services, youth may

be willing to see a mainstream provider, but the majority of adults and parents will ask for a referral to a provider of their ethnicity.

I would caution against ethnic matching on making referrals, because in my experience, there is no guarantee that ethnically matched providers will be affirming of LGBTQ identities.

Culturally competence for LGBTQ people does not mean just linguistic and ethnic matching, it means affirmation of all their intersecting identities.

I would recommend that the City Council fund and support community-based organizations like API Rainbow Parents because we are working on prevention in our effort to create awareness about LGBTQ issues in the community and to try and raise the pervasive stigma and shame that's around sexual orientation and gender identity. I would recommend that we provide cultural competence training for mental health providers and also develop a data base for competent mental health services.

Thank you for your time and attention.

COUNCIL MEMBER ROSE: Thank you.

JOY LUANGPHAXAY: Good afternoon, my name is Joy Luangphaxay. I am the Assistant Executive Director

of Behavioral health at Hamilton Madison House. We are a non-profit settlement house located in the Lower East Side. We are the largest outpatient behavioral health provider for the Asian American community on the East coast. Currently, we operate five mental health clinics, a Personalized Recovery Oriented Services program, and a Supportive Housing program for individuals with severe mental health in two locations in Manhattan and in Queens. Our staff are all bilingual and we provide services for the Chinese, Korean, Japanese, Cambodian, and the Vietnamese community.

In the last decade, Asian Americans continue to the be one of the fastest growing population in the New York metropolitan area. In the past five years, we have seen an increase in referrals for psychiatric care for youths. Currently, in Hamilton-Madison House mental health programs, 10 percent of our clients are the ages of 13-21 years old and their mental health diagnoses range from depression, generalized anxiety, and adjustment disorders due to the external stressors of family obligations, academic pressures, and identity. Many of the clients facing these difficulties have reported

suicide ideations due to their parents lack of understanding of their symptoms and their experiences. For example, we had a Chinese American high school student who was referred to our services for depressive symptoms. His parents were immigrants from China. After many months in therapy, the client disclosed issues with struggling with sexual orientation to his therapist. His father's response was angry and confused. He requested the therapist to be reoriented to the clients sexual orientation. Father was not receptive to the therapist's interventions or psychoeducation, and client's treatment attendance started dropping. After numerous attempts to outreach to the family and the client, the case was eventually terminated due to no response from the parents after the therapist declined to provide conversion therapy.

Unfortunately, we have many cases similar to this, where a young person identifies their sexual orientation and the family members are not supportive and often angry. These lead to severe depressive symptoms and suicide ideations, often resulting in psychiatric interventions. We must provide vital services and resources targeting the LGBTQ community

and the youth community and their family members who save their lives.

We are currently urging the NYC Committee on Mental Health, Disabilities and Addictions and the Committee on Youth Services to not forget about this vulnerable population and address these growing issues and allocate the appropriate funding to increase mental health resources and services particularly for youth and the LGBTQ community.

COUNCIL MEMBER ROSE: I want to thank you all for your testimony. I just wanted to say, how do we find culturally competent service providers?

RITI SACHDEVA: I would say that culturally competent providers are not necessarily found but made. So, I think it's actually like a responsibility to train providers and there is multiple sets of trainings as I had mentioned. One is of course that people with LGBTQ identities have to affirmed in therapy or in whatever treatment that the seek. But the other issue is that frequently I find culturally competence means that people will say, okay, so this language and this language, let's match that, so there is ethnic matching. However, in my personal experience and the experience of many of

the parent advocates I work with, ethic matching does not necessarily work if that provider does not affirm the LGBTQ identity. So, there is screening required on both sets as it is over here. So, I think it's really, if the City Council takes the lead and essentially requires that culturally competence check those boxes for these providers.

COUNCIL MEMBER ROSE: Thank you. Thank you all. Have a good day, thank you.

One more panel, sorry folks. Anna Blondell/Christine Bella Legal Aid Society; Kimberly Calero Lambda Legal; Jeff DeRoche The Door; John Sentigar Covenant House; Bridget McBrien and Ned Gusick The Jewish Board.

