CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH,
DISABILITIES AND ADDICTION

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FEBRUARY 22, 2021
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HELD AT: REMOTE HEARING VIRTUAL ROOM 2

B E F O R E: Chair Farrah Louis

COUNCIL MEMBERS: Farrah Louis
Diana Ayala
Helen Rosenthal
Robert Cornegy
Alicka Ampry-Samuel
Adrienne Adams
Kevin Riley

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

Jumaane Williams
Susan Herman
Myla Harrison
Rebecca Linn-Walton
David Prezant
Theresa Tobin
Michael Clark
Joo Han
Diya Basu-Sen
Zana Octavio
Yuna Youn
Zaynab Tawil
Hawa Bah
Nadia Chait
Cal Hedigan
Joyce Kendrick
Ruth Lowenkron
Fiodhna O'Grady
Melissa Moore
Gary Stankowski
Leonor Walcott
Sabrina Evans-Ellis
Beth Haroules
Anthonine Pierre
Peter Horan
Eric Vassell
Michael Matos
Steven Mazzucchi
Jeanine Rocke
Christine Henson
Camilla Spielman
Ricardo Miranda

Sarah Sitzler
Christina Sparrock
Jeff Strabone
Khaleel Anderson
Carl Valere

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3 JOHANNA M. CASTRO: We're live.
4 SGT. MARTINEZ: PC recording is underway.
5 SGT. JONES: Cloud has started.
6 MALE VOICE: Backup is rolling.
7 SGT. MARTINEZ: Sergeant Kotowski
8 SGT. KOTOWSKI: Good morning and welcome
9 to today's remote New York City Council Hearing of
10 the Committee on Mental Health, Disabilities, and
11 Addiction. At this time will Council staff please
12 turn on their video. Please place electronic devices
13 on vibrate or silent. If you wish to submit
14 testimony, you may do so at
15 testimony@council.NYC.gov, that's
16 testimony@council.NYC.gov. Thank you. Chair, we are
17 ready to begin.
18 CHAIR LOUIS: Good morning everyone. I'm
19 Council Member Farrah Louis, Chair of the Committee
20 on Mental Health, Disabilities, and Addition, and I
21 would like to thank everyone for joining us today for
22 this important hearing. Today, we have with us
23 Council Members Riley, Cabrera, Cornegy, Adams,
24 Ampry-Samuel, Ayala, and if I forgot anyone else,
25 please forgive me. We'll do another round of those.

2 This morning we are holding a hearing on New York
3 City's Mental Health Emergency Response, and we are
4 hearing two pieces of important legislation which I
5 am proud to be co-sponsoring. The first sponsored by
6 Council Member Diana Ayala is Introduction Number
7 2210 in relation to creating an office, health, and
8 city-wide mental emergency response protocols. We
9 will also hear Introduction Number 2222 sponsored by
10 public advocate Jumaane Williams in relation to
11 creating a three-digit mental health emergency
12 hotline. For too many New Yorkers, the impact of
13 untreated mental illness is a mental health crisis.
14 A situation in which a person's mental illness
15 prevents them from being able to care for themselves
16 or function effectively in the community. Mental
17 Health crisis can disrupt a person's mood and affect
18 their ability to think rationally and cope with their
19 stressors of daily life. Contributing factors to our
20 mental health crisis can arrange from internal
21 stressors such as undiagnosed or untreated mental
22 health disorders to external and environment
23 stressors such as changes in home, school, or work
24 life, personal loss, trauma, or exposure to violence.
25 The COVID-19 pandemic has further worsened the mental

2 health and well-being of New Yorkers. According to
3 New York State Health Foundation, February 2021
4 report, one-third of all adult New Yorkers reported
5 symptoms of anxiety and/or depression at a rate more
6 than triple the previously self-reported pre-pandemic
7 rates. Currently, the New York City Police
8 Department and Fire Department and Emergency Medical
9 Technicians respond to nearly all mental health 9-1-1
10 calls, regardless of their severity of help needs,
11 rather a crime is involved, or rather there is an
12 imminent risk of violence. It is sad that we need to
13 say this in 2021, but law enforcement professional
14 are not mental health providers. Even in the best of
15 circumstances, a police response to a mental health
16 emergency is not the appropriate response. The
17 presence of police frequently worsens mental health
18 crisis rather than de-escalating or mitigating them.
19 Traumatizing the individual suffering, and in worse
20 cases, results of violence and death. Unfortunately,
21 there are too many tragic examples to talk about
22 today. Some of you are aware of those, but I was
23 working as a public servant when Dwayne Jeune, from
24 East Flatbush was shot and killed by police. Dwayne
25 was only 32 years old. He was diagnosed with

2 schizophrenia, and he was struggling. His mother
3 called 9-1-1 and told them that her son was
4 experiencing a mental health emergency, and their
5 response resulted in deadly use of force that killed
6 Dwayne. Dwayne needed mental health intervention,
7 not police. Dwayne needed mental attention. He did
8 not need police. Dwayne needed help, not the police.
9 Dwayne's story is too common and too familiar to New
10 Yorkers, especially black and brown New Yorkers.
11 When mental health emergencies arise, we need mental
12 health responses, not policing, and even before
13 crisis ensues, we need our most police and most
14 impacted communities, black and brown communities to
15 have more access to affordable, high quality,
16 community-based mental health resources. Too many
17 black and brown New Yorkers live in mental health
18 deserts, and they do not have access to health
19 insurance. They don't have culturally sensitive care
20 within their communities, and therefore, tend to
21 experience higher rates of mental health crises. We
22 need access for all New Yorkers to affordable,
23 culturally sensitive mental health care, and we need
24 appropriate mental health responses when emergencies
25 arise. So, how many more New Yorkers do we need to

2 die or experience violence or trauma at the hands of
3 police before we say enough? Should we try something
4 different? We'll learn today. At today's hearing,
5 the Committee will be hearing from administration
6 providers, community-based organizations, and
7 applicants about how New York City can drastically
8 change the way in which we respond to address mental
9 health crises and emergencies once and for all. I
10 want to thank the administration DOHMH, THRIVE, NYPD,
11 and the FDNY who are here with us today. I know you
12 are committed to working on this issue for all New
13 Yorkers, and to effective address the mental health
14 needs that arise in our communities, and I look
15 forward to hearing from you all today. I also want
16 to thank my colleagues as well as Committee staff,
17 Senior Council Sara Liss, Legislative Policy Analysis
18 Kristy, Finance Analysis Lauren for making this
19 hearing possible today, and for all your support over
20 the last couple of weeks, and now, I will turn to our
21 Bill sponsors, Council Member Diana Ayala. After
22 her, will be Council Member Cornegy, then Public
23 Advocate Williams for their opening remarks. Council
24 Member Ayala, you may proceed. Thank you.
25

1
2 CM AYALA: Good morning, and welcome to
3 the Committee. Chair Louis, I'm really excited to be
4 here today. So, I'm really excited to be here today,
5 and obviously, you know, we're co-sponsoring one of
6 the Bills, and this Bill is very personal to me and
7 I'll share my story. So, a few years ago, my family
8 and I were dealing with the situation of a family
9 member in emotional distress. At first, we didn't
10 recognize what was happening, but after a few days,
11 it was pretty apparent that this individual was
12 suffering from a manic episode. I tried for a couple
13 of days to convince this person to seek outpatient
14 care, because something just didn't seem right. That
15 person declined because they didn't recognize that
16 they were going through something serious. During
17 this time, the person's behavior became more and more
18 erratic until such time, as they shared they had
19 serious concerns about another family member and made
20 comments about seriously hurting that member of the
21 family in an effort to save the entire family. If I
22 told you that I was not afraid to call 9-1-1, I would
23 be lying. First, because I felt tremendous guilt,
24 and second because I was afraid that something would
25 go wrong, and that this person may be seriously hurt.