CHAIRPERSON ROSE: Okay, please identify yourselves and let's hear your testimony. We waited a long time for you. You have to put your microphone on.

NED GUSICK: Thank you to Chairperson Ayala and Rose for holding this important hearing.

The Jewish Board proudly employees and serves people of al religions, races, cultures, gender identities, abilities, ages, and sexual orientations.

Today, I would like to speak to you briefly about our agency's commitment to LGBTQ plus youth.

We serve more than 10,000 New York City youth age 13-25. The Jewish Board has historically been a proud supporter of the LGBTQ community. At the start of the AIDS crisis, the Jewish Board was one of the first organizations to step up by developing an ambitious AIDS education and prevention program. And as the epidemic progressed, we developed a comprehensive network of care for people with AIDS including free onsite social workers at the Gay Men's Health Crisis.

Our staff of nearly 3,000 has many people who openly identify as LGBTQ plus, including myself. I have worked at the Jewish Board for nearly 4 years and I have found it to be nothing less than an inclusive and supportive environment for LGBTQ people. And the support begins with our Board, of which there are many several openly LGBTQ Trustees and extends down to all levels of staff. The expectations that we are an inclusive workplace are set from the first day on the job. All staff have to review and sign a Code of Conduct which states our employees must refrain from and prevent

discrimination of any kind, including that based on sexual orientation. While there may instances where staff do not live up to our clearly articulated values, and we find out about it, we address them immediately with the appropriate remedies.

The agency has an LGBTQ Steering Committee, of which I am the executive sponsor, and it is an active force in our agency with trainings, social events, and presentations at new hire orientations, which occur every other week. We host internal pride events for staff and clients alike and we will be actually marching in the PrideFest this year and we will also have a booth to promote our service to the LGBTQ community.

Very briefly, since I am set on a time, while we strive for an LGBTQ inclusive environment across all of our programs, we do have a few specialized services that are especially relevant to this population. We have a specialized youth behavioral client called Crossroads, a federally funded program called Bridging the Gap, this supports LGBTQ youth at risk for homelessness and our new partnership with the Alpha workshops which is a nonprofit that HIV positive people in the decorative arts is just one of

the other ways that we exist to empower LGBTQ youth. Thank you.

ANNA BLONDELL: Good morning, my name is Anna Blondell, my pronouns are she, her and hers, I am here with Christine Bella, we are staff attorneys at the juvenile Rights Practice, the special litigation unit of the Legal Aid Society. Legal Aid is a non-for-profit legal service provider and each year we represent many clients in various courts across the five borough who are LGBTQ plus youth.

We would like to focus today on the LGBTQ plus population that is at risk of or involved in the child welfare, criminal, juvenile justice and runaway and homeless youth systems.

Frequently, involvement in these systems might have been avoided if the youth and their family had access to meaningful, mental health supports. Those supports must be affirming and assist families to accept and support their child's sexual and gender identity. Enhanced funding for such home-based and community-based supports is needed to provide services that are geographically, linguistically and culturally accessible.

Expediting contact with these families and providing access prior to placement in out of home care or institutions is critical to maintaining LGBTQ plus youth in their communities, where they are most likely to thrive.

And in adequate array of affirming mental heath service for LGBTQ plus youth in foster care is singularly problematic. The population is particularly vulnerable to past trauma as well as the trauma of separation from family and community that comes with placement in foster care.

Engagement in these mental health services is often a critical requirement of these children being able to return back home and reintegrate with their families and with their communities. And delays and inaccessible services can delay these childrens return to their homes.

There is also a need for more of an array of placements for these children. So, they are not institutionalized. So, if they have to be placed in foster care, they are able to be placed in LGBTQ plus affirming homes who are supported and provided with continuous training and supervision to ensure that

they are providing the necessary care for this vulnerable population.

Finally, we are requesting additional funding for mobile crisis vans. We have found that LGBTQ plus youth who are in crisis, are often subject to police intervention which could lead and escalate to needless arrests.