2 I too had heard of all of the cases when 9-1-1 was
3 called and a police officer responded and somebody
4 ended up, you know, dying as a result, and all of
5 that continued to play over and over in my minds for
6 days and days. I can still remember the feeling of
7 that fear that took over me, and I don't wish that on
8 anyone. I eventually made the call and tried to very
9 clear that no weapon was involved, and that the
10 person should be approached calmly. So, NYPD
11 officers responded at first, and after having spoken
12 with him for a little while, they all decided
13 collectively to go downstairs into the front of the
14 building and wait for the ambulance. In the hallway,
15 as they were leaving, I was able to just stand there
16 and look both, and I'm observing the situation, and I
17 could see that there was fear coming from both sides
18 of that hallway. I could tell the police officers
19 were uneasy with handling the situation and were not
20 sure, you know, as he became more and erratic, why
21 his reaction would be, and I could also tell that he
22 was uneasy about what was about to happen to him. It
23 was almost as if each side was just waiting to see
24 what the other would do. It was a moment in time of
25 feeling a new awareness that I will never ever

2 forget. Our encounter ended well, but it was
3 apparent to me, the police officers, even when armed
4 with the best of intentions, are simply just not
5 equipped to deal with situations like these. The
6 escalation of a person in mental distress is a skill
7 set that police officers, and quite frankly many
8 people, are just not trained in. So, this Bill would
9 establish, would require establishment of an Office
10 of Community Mental Health within the Department of
11 Mental Health and Hygiene. This office would create
12 a city-wide mental health emergency response
13 protocol, one which we simply don't have, and a
14 mental health emergency response unit to respond to
15 mental health emergencies within 30 minutes of
16 receiving a mental health emergency call. This Bill
17 would also require the office to identify gaps in
18 mental health provisions in New York City, coordinate
19 with city agencies and community-based organizations
20 and mental health providers and provide training to
21 all relevant city agencies regarding the established
22 mental health emergency protocol. This Bill would
23 additionally require the New York City Department in
24 conjunction with the Office of Community Mental
25 Health to train all members of service; 9-1-1 call

2 operators and the academy recruits in the mental
3 health emergency response protocol. Finally, this
4 Bill would require the office to report monthly and
5 annually about the emergency mental health calls
6 received and other work that the office is
7 conducting. Now, I have heard from the advocates in
8 the last week or so, and I know there is a lot of
9 excitement, but there's also a lot of, you know,
10 concern, regarding this bill, and the continued
11 involvement of the NYPD, and I want to add that I
12 think that that is the purpose of today's hearing is
13 to really hear what your thoughts are on how we can,
14 you know, better address the needs of New Yorkers and
15 mental distress in the city, and I look forward to
16 hearing from all of you. Thank you all for having
17 me.
18 CHAIR LOUIS: Council Member Cornegy/
19 CM CORNEGY: First of all, thank you and
20 congratulations, Madame Chair Louis. This is another
21 opportunity to watch my colleague coalesce around a
22 very important issue after taking incredible action,
23 both policy and legislative-wise. 1-800-237-8255.
24 Please remember that phone number because it's our
25 National Suicide Prevention Hotline which can save a

2 life for someone in crisis. If you have a fire in
3 your apartment, call 9-1-1. If your garbage wasn't
4 picked up, you can call 3-1-1. None of these numbers
5 are appropriate for someone experiencing a mental
6 health or suicide crisis. Many people say they want
7 to prioritize mental health, especially after the
8 recent stabbings on the A trains. It's time for a
9 phone number for immediate health and assistance
10 that's easy to recall. That's why I'm co-sponsoring
11 the proposal for 2222. After the death in District
12 of Saheed Vassell, who was a young man who was known
13 to the community to have mental health issues. The
14 community helped that young man, and when he was in
15 crisis, would reach out to the parents, and it was
16 just an awful situation because he was killed by
17 officers who had no familiarity and came on the
18 scene. Even New Yorkers who were common to that
19 community were aware of Saheed. It would establish a
20 three-digit hotline, staffed by mental health co-
21 operators for individuals experiencing a mental
22 health emergency. The COVID-19 pandemic has
23 exacerbated the mental health challenges here in New
24 York City. Words cannot express the pain we felt
25 with the wave of death due to Coronavirus.

2 Unfortunately, the emotional impacts will continue
3 for years to come, and we need to be better prepared
4 to support ourselves. That's why I'm proud to join
5 Council Members Ayala and Public Advocate Jumaane
6 Willams in co-sponsoring this Intro 2210, which would
7 establish an Office of Community Mental Health. We
8 can't wait until the next needless tragedy. We need
9 to pass these bills as soon as possible and get the
10 health and lifeline to our people struggling with
11 mental health in communities of color and in
12 communities across the city. So, thank you so much,
13 Chair Louis for hearing these important Bills. Just
14 so you know, this is what we call Baptism by Fire,
15 not getting an easy situation to have to deal, but
16 you're more prepared as a Chair to help us foster and
17 usher us through this very difficult time and these
18 very difficult situations. Thank you again everybody
19 who was involved in the writing and authoring of
20 these Bills, and I look forward to the next hearing
21 where we'll be discussing a vote. Thank you.
22 CHAIR LOUIS: Thank you much, Council
23 Member Cornegy, and now we'll turn to our best Public
24 Advocate Williams who has been working very hard on
25 this piece of Legislation. Public Advocate Williams.

2 PA WILLIAMS: Thank you so much, Madame
3 Chair. As mentioned, my name is Jumaane Williams,
4 Public Advocate for the City of New York. I want to
5 thank Chair Farrah Louis for holding today's hearing.
6 This is a vital topic and give a huge congratulation
7 for the first hearing that you are chairing. Looking
8 forward to the excellent leadership I know you're
9 going to provide on this issue and many others in
10 this committee. A few years ago, when I was Council
11 Member, I will never forget I was doing, I believe it
12 was a gun violence press conference with Borough
13 President, Eric Adams. In the middle, a woman ran
14 out, got on her knees, and was begging us for help
15 for her son who was in mental health crisis. It was
16 a very emotional time, but I remember her very
17 specifically saying how terrified she was to call 9-
18 1-1. She didn't want to call 9-1-1 because they
19 would kill him. That was the word that she used, and
20 that has been said in my reign, remembering, and at
21 that point understanding the intersecting issues were
22 being brought up there, the need for her to get some
23 real care for her son, and also the things that we
24 were doing to police officers, the places we were
25 sending them without the tools or the training and

2 asking them to solve a problem that they simply don't
3 have the capability to solve. On all sides, we're
4 setting up people for failure. For far too long, our
5 city's response to mental health calls has been a
6 failure. Police Officers are dispatched as first
7 responders for people struggling with mental illness.
8 In addition, access to a continuum of care is, in
9 fact, nonexistent for a large part of the population.
10 In some cases, this can be fatal. In the past six
11 years, at least 16 people undergoing a mental health
12 crisis were killed by officers. Notably, 14 were
13 people of more color. That is both devastating and a
14 significant reason as to why New York City Police
15 Department cannot respond to mental health calls as
16 the first responders. Last, my first report in
17 September of 2019, we put out a report on how badly
18 we were doing in handling mental health crises, and I
19 just want to congratulate the City Council for
20 putting this hearing and actually going headstrong
21 into dealing with this and beginning to reframe what
22 public safety is. After many years of waiting, we
23 have the opportunity to change our response. Intro
24 2210, prime sponsored by Council Member Ayala shifts
25 mental health responses from the NYPD into a new

2 office within the Department of Health and Mental
3 Hygiene. Units of mental health clinicians and peers
4 will respond to mental health emergencies within 30
5 minutes of a call. These teams will follow up with
6 calls among other things that are mentioned there.
7 In addition to that, my Legislation Intro 2222
8 creates a three-digit hotline as an alternative to 9-
9 1-1. Right now, we only have a criminal response to
10 what everyone has known to be a health crisis. A
11 newly created office would hire operators to respond
12 to calls. Any mental health related calls going
13 through 3-1-1 or 9-1-1 would be redirected through
14 this new three-digit hotline. Calls will not be
15 directed to 9-1-1 unless an operator determines there
16 was a public safety emergency. Finally, the hotline
17 becomes available no later than December 31st of this
18 year. Currently, NYC well system is used for mental
19 health calls. In 2019, there were around 170,000
20 mental health related calls. Yet, those calls went
21 through 9-1-1. There must be a conveniently easy to
22 remember number rather than the city's long eleven-
23 digit NYC well system. That's why the Bill will
24 create a three-digit number, 9-8-8, that will
25 redefine our response system. These Bills offer a

2 chance for us to rectify the failure of our mental
3 health responses. Cities such as Eugene, Oregon,
4 Olympia, Washington and others have already
5 implemented non-police or limited police responses.
6 We must follow these examples and go bold in the idea
7 presented. New Yorkers deserve a plan that addresses
8 mental health as a public health issue, not a
9 policing one. However, we know we have to be more
10 intentional. These Bills must do more to explain the
11 role of when and if the police department would get
12 involved. The definition of public safety emergency,
13 a crime in progress, violence, or situation likely to
14 result in eminent harm or danger to the public as
15 defined by the newly created Office of Community
16 Mental Health, in its vagueness, may cause unintended
17 confusion. How will a person interpret violence or a
18 situation that may result in harm? Interpretations
19 are left up to the officer or realistically, the
20 operator. What happens if police are mistakenly told
21 a person is likely to create harm. This is not
22 hypothetical. As was mentioned here, police
23 responded to a call that Saheed Vassell, as a 34-
24 year-old black man living with bipolar disorder held
25 a gun. Police arrived and fatally shot Vassell, who

2 actually held a pipe, not a gun. Also mentioned was
3 the tragic case of Dwayne Jeune, what happened in the
4 District I represented several years ago. Those
5 tragic events and many others, highlight the
6 potential danger that can result from one wrong
7 decision or a misinterpretation. If this is not
8 dealt with more intentionally, I fear more lives may
9 be lost. We have seen far too many incidents with
10 the inclusion of officers in unpredicted situations
11 wrongfully escalate. Mental health should not be
12 seen or responded to as an untreated public threat.
13 I understand that many of advocates and providers
14 we'll hear from today are also concerned of the
15 codification of co-response teams and some other
16 features in both of these bills. What we should make
17 sure to ensure is the codification that police are no
18 longer the first responders when New Yorkers are in
19 acute mental health crisis. I believe Council Member
20 Ayala, Council Member Cornegy, and the Chair, as well
21 as myself are deeply committed to getting this right,
22 and I'm sure we welcome any feedback on how we can
23 best improve the Bills. Today's hearing is yet
24 another step in the right direction in identifying
25 the city's existing problem, and ineffective mental

2 health response. We know there are other
3 professionals and pairs in our communities that are
4 better equipped to address mental health crisis than
5 the police. I hope through our Legislative process,
6 we can collectively create a crisis response for
7 persons living with mental health diagnosis feel safe
8 in their communities and know they'll receive the
9 proper care that they need. I also hope that we can
10 bring healing to families that have experienced a
11 loss or any trauma as a result of the system we now
12 have in place. I know this is a difficult
13 conversation. It is one that elicits fair. It's one
14 that changes dynamic. To for too long, our equation
15 of public safety to police have brought us a system
16 that we know needs to be changed. In doing that,
17 we'll be concerned. I know folks will bring up the
18 fact, we have to also remember what when something
19 goes wrong, if something went wrong, everyone would
20 say, "Well, where was the police". We have to change
21 our dynamic because we know that even when police are
22 there, things go wrong, and people are killed, and so
23 that can't be the right way we go. We have to have
24 to find a system that allows people to bring the
25 tools and expertise they have to the situations at

2 hand, and right now, we're not doing that. I thank
3 the Chair for allowing me to speak. I look forward
4 to today's testimony. Thank you so much.
5 CHAIR LOUIS: Thank you Public Advocate
6 Williams, and now we'll turn to Committee Council
7 Sara Liss to go over some procedures matters for the
8 hearing, but before we do that, I just want to
9 mention that Council Members Van Bramer, Rosenthal,
10 and Borelli have joined us. Committee Council, you
11 may begin.
12 COMMITTEE COUNCIL SARA LISS: Thank you
13 very much, Chair Louis. I am Sara Liss, Legislative
14 Council in the New York City Council, and I will be
15 moderating today's hearing. Before we begin, I
16 wanted to go over a couple of procedural matters. I
17 will be calling on panelists to testify. I want to
18 remind everyone that you will be on mute until I call
19 you to testify, and you will then be unmuted by the
20 host. As always, we want to note that there may be a
21 few seconds of delay before you are unmuted, and we
22 thank you in advance for your patience. At today's
23 hearing, the first panel will be the Administration,
24 followed by Council Member questions, and then the
25 public will testify. During the hearing, if Council

1
2 Members would like to ask a question, please use the
3 Zoom raise hand function, and I will call on your in
4 order. I will now call on members of the
5 Administration to testify, and that will include
6 members who are testifying and members of the
7 Administration who will be answering questions.
8 Susan Herman, Director of the Office of ThriveNYC,
9 Dr. Myla Harrison, Acting Executive Commissioner,
10 Division of Mental Hygiene at the Department of
11 Health and Mental Hygiene, Rebecca Linn-Walton, PhD,
12 LCSW, Assistant Vice President of the Office of
13 Behavioral Health at New York City Health and
14 Hospitals, Dr. David Prezant, Chief Medical Officer,
15 FDNY, Theresa Tobin, PhD, Chief of Interagency
16 Operations NYPD, and Michael Clark, Managing Attorney
17 of Legislative Affairs for NYPD. I will first
18 administer the oath, and after, I will call on each
19 panelist of the Administration to respond. To affirm
20 to tell the truth, the whole truth, and nothing the
21 but the truth before this committee and to respond
22 honestly to Council Member questions? Director
23 Herman.
24 DIRECTOR SUSAN HERMAN: I do.
25

2 COMMITTEE COUNCIL SARA LISS: Thank you.
3 Deputy Commission Dr. Harrison.
4 DC DR. HARRISON: I do.
5 COMMITTEE COUNCIL SARA LISS: I didn't
6 hear you Dr. Harrison, sorry.
7 DC DR. HARRISON: I do.
8 COMMITTEE COUNCIL SARA LISS: Thank you.
9 Vice President, Dr. Linn-Walton.
10 VP DR. LINN-WALTON: I do.
11 COMMITTEE COUNCIL SARA LISS: Chief Dr.
12 Prezant.
13 CHIEF DR.PREZANT: I do.
14 COMMITTEE COUNCIL SARA LISS: Chief Dr.
15 Tobin.
16 CHIEF DR. TOBIN: I do.
17 COMMITTEE COUNCIL SARA LISS: And Managing
18 Attorney Clark.
19 MA CLARK: I do.
20 COMMITTEE COUNCIL SARA LISS: Thank you
21 very much. Director Herman, you may begin when
22 ready.
23 DIRECTOR SUSAN HERMAN: Thank you. Thank
24 you, Sara. Good morning. Good Morning Chair Louis
25 and Members of the Committee on Mental Health,

2 Disabilities, and Addictions. My name is Susan
3 Herman, and I am a Senior Director to the Mayor and
4 Director of the Mayor's Office of ThriveNYC. I am
5 joined by several colleagues. Dr. Myla Harrison,
6 Acting Executive Commissioner of the Division of
7 Mental Hygiene at the Department of Health and Mental
8 Hygiene, Chief Theresa Tobin, Chief of
9 Intergovernmental Operations at the NYPD, Dr. David
10 Prezant, Chief Medical Officer for the FDNY, and Dr.
11 Rebecca Linn-Walton, Assistant Vice President,
12 Behavioral Health of NYC Health and Hospitals. Thank
13 you for the opportunity to testify. Sorry, I just
14 had to get something off the screen. First, I'd like
15 to extend a warm welcome to Chair Louis. We enjoyed
16 a close and productive partnership with former Chair
17 Ayala, and we are very much looking forward to
18 working with you as you are taking over chairing this
19 important committee. The Mayor's Office of ThiveNYC,
20 created in 2019, is the first Mayorial office devoted
21 to promoting access to mental health care for New
22 Yorkers. We currently oversee 30 programs designed
23 to close critical gaps in mental health care through
24 innovation. Our programmatic budget as well as data
25 on the reach and impact of our work are all on our