Additional funding for these vans that could respond to youths in crisis, and minimize police involvement, specifically, this would be beneficial for LGBTQ plus youth of color in over policed neighborhoods but for all LGBTQ plus youth overall. And we are asking for more funding to go towards LGBTQ plus youth drop-in centers and spaces to provide a wider array of options for our clients to access supportive community, confidential consultations, as well as a safe place to be. Thank you.

KIMBERLY CALERO: Good afternoon and thank you for being here today to listen to our testimonies. My name is Kimberly Calero, I use they and them pronouns and I am undergraduate intern with Lambda Legal' s Youth in Out of Home Car Project, which advocates for the rights of LGBTQ youth and child

welfare, juvenile justice, and homelessness systems of care.

In front of you is a longer version of the testimony, but I wanted to provide you with some highlights. As we all know, June brings the large and historic celebration of Pride month and even though I come from a loving home that accepts me, for others holding in LGBTQ identity comes at a cost.

On any given day in New York City, there are about 4,500 youth experiencing homelessness. These youth are overwhelmingly people of color and disproportionately identify as LGBTQ. And even thought the city is expecting an influx of LGBTQ youth in response to Pride celebrations, LGBTQ youth homelessness is not a pride we can problem.

Instead at the root of this overrepresentation and homelessness, like in other systems of care, is a lack of family acceptance towards their LGBTQ youth identity.

Family rejection on the basis of sexual orientation and gender identity is the most frequently cited factor contributing to LGBTQ homelessness across multiple pieces of research and in an environment that is supposed to be a loving and

an affirming place, LGBTQ youth are shunned, abused, or even kicked out.

This rejection imposes lasting trauma that harms their mental wellbeing by increasing their likelihood of experiencing anxiety, depression, suicidal ideation, and engaging in illicit drug use. It feeds LGBTQ youth in a pipeline of overrepresentation in child welfare and homelessness the need to engage in survival sex and eventually into the juvenile justice or adult prison systems.

While endeavors like the Unity Project are a great start to addressing the overall needs of LGBTQ youth, the Council needs to focus its efforts on preventing system involvement among LGBTQ youth by addressing lack of family acceptance before these young people leave their homes.

To do this, the Council should fund training that promotes acceptance and tolerance before youth facing housing instability for families, practitioners, and agencies that work with youth and families.

The Council should sponsor and fund informational media campaigns that educate families about the importance of family support and fostering the overall wellbeing for LGBTQ youth but also to educate

about the harm and the health risk associated with family rejection. Include the families and caregivers of LGBTQ children and youth on advisory groups for children and family service programs in agencies.

And lastly, to provide funding for facilities and organizations that provide family counseling for LGBTQ youth in order to hire more staff and to receive crisis in trauma management training.

LGBTQ youth need us year around, not just during Pride month. We always show our commitment to prevent and end the epidemic of LGBTQ youth homelessness and involvement in other systems. We all must work harder to better serve all youth in our community. Thank you.

JOHN SENTIGAR: Good afternoon, my name is Johns Sentigar, my pronouns are he, him, his. I am the Director of Development and Communications at Covenant House New York. Thank you so much for allowing me to testify this morning.

I know you are familiar with Covenant House, but we are the nations largest nonprofit adolescent care agency serving homeless runaway and trafficked youth. During this past year, we served over 2,000 young

people in our residential programs, through drop-in and street outreach. And on a nightly basis, we shelter approximately 200 young people, including pregnant women and mothers with children, LGBTQ plus youth and commercially sexually exploited and trafficking survivors. I know you know the statistics, but I do want to highlight again that LGBTQ youth are 120 percent more likely to experience homelessness then peers who do not identify as such. And at Covenant House New York, in a recent survey we found that nearly 30 percent of our young people did identify as LGBTQ youth.

I wanted to highlight that we do operate a federally qualified health center at Covenant House New York and within that, we operate a mental health day treatment program, called MINDS, which stands for Moving in New Directions. And we provide evidence-based trauma informed car through a reduction lens as well. We provide motivational interviewing, trauma focused cognitive behavioral therapy and other interventions with our youth. Many of whom identifies as LGBTQ and I did want to highlight that we do have a current contract with DOHMH in which it is just not funded as it should be.