2 website. In addition, we promote cross agency
3 collaboration and help shape mental health policy in
4 the city. This work includes sharing the crisis
5 prevention and response task force of over 80 experts
6 from the nonprofit sector, elected leaders, and city
7 government. We also chair the Mental Health Council
8 which includes the leadership of over 30 city
9 agencies working together to maximize the city's
10 mental health related initiatives. Over the last
11 seven years, the city has made great progress,
12 strengthening how we prevent and respond to mental
13 health crisis. We appreciate that the City Council
14 has been a critical partner in this effort. The
15 Legislation we're discussion today should be viewed
16 in the context of what we have seen work and the
17 progress already under way. I'd like to begin by
18 discussing crisis prevention. As many of you have
19 already noted, many mental health crises can be
20 prevented if people are able to access and stay
21 connected to needed care. Yet, for decades, too many
22 New Yorkers have gone without mental health treatment
23 or support when and where they have needed it. There
24 are 17 federally designated mental health care
25 shortage areas in New York City. Like food deserts,

2 these are neighborhood without sufficient access to
3 mental health care. One way we have worked to
4 increase access to care is by changing the mental
5 health care landscape. Thrive programs have added
6 hundreds of new service locations across the city,
7 over 70 of which are in the federally designated
8 mental health care shortage areas. We have partnered
9 with 13 city agencies and nearly 200 community-based
10 organizations to add new onsite support in over 200
11 high-need schools, 100 shelters for families, 45
12 centers for older adults, every precinct and PSA in
13 the city, and all runaway and homeless used
14 residence. That's onsite care in all those
15 locations. We also support 57 mobile treatment teams
16 that bring intensive ongoing clinical care to people
17 with serious mental health challenges right in their
18 communities. We have also expanded access to
19 services through NYC Well, the city's comprehensive
20 mental health helpline that serves as a gateway to
21 care thousands of times every week. Starting out as
22 a suicide hotline, NYC Well now answers calls, texts,
23 and chats for a wide range of behavioral health
24 needs. It offers immediate support, referrals for
25 ongoing treatment, and when appropriate, deploys

2 mobile crisis teams to respond to urgent concerns in
3 person. In 2020, New York City Well answered an
4 average of 6200 requests for support every week.
5 These new services build on a strong foundation. A
6 part from its partnership with ThriveNYC, the
7 Department of Health and Mental Hygiene spends nearly
8 $500 million dollars annually for people with mental
9 health concerns, substance misuse, intellectual and
10 developmental disabilities. Among other services,
11 this includes supportive housing, crisis respite
12 centers, mobile treatment, and school-based mental
13 health services. New York City Health and Hospitals,
14 again, apart from its partnership with ThriveNYC,
15 invests about $800 million every year in acute
16 inpatient and outpatient behavioral health services.
17 The Department of Homeless Services street outreach
18 teams and safe havens increasingly connect people to
19 behavioral healthcare, and NYC Care, our citywide
20 guarantee of healthcare includes behavioral health
21 services. The city has made significant progress
22 over the last seven years. A lot of new work began
23 in 2014 with the Task Force on Behavioral Health and
24 Criminal Justice system which brought together over
25 300 advocates, practitioners, academics, and

2 governmental officials to develop recommendations to
3 reduce the number of people with behavioral health
4 needs who cycle through the criminal justice system.
5 All of these recommendations are now under way,
6 including new support for people awaiting trail or
7 detained in the city's jails, crisis intervention
8 training for police officers, and support connection
9 centers formally known as diversion centers which
10 offer short-term stabilization services to people
11 with mental health and substance use needs. The East
12 Harlem Support and Connection Center, which opened a
13 year ago, gives police officers an alternative to
14 avoidable emergency room visits or enforcement
15 interventions. The city's collaborative work on
16 mental health crisis continues through the
17 recommendations of the crisis prevention and response
18 task force, approved by the Mayor in 2019. Even with
19 the COVID-19 pandemic and a fiscal crisis, we have
20 brought many of these recommendations to life. While
21 we could not add more act mobile treatment teams as
22 we had planned because of the state's cap on
23 Medicaid, we have added four new intensive mobile
24 treatment teams fully funded by the city, bringing
25 the total capacity of all the mobile treatment teams

2 functioning in the city to almost 4000 clients at any
3 given time. These teams continue to make a profound
4 difference in people's lives. For example, during
5 the first three months of the fiscal year, we could
6 see that of those clients who began receiving IMT
7 services while homeless, many of whom were
8 experiencing street homelessness, 47% moved into
9 permanent housing during their engagement with IMT,
10 and 90% of clients stayed connected to treatment for
11 12 or more months. Mobile treatment teams serve
12 people who otherwise might never have been connected
13 to either housing or treatment, and they are no doubt
14 helping to prevent crisis. The result right now with
15 all of these new services in place, New York City
16 provides more mental health support to more people in
17 more places and in more ways than ever before. Now,
18 I'd like to discuss crisis response. Now all crises
19 require an emergency response. Some mental health
20 crisis requiring urgent, but not an immediate
21 response. For that reason, we have also enhanced our
22 mental health urgent response infrastructure. Mobile
23 crisis include clinicians and peers who provide in
24 person assessments and connection to care for people
25 experiencing behavior health crisis. These teams are

2 deployed about 20,000 times a year by NYC Well,
3 public hospitals, and healthcare providers. Because
4 of the Crisis Prevention and Response Task Force,
5 they will soon be able to respond to people within a
6 few hours during the day and early evening, every day
7 of the year. This reflects great improvement from
8 only a year ago when most responses were the next day
9 and weekend calls resulted in significant delays. As
10 more New Yorkers become aware of this service and
11 experience it, we hope to see more and more people
12 turning to NYC Well and mobile crisis teams rather
13 than 9-1-1. As we enter 2021, following several
14 years in which more mental services have been
15 available to New Yorkers and we are both preventing
16 and responding to crises more effectively, we are
17 beginning to see the tide turn. Mental health
18 emergencies are declining from 2008 to 2018, the
19 number of mental health 9-1-1 calls in New York City
20 nearly doubled increasing every year and in every
21 precinct. In 2019, the total number of calls dropped
22 for the first time in a decade. Mental health calls
23 dropped for the first time in a decade by 5% or over
24 8000 calls. In 2020, the number of calls fell by
25 another 6& or over 9000 calls, and according to a

2 recent NYC Well evaluation by an independent
3 evaluator, more than 20% of surveyed NYC Well users
4 who contacted NYC Well for themselves, reported that
5 they would have considered called 9-1-1 or going to
6 an emergency room if not for NYC Well. They knew
7 they had another option. To continue this positive
8 momentum, in November, the Mayor announced that for
9 the first time in our history, health professions
10 will be the default response to 9-1-1 mental health
11 crisis calls. This new health-centered approach
12 called BEHEARD, the Behavioral Health Emergency
13 Assistance Response Division will be a critical step
14 forward in the city's commitment to treat mental
15 health crises as public health problems, not public
16 safety issues. Currently NYPD officers and FDNY EMS
17 Emergency Medical Technicians respond to all mental
18 health crisis calls to 9-1-1. This is regardless of
19 the severity of the mental health need or rather a
20 crime is involved or rather there is an eminent risk
21 of violence. All 9-1-1 mental health calls get this
22 joint response. Beginning in spring 2021 in Northern
23 Manhattan, specifically the 2528 and 32 Precincts in
24 East and Central Harlem, the new mental health
25 response teams of Health and Hospital social workers

2 and FDNY EMTs will be the new primary response to
3 mental health emergencies. In emergency situations
4 involving a weapon on eminent risk of harm, NYPD
5 officers and EMTs will continue to respond as before.
6 Mental health response teams will have the experience
7 and expertise to de-escalate crisis situations and
8 respond to a range of behavioral health problems such
9 as suicidal ideation, substance misuse, and serious
10 mental illness, as well as physical health problems
11 which can be exacerbated by or mask mental health
12 problems. This pilot has been shaped by a steering
13 committee that includes FDNY, NYC Health and
14 Hospitals, the Department of Health and Mental
15 Hygiene, NYPD, and the Mayor's Office ThiveNYC. We
16 have been intentional about its design. We have
17 consulted cities across the country that are
18 undertaking similar work and have met with members of
19 the crisis prevention and response task force,
20 advocates from correct crisis intervention today,
21 CCIT NYC, and elected officials to hear their
22 thoughts. First, we think it makes good sense to
23 build on the tremendous capacity and decades of
24 experience within FDNY's emergency medical services
25 which currently responds to over 150,000 mental

2 health emergencies every year. EMTs will be able to
3 arrive on the scene within minutes and have expertise
4 to access and treat many health issues. Second,
5 Health and Hospitals, the largest public hospital
6 system in the country, is the city's behavioral
7 health safety net operating psychiatric emergency
8 departments as well as inpatient and outpatient
9 behavior healthcare. H and H also manages several
10 mobile crisis teams and assertive community treatment
11 teams or act teams that offer ongoing mobile
12 treatment to people with serious mental illness in
13 their communities. EMS and H and H both have deep
14 expertise running emergency operations. These are
15 the right partners to create the right teams of
16 experienced EMTs and social workers and they are the
17 right partners to provide the appropriate training
18 and supervision for these teams. Third, in
19 introducing this entirely new service to New York
20 City, we have ensured that we are integrating lessons
21 learned in other jurisdictions. Our model builds on
22 the most established program in the country, CAHOOTS,
23 Crisis Assistance Helping Out on The Streets in
24 Eugene, Oregon. CAHOOTS, a program of a community-
25 based clinic handles cases sent by their 9-1-1

1

2 system. First screened by their 9-1-1 system,
3 designed to address a wide array of physical and
4 mental health problems in non-violent situations,
5 CAHOOTS teams of paramedics and social workers
6 responded to approximately 24,000 calls last year.
7 New York City will be the largest city to roll out
8 this kind of an approach. To inform our pilot, we
9 have also spoken to large cities such as Denver,
10 Chicago and San Francisco that are just beginning
11 this work, as well as nearby Otsego, Albany, and
12 Orange Counties. All of these programs are
13 dispatched out of 9-1-1. There are many similarities
14 with our model. Every model is using a social worker
15 or clinician and an emergency medical responder, an
16 EMT or a paramedic. No team exceeds three people.
17 No team is directly providing medical transports to
18 hospitals. Each is calling ambulances to provide
19 transport when needed. Denver and San Francisco are
20 basing their teams within their EMS services function
21 of their fire departments, as are we, and contracting
22 out for social workers to add to their teams.
23 Chicago is pursuing a hybrid model. They plan to
24 hire some mental health professions directly through
25 their health department and contact with community

2 partners to hire others. They want to test both
3 approaches. None of these teams will respond to 9-1-
4 1 calls that involve violence. While there is some
5 variation in how cities define violence, the presence
6 of a weapon automatically excludes these new teams
7 from responding in ever city we have spoken to,
8 including the CAHOOTS model in Oregon. The design of
9 New York City's pilot differs from models elsewhere
10 in several key ways. Some cities are integrating
11 pre-exisiting mobile crisis teams into their 9-1-1
12 systems. In New York City, mobile crisis teams
13 respond to urgent situations, not emergencies. In
14 some cities (inaudible) are part of the crisis
15 response team in addition to mental health
16 clinicians. Denver and San Francisco's models are
17 overseen by their local public health authorities;
18 however, in both of these cities, their health
19 authority includes the entire public hospital system.
20 In New York City, our public hospital system is a
21 separate entity, health and hospital. There are also
22 some limitations on the kinds of situations teams
23 respond to. For instance, in San Francisco, teams
24 are only dispatched to public locations. In big
25 cities nationwide, health-centered approaches to

2 mental health emergencies are new. Denver's began in
3 June 2020, San Francisco's in November 2020, and
4 Chicago is aiming to begin in the summer of 2021.
5 There are few established best practices yet in large
6 cities. We are all designing these initial pilots
7 carefully and learning from one another. Fourth, we
8 want to ensure that the teams in the pilot phase are
9 based in communities with sufficient operational
10 infrastructure to support rapid implementation and
11 arrange of community mental health care options. We
12 needed to select to select a single 9-1-1 radio
13 dispatch zone, usually two or three continuous
14 precincts where everyone is on the same radio
15 frequency making dispatch easier. We chose zone
16 seven which includes the 2-5, 2-8, and 3-2 precincts
17 or East Harlem and parts of north and central Harlem
18 because of the high volume of mental health calls.
19 Zone 7 had 9058 mental health 9-1-1 calls in 2019 and
20 7400 or more calls between January and November 2020,
21 the most in the city, and the complete numbers as of
22 the end of 2020, I understand, take us slightly
23 higher, but they were the highest in 2020. H and H
24 has hospitals, clinics, and a psychiatric emergency
25 program in this zone and the new East Harlem support

2 connection center which offers short-term
3 stabilization services is here as well. Furthermore,
4 EMS has facilities nearby that could be quickly
5 adapted to serve as a base for operations. We've
6 been hard at work over the last few months.
7 Operational protocols are nearly finalized, the
8 training is designed, and hiring is underway. We
9 will launch as soon as everyone is hired and trained.
10 Once we launch, we will monitor this project to
11 ensure we can scale, go city-wide as quickly as
12 possible. Specifically, we will gather detailed data
13 on metrics such as the percentage of mental health 9-
14 1-1 calls selected for the new teams, the number of
15 teams times the new teams are dispatched, the time
16 from dispatch to arrival on scene, and the kinds of
17 locations to which the teams are dispatched, and how
18 calls are resolved. This pilot represents an
19 important change in how New York City responds to
20 mental health crisis, and it is imperative that we
21 get it right. We want to make sure the protocols are
22 correct, the training is sufficient, and the staffing
23 levels are right before we expand, but the plan is to
24 go city-wide as soon as we can. Even the work
25 currently under way, the city shares the commitment

1
2 to spirit of Intro number 2210 which would create an
3 Office of Community Mental Health and a city-wide
4 mental health emergency response protocol. However,
5 we think it's premature to mandate city-wide
6 implementation of a different model with different
7 agencies involved. There is too much to learn from
8 the pilot to decide now to use a different approach.
9 The city also has concerns with Intro 2222 which
10 would create a three-digit mental health emergency
11 hotline. As I mentioned earlier, a recent
12 independent evaluation of NYC Well made clear that
13 many New Yorkers are already turning to the helpline
14 instead of calling 9-1-1 or going to an emergency
15 room. Staffed by trained counselors and peers, NYC
16 Well can provide immediate crisis counseling and
17 suicide prevention as well as dispatch mobile crisis
18 teams to provide in-person assessments for people
19 experiencing a behavioral health crisis. The city
20 has invested in capacity at NYC Well, refined its
21 services and conducted significant outreach to New
22 Yorkers to encourage them to contact this helpline.
23 In addition, last summer, the FCC enacted rules to
24 establish 9-8-8 as the three-digit phone number to
25 connect people in crisis with suicide prevention and

2 mental health crisis counselors. BY July 2022, all
3 phone service providers will connect 9-8-8 calls to
4 the existing National Suicide Prevention Hotline. In
5 New York City, NYC Well answers the National Suicide
6 Prevention Hotline calls. As such, we believe
7 existing infrastructure already accomplishes many of
8 the aims contemplated in this bill. We have not
9 found an alternative three-digit number in any
10 jurisdiction in the country that dispatches emergency
11 responses. We teach our children from a very young
12 age to call 9-1-1 in any kind of emergency, rather
13 it's a safety problem, a fire, or a health emergency,
14 you shouldn't haven't to think hard about who to call
15 in an emergency. If it's any kind of emergency, call
16 9-1-1. I thank this community for your ongoing
17 partnership and commitment to continuing to
18 strengthen mental health crisis prevention and
19 response in our city. We're happy to answer any
20 questions you may have.
21 COMMITTEE COUNCIL SARA LISS: Thank you
22 very much, and we now to turn to Chair Louis to begin
23 questions.
24 CHAIR LOUIS: Thank you so much Sara.
25 We've also been joined by Council Member Lander. All