We are expected through that contract to serve approximately 120 youth per year and just halfway through our fiscal year, we served more then that. So, we definitely do need more funding and I urge the Council to think about that and explore that issue because we serve a lot of young people through this mental health program and the budget is not there.

We did ask DOHMH earlier in the year if we could increase our budget to provide more social workers, additional personnel costs for a psychiatrist and things like that and they said that they didn't have it in their budget, so we are working with what we have and we want to serve more youth and we do have a lot of youth that come to our door, especially who are LGBTQ. So, I just wanted to highlight that as well. it is a need and I know that a lot of the agencies have the need, but we do to, and I just wanted to highlight that for you. Thank you.

COUNCIL MEMBER ROSE: And what level of funding to you receive?

JOHN SENTIGAR: I am sorry, what?

COUNCIL MEMBER ROSE: What level of funding to you receive?

JOHN SENTIGAR: So, I do know that our contract through DOHMH is approximately $160,000 a year, and we serve many more young people then we are contracted to serve. So, we had asked for just less then doubling that and they said that they were not able to.

Can I just add one more thing? Council Member Holden had asked before about what services our agencies receive through Thrive, so I did want to highlight that we do receive a social worker through ThriveNYC, but it's just one social worker.

COUNCIL MEMBER ROSE: Okay, thank you. Thank you all and one more, okay, I am sorry.

JEFF DEROCHE: Good afternoon, thank you for allowing me to speak today. My name is Jeff DeRoche, I am the Director of Mental Health Services at The Door. We serve as a resource to LGBTQ youth in New York City by offering — we have a federally qualified health center that offers primary care in targeted behavioral health service and we also offer sexual and reproductive health services, career in education services which includes a high equivalence program and at Charter High School and legal services structured arts and recreational activities and we

also offer Manhattans Drop-In for DYCD for runaway and homeless youth.

We want to thank everyone for their testimony this morning, especially all the clinical data that people presented. We also want to caution against over medicalizing LGBTQ young people. We appreciate and encourage people to take a minority stress perspective, which incorporates the comprehension of stigma, prejudice and other environmental factors as chronic stressors that negatively impact health outcomes and we appreciate everyone for doing so today.

We were going to go through a list of the disproportionate experiences that LGBTQ folks experience, these include rejection by families, which we heard a lot about today. They also include removal from families of origin and placement in group homes at significantly higher rates then their non-LGBTQ peers. Homo and transphobic bullying, incarceration at disproportionate levels compared to LGBTQ peers or non-LGBTQ peers and stigma in health care environments. This is a really important one for me working in the mental health field. The vast majority, or the LGBTQ youth young people report that

the number one barrier to accessing care is cultural incompetence on the part of medical and mental health providers. These young people deserve interventions that address their deficits and barriers while allowing for safe, affirmative, socialization, identity development, self-advocacy and leadership opportunities.

So, what we encourage today are targeted engagement and educational work with families, increased research, policy and programming, specific to LGBTQ people with intersectional identities that compound the minority stressors they experience. This includes rigorous attention to race, disability, socioeconomic status and other factors that can complicate and intensify negative health outcomes.

We also encourage intersectional LGBTQ affirming educational curricula in all school setting, anti-bullying policies and appropriate enforcement of those policies in schools and community programs supported by legislation. Rigorous as opposed to gestural staff training in cultural competence and cultural humility in medical and mental health environments, community settings, schools and government agencies.

And finally, LGBTQ leadership and advisory board opportunities in all settings that engage with young people. We also thank you for your question about funding, we obviously do services that are reimbursable by Medicaid but those services are very limited and structured and what we really need funding for is innovative and creative programs that reach young people where they are at and we want to encourage you to give us money to do that. Thank you very much.

COUNCIL MEMBER ROSE: Okay, thank you so much. Thank you all, you are doing a great job with not enough resources. Thank you for your patience and this hearing is adjourned. [GAVEL] 1:00.

C E R T I F I C A T E

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

Date April 1, 2018