2 right, so I'll just right in. The first question is,
3 do you believe, and anyone on the panel can answer
4 this, do you believe that NYPD, police, law
5 enforcement; whatever you want to call it, is the
6 right response for a mental health call?
7 DIRECTOR SUSAN HERMAN: We believe that
8 the primary response to a mental health crisis should
9 be a health-centered response, and that's why we're
10 joining together the experience of EMTs and social
11 workers to respond to primarily what are mental
12 health crises.
13 CHAIR LOUIS: So, does the city consider,
14 what does the city consider a mental health response?
15 DIRECTOR SUSAN HERMAN: A mental health
16 response?
17 CHAIR LOUIS: Yes.
18 DIRECTOR SUSAN HERMAN: Well, it depends
19 on rather we're talking about, I tried to distinguish
20 in my testimony the difference between mental health
21 responses that are connecting people to care and in
22 that way, trying to avert crisis to mental health
23 crises where people need an urgent response, but not
24 necessarily an immediate one within minutes, and an
25 emergency where someone needs to have attention

2 within minutes. All of these, we believe, need
3 primary response whenever possible, should be a
4 health-centered response.
5 CHAIR LOUIS: Right. So, what is the
6 currently protocol when responding to 9-1-1 calls
7 that may be triggered by mental health emergencies,
8 cause I think that's the part of the reason why
9 they're presenting this Bill today. So, what is the
10 current protocol for responding to the 9-1-1 calls?
11 DIRECTOR SUSAN HERMAN: The current
12 protocol for 9-1-1 mental health crises is a
13 combination of a police response and an EMS response,
14 and that's we're shifting to a new format and
15 piloting EMTs and social workers.
16 CHAIR LOUIS: Right. So, let's talk a
17 little bit about the data because I think that will
18 help with some of the issues that, you know, we've
19 been bringing up with these Bills and conversations
20 over time, so can you please describe what kind of
21 data the city currently collects on incidents of
22 mental health crisis response? How many calls does
23 the city receive per year on mental health responses,
24 and what platforms does the calls go through? Is
25

2 that 3-1-1, 9-1-1, NYC Well, all these different
3 components?
4 DIRECTOR SUSAN HERMAN: Well, certainly,
5 I'll begin and just say that calls that come through
6 9-1-1 that people are calling because it's an
7 emergency response, there were, in 2020, there were
8 154,000 mental health crisis calls as opposed to 2018
9 when there were 171,000 crisis calls, and that's the
10 decline that I was talking about. I will turn to Dr.
11 Harrison to talk about the numbers of people who call
12 NYC Well. I have said that there are over 6000
13 contacts for calls, texts, and chats to NYC Well
14 every week. Myla, do you want to elaborate on that?
15 DR. MYLA HARRISON: Sure. So, you know,
16 the NYC Well call center operates 24 hours a day, 7
17 days a week and is staffed with counselors and peers
18 and is available to receive any kinds of calls that
19 come their way, and as, you know, as Susan said, at
20 this point, we are answering by call, text, or chat
21 well over 1000 calls a day, and that volume is higher
22 than we have seen in the past. Most of the calls for
23 NYC Well are resolved with people on the line. They
24 will evaluate and access for crisis for de-escalation
25 and will make referral to appropriate services where

2 that's being requested, and a very small portion of
3 the calls to NYC Well will go to a mobile crisis
4 team, a very small percentage. Most of the calls
5 that come in are people asking for information on
6 referral. When it is a higher level of need, then
7 they can involve a mobile crisis team. Again, from
8 the NYC Well perspective in a general year, only
9 about 10,000 of those calls that come through are
10 going to mobile crisis teams. So, most are managed
11 by the counselors responding on the phone.
12 CHAIR LOUIS: Dr. Harrison, is the data
13 disaggregated by zip code, race, ethnicity, gender?
14 DR. MYLA HARRISON: So, you're asking
15 about the NYC Well calls that we get. So, NYC Well,
16 for the most part, will not require you to give
17 information if you do not want to give information
18 about your race, ethnicity, gender; so, it is an
19 anonymous line. When somebody gets to the point of
20 needing a referral for a mobile crisis team, then
21 obviously, they need information about where that
22 person's located, address, phone number, that sort of
23 information. So, we do not have complete data on the
24 people that are calling cause people don't have to
25 reveal that information. So, we have incomplete data

2 about who is accessing the line for the most part.
3 We do ask it when people will reveal it, but again,
4 it is not complete, and then, as I said for mobile
5 crisis team referrals, we know where they are going
6 because they have to actually go onsite so we have
7 that level of information from NYC Well.
8 DIRECTOR SUSAN HERMAN: An independent
9 evaluation of NYC Well which does disaggregate the
10 demographics of a large sampling of NYC Well users
11 and that full evaluation is on our website. We'd be
12 happy to get that to you, but I think it's important
13 to note that we're talking about many different
14 things. We're talking about preventing through
15 connecting people to care, keeping people connected
16 to care. We're talking about urgent responses, and
17 we're talking about emergency responses where you
18 need people there within minutes. I just want to
19 keep distinguishing those things.
20 CHAIR LOUIS: Thank you. So, in regards
21 to the mobile crisis team, whose collecting this
22 data? Is it Thrive, NYPD, Do it, DOH?
23 DIRECTOR SUSAN HERMAN: So, mobile crisis
24 teams are dispatched both by NYC Well and by
25

2 hospitals. They're overseen by the Health Department
3 as well as the State, they are licensed by the State.
4 CHAIR LOUIS: Got it. Let's talk really
5 quickly about gaps in mental healthcare and
6 treatment, and I'll turn it over to my colleagues who
7 have questions. Does the city analyze gaps in mental
8 health treatment across all five boroughs?
9 DIRECTOR SUSAN HERMAN: Yes. The Health
10 Department regularly distributes a community health
11 survey to determine access to care. We have focus
12 groups. We look at emergency room data. We look at
13 9-1-1 information. We look at the federally
14 designated mental health care shortage areas. There
15 are a number of ways that we look at how many of New
16 Yorkers who need care are connected to care.
17 Surveys, lots of different ways, different agencies
18 are looking at it.
19 CHAIR LOUIS: And do we track this
20 information, like can that information that you're
21 sharing now, be shared with the Council?
22 DIRECTOR SUSAN HERMAN: There is a report
23 that the Health Department creates for the State
24 every year that is a public report that can be
25 shared, but Myla, do you share the results of the

2 Community Health Survey? I think you're trying to
3 say yes. Yes?
4 DR. MYLA HARRISON: Yes, sorry, I missed
5 my, I missed my unmute cam. Sorry about that. So,
6 the Community Health Survey is administered by the
7 Health Department on a regular basis and the data is
8 available publicly. We frequently also will also put
9 out reports for the data from the Community Health
10 Survey, and that is a broad health survey. It
11 includes mental health and substance use as well as a
12 lot of other health information. A few years ago,
13 there were community surveys that were released that
14 compiled a few years of data, so that they were able
15 to talk at community levels, and those are available
16 on the city, Department of Health and Mental
17 Hygiene's website as well. What you should know
18 about community health surveys, it takes time to
19 analyze the data, and so it's not always a timely way
20 to get at what's happening today, but it is certainly
21 useful information that we compare over time. So, we
22 can see changes over time at various levels.
23 CHAIR LOUIS: All right, thank you for
24 that Dr. Harrison. I'll come back with more
25

2 questions. I'm going to turn it over to colleagues
3 that have a few questions.
4 COMMITTEE COUNSEL SARA LISS: Thank you
5 very much Chair, and as a reminder to Council
6 Members, if you have a question, you can use the Zoom
7 raise hand function at the bottom of the screen. So,
8 for questions, we're going to turn first to Council
9 Member Ayala, followed by Council Member Ampry-
10 Samuel, followed by Council Member Adams, followed by
11 Council Member Riley. So, Council Member Ayala, you
12 can begin when you're ready.
13 CM AYALA: Good morning everyone. So, I
14 have a couple of questions. First, will the EMS,
15 mental health teams fall under Thrive managed program
16 Crisis Prevention and Response Task Force?
17 DIRECTOR SUSAN HERMAN: They have grown
18 out of the work of that task force and they'll be
19 overseen by Thrive, but they are managed, implemented
20 by FDNY EMS and H and H. NYPD is certainly working
21 with us, and the Department of Health is working with
22 us to make sure that all aspects of it are
23 appropriate, but these teams will be managed by H and
24 H and FDNY EMS, overseen by Thrive.
25

2 CM AYALA: Dr. Herman, you mentioned in
3 your opening remarks that it's premature to introduce
4 to Bill 2210, right, at a time when we're piloting
5 this new program, which, you know, I'm excited about,
6 obviously it's my District and I'm excited to see it
7 coming to my District, but I wander. We have nine
8 months left in this administration. Is it realistic
9 to believe that we have enough time to unpilot, and
10 then expand this existing program if successful
11 citywide in that time frame?
12 DIRECTOR SUSAN HERMAN: I think we have
13 10 months left, don't we?
14 CM AYALA: Yeah.
15 DIRECTOR SUSAN HERMAN: So, we'll be up
16 and on the ground shortly, and we will be gathering
17 data and we will be seeking your input, community
18 members from the Districts involved, making sure that
19 we modify it as needed, but we are planning for an
20 expansion, and we will do everything we can to start
21 phasing that in if necessary or go citywide if
22 possible.
23 CM AYALA: How long is the pilot period?
24 Is there an estimated time?
25

2 DIRECTOR SUSAN HERMAN: Well, we will
3 know very shortly within a month, 45 days, you know,
4 two months, we will know rather the protocols are
5 right and training is sufficient, and we can start to
6 think about expanding.
7 CM AYALA: Yeah. I think that's…
8 DIRECTOR SUSAN HERMAN: We will be
9 modifying it and adapting it for a long time, but I
10 think we will know very soon rather this model is a
11 good model. I hope we always improve it, like
12 everything else.
13 CM AYALA: Okay, so regarding the gaps in
14 services, cause I think, you know, this Bill kind of
15 tackles two things. One, it creates an Office of
16 Mental Health Responses with protocols and all of the
17 good stuff, but it also asks for, you know, a
18 protocol that also addresses and identifies gaps in
19 services. So, the family member that I referenced,
20 right, as an example, you know, even as a young
21 child, right, I remember my parents trying to access,
22 you know, certain mental health services for them,
23 and not being able to do that. I remember, you know,
24 the sense of freely, just like, you know, being
25 overwhelmed and not knowing who to turn to next, and

trying to get petitions and then eventually this, you know, individual ending up, you know, as a child, you know, incarcerated, and then incarcerated again and again, and not being; I mean, I can name twenty, thirty instances where, you know, something should have happened that did not happen. You know, some as recent as last week. Is this something that the Department of Health is looking at? For instance, you know, I'll just throw out the Health and Hospitals, right, you bring a person in for an emergency health crisis. That person is seen by, you know, the onsite physician, right? And they decided, well, you know what, there's nothing wrong. Maybe the person was manic when, you know, when you made the call, but they seem fine now, and they put them out on the street. That's a problem. Sometimes, they're admitted for a 72-hour hold, and I have spoken to psychiatrist after psychiatrist who have told me that they have had instances where a patient have gone to the mental health courts that exists within some of these hospitals, and that the judges have actually released against doctor's orders. That to me, is also a missed opportunity, so I wander is Health and Hospitals working with the Department of

2 Health or with Thrive to identify some of gaps, so
3 that you can better advocate to address them?
4 DIRECTOR SUSAN HERMAN: Well, there are
5 many ways that we have worked with the Department of
6 Homeless Services, the Department of Corrections, H
7 and H, the Department of Health, NYPD to make sure
8 that people with needs are connected to the care that
9 they should have. So, there have been many protocol
10 changes, agencies are talking to each other and
11 sharing information more than ever before. We have
12 made it easier for mobile treatment teams to go to
13 Riker's and meet people before they are discharged.
14 We've made it easier for the Department of Homeless
15 Services to say, these are the people that we are
16 most concerned about and give their names to the
17 Health Department and focus attention on them. We've
18 added mobile treatment teams. We're about 50%
19 greater capacity now than we were five or six years
20 ago in terms of serving people on mobile treatment
21 teams. We're trying to do that. If you're asking
22 specifically about H and H and their protocols when
23 somebody comes in, I'd ask Rebecca to talk about it a
24 little bit.
25

2 CM AYALA: Yeah, but it's not specific to
3 just Health and Hospitals. I think that sometimes,
4 you know, I mean, and I'm not implying that we don't
5 have resources in place, and that, you know, some
6 people may not be benefiting from them, but not all
7 of the people that should be receiving these services
8 or should be coming in contact with someone, is at
9 this moment, right, and that concerns me cause I
10 think that, you know, in some communities, like my
11 community, we're seeing the highest rates of, you
12 know, of calls, but then, you know, you walk out into
13 the street, it's pretty obvious that we have a lot of
14 people that are just walking around in serious mental
15 crisis, and that, that to me, is really alarming, and
16 I get, you know, I mean, I just, I don't see, I don't
17 that, you know, I'm trying to figure out who is
18 responsible for ensuring the quality control, right?
19 Is this working? Is it not working? How do we tweak
20 it? Are we using family members? Are we using
21 people that are impacted, right, as informants? Are
22 they contributing to the conversation? Are they
23 sharing with you, and is somebody listening cause I
24 think it's very easy for all of us, right, to check
25 off a box and say, well, we did this, and we're doing

2 that, but is it working, cause we put a lot of money
3 quite frankly into a lot of these programs and
4 services, and they don't always work, right? They
5 need to be tweaked along the line, and I just
6 wandered, whose responsible for that? Whose picking
7 up where those gaps in services are because they
8 exist, and they impact communities of color the most.
9 So, whose responsible for that?
10 DIRECTOR SUSAN HERMAN: Well, let's break
11 it down, and talk about, it is, while I am very
12 pleased with the progress that the city has made, and
13 we've made enormous progress over the last seven
14 years, albeit, and I think every person on this panel
15 would be right there with you saying more needs to be
16 done, and that there are still inequities in mental
17 healthcare that we need to reach black and brown
18 people in more ways than we are. We need more
19 treatment to be available and we need it be easy to
20 access. So, I, I absolutely agree that more can be
21 done. How are we working on this though? I would
22 like you hear a little bit from Myla about HEA-Teams
23 and I'd like you to hear a little bit from Rebecca
24 about what happens when somebody goes to a hospital
25

and the kind of work that's done. Rebecca, why don't you start?

VP REBECCA LINN-WALTON: Thanks so much, and I just wanted to thank you all for having me here today. I too believe in this work on a personal level. I've help family and friends navigate through serious behavioral health needs, and also have been the recipient of life-saving service myself. So, I try to come to work every single day with a spirit of service identifying gaps for New York's most vulnerable and trying to get them the same care that did save my life. So, I hear you, and the pandemic has made this work even more dire. You know, I would say what's most beneficial about a pilot is the opportunity to, we're building a really intensive supervision model, and that's what I got in the beginning of my days as a social worker, and what really led to me knowing what to do in a crisis, how to talk to someone, how to not get in the way of providing help if I get scared or anything like that, and so, what's so important about a pilot is the ability each week to have that intensive supervision, to have a small group where we're meeting with the EMT workers and also the social workers, and we have

2 a supervision structure where we're really able to
3 say in an honest way, here's what's working, here's
4 what's not working, and then Directors of the
5 programs are involved at a high level and also on the
6 ground as well. So, they can see how it's working as
7 well. With regards to what happens when someone
8 comes to the hospital, the first answer is, I don't
9 want people to go, we don't want people to go to the
10 hospital who don't need it. So, a major purpose of
11 this work is so that people don't need to go to the
12 hospital which can destabilize them further or may
13 not be necessary. So, we want to provide care right
14 there in the community, and I'll let Dr. Harrison
15 talk about that in one second, but then if people are
16 brought to the hospital, we're working constantly to
17 figure out how to make it so that once they leave the
18 hospital, they're still connected, they're still
19 involved. We have people go out to them. We're
20 working to identify additional needs and additional
21 types of staff with peers. We have peers right there
22 in emergency department and inpatient psychiatry, and
23 then also peer with substance use experience as well,
24 either their own or family members who can help.
25 Sometimes, those are underlying issues that lead to

2 needs for emergency care that if they had been seen
3 earlier and gotten care earlier, they wouldn’t have
4 reached that emergency moment. So, I think we're
5 constantly trying to figure the same thing you are
6 with what's not working and how to provide better
7 care to keep people engaged in treatment and not have
8 an emergency.

9 DIRECTOR SUSAN HERMAN: Thank you. Myla.

10 DR. MYLA HARRISON: Yeah, thank you again
11 for that, you know, these really thoughtful
12 questions. The Health Department is committed to
13 ensure that every New Yorker who experiences a mental
14 health crisis or emergency has access to timely
15 mental healthcare, and there are numbers, you know, a
16 number of services that we offer to help with those
17 connections, and you've heard talk about some of them
18 already, some of our mobile treatment teams which
19 include assertive community treatment teams and
20 intensive mobile treatment teams where they focused a
21 lot on engagement, and then there are also HEA-Teams
22 or Health Engagement and Assessment Teams which are
23 made of peers, people who have lived experience and
24 clinicians who really will work with individuals and
25 engage with them and make the connection to the

2 services that they need. They will stay involved for
3 a few months, as long as it takes to help make the
4 connections to the next level of care which is what I
5 kind of heard you talking about in terms of your
6 question. So, I think there are numbers of ways that
7 we do that, and I just gave you a few examples.
8 CM AYALA: Yeah, I mean, I think the
9 (inaudible) number is very small in person-to-person,
10 but you know, as a family member who deals with this
11 every single day, it's been really interesting
12 because I, you know, I'm keenly aware of all of the
13 ways in which we continue to fail people with mental
14 health issues, and it's continuing to happen today,
15 right, and I get like this and I want to applaud all
16 of the efforts, cause I know how hard you all work on
17 these issues every single day, and I don't want to
18 take any of that credit away, and I am not trying to
19 diminish or, you know, undermine any of the work that
20 you have been doing. I think that this Bill offers
21 us a very unique opportunity to really codify a lot
22 of those good policies, you know, and ideas, and
23 ensure that they outlive this administration, right,
24 that where we're doing good work, that we're able to
25 keep that and we're able to just, you know, protect

2 it in that way. I happy to, you know, to continue
3 the conversation. I want to obviously allow time.
4 I'm sure that my colleagues have many questions as
5 well, but thank you, thank you Chair Louis.
6 COMMITTEE COUNSEL SARA LISS: Thank you
7 very much Council Member Ayala. We now turn to
8 Council Member Ampry-Samuel, followed by Council
9 Member Adams, followed by Council Member Riley.
10 Council Member Ampry-Samuel, you can begin as soon as
11 the host unmutes you. Thank you very much.
12 SGT LUGO: Starting time.
13 CM AMPRY-SAMUEL: Good morning everyone.
14 Of course, Council Member Ayala asked exactly what I
15 was going to ask and say, but that's usually how our
16 Districts work. We usually have the same exact
17 issues, always, and so, thank you so much for that,
18 Council Member Ayala. But I do want to just add that
19 I had four young black men killed by police in my
20 District since I started my term, and they all had a
21 mental illness, and they were all known to have a
22 mental illness, and again, I had four young black men
23 with a history of mental illness killed in my
24 District in the past three and a half years of being
25 in office, and that hurts like hell. It hurts like

2 hell, and I personally had to experience my own
3 mother…
4 COMMITTEE COUNCIL SARA LISS: It looks
5 like Council Member Ampry-Samuel might be having some
6 technical issues. So, we can turn to Council Member
7 Adams and then come back to Council Member Ampry-
8 Samuel.
9 SGT LUGO: Starting time.
10 CM ADAMS: Thank you so much.
11 Congratulations Chair Louis. You look very, very
12 good up there doing this thing, so congratulations to
13 you on this wonderful committee. Thank you to my
14 wonder colleague that proceeded you as well, Council
15 Member Ayala for bringing her personal situation to
16 this committee which we all have felt since day one
17 of her taking the seat. She has absolutely
18 flourished and brought this to the attention of so
19 many, that she doesn't even realize how many she's
20 brought this very critical situation to the
21 forefront. So, for that, I salute you as well,
22 Council Member Ayala and everything that you've done
23 and continue to do. My first question, I think I'm
24 going to direct it to the NYPD, and just taking a
25 look at, the percentage of mental health emergency

2 calls per year, compared to other calls, do you have
3 that figure?
4 DIRECTOR SUSAN HERMAN: I'm trying to see
5 the NYPD on the screen.
6 CM ADAMS: The NYPD is muted. Can
7 someone unmute them. Okay.
8 NYPD: Yes, so in terms of 9-1-1 calls.
9 CM ADAMS: Yes.
10 NYPD: We, in 2020, we had about 160,000
11 person in crisis calls and about 6.2 million 9-1-1
12 calls overall. I haven't done the map on that, but
13 it's, that's the numbers. I haven't done a
14 percentage map on it though, but those are the
15 numbers.
16 CM ADAMS: Okay, so the 160,000 have to
17 deal specifically with mental health calls?
18 NYPD: Right, and out of 6.2 million
19 calls for service.
20 CM ADAMS: Okay, and do you have any
21 statistics on how many of those mental health
22 responses resulted to transference to a hospital or
23 were possibly arrested?
24 NYPD: Roughly 6% were taken to the
25 hospital and less than 1% were arrested.

2 CM ADAMS: What was that figure for
3 arrest?
4 NYPD: Less than 1%.
5 CM ADAMS: Okay. Okay, I had another
6 question for you about percentages of homeless,
7 homeless responds compared to resident individuals
8 when comes to mental health?
9 NYPD: I, I don't have that breakdown.
10 CM ADAMS: Okay.
11 NYPD: We can look into that, but we
12 don't have how much of that is homeless individuals
13 versus people with homes.
14 DIRECTOR SUSAN HERMAN: Council Members
15 Adams, are you ask for the percentage of the 9-1-1
16 calls that were experiencing homelessness?
17 CM ADAMS: Yes.
18 DIRECTOR SUSAN HERMAN: Okay.
19 CM ADAMS: Yes, mm-hmm. Okay, and
20 Director Herman, I guess my last question is for you,
21 perfect timing. On the pilot, it's very interesting
22 to hear about the pilot that will, I guess, begin
23 sometime this spring coming up. The pilot, I assume
24 that's going to be a 24 x 7 operation?
25

2 DIRECTOR SUSAN HERMAN: The pilot is
3 actually going to be 16 hours a day because there's a
4 tremendous drop off after early morning hours of how
5 many of these calls come in. So, we're maximizing
6 the number of calls that these teams can respond to
7 for 16 hours a day, and (crosstalk) that it makes
8 more sense to staff it 24 hours a day, we can look at
9 that going forward, but one of the things that we
10 will learn during the pilot is rather the staffing
11 levels are appropriate.
12 CM ADAMS: Okay and to that point, how
13 many, how many people per team?
14 DIRECTOR SUSAN HERMAN: There will be
15 three people per team, two EMTs and one social
16 worker.
17 CM ADAMS: Okay.
18 DIRECTOR SUSAN HERMAN: And then there
19 are supervisors that are available on both sides on
20 the EMS and the Health and Hospital side.
21 CM ADAMS: Just curious also, the, you
22 mentioned the NYC Well, the three-digit hotline.
23 What is the experience of the people responding to
24 those calls?
25

2 DIRECTOR SUSAN HERMAN: Some of them are
3 peers, people with lived experience, either with
4 substance misuse or mental illness, and some of them
5 are social workers.
6 CM ADAMS: And what is the, I guess my
7 last question is kind of along those line. I guess
8 something along the lines of…
9 SGT LUGO: Time expired.
10 CM ADAMS: Positivity rate or rate of
11 help, anybody that's led to get subsequent help from
12 those calls?
13 DIRECTOR SUSAN HERMAN: Myla, can you
14 talk about the experience of the mobile crisis teams?
15 Again, reminding you that half of them, 10,000 a
16 year, come from NYC Well and about 10,000 a year come
17 from hospitals, are dispatched by hospitals and
18 healthcare providers, so let's just talk about the
19 NYC Well version.
20 DR. MYLA HARRISON: Thank you very much
21 for the question. You're asking about NYC Well in
22 general, when they refer to a mobile crisis team,
23 which is not often out of all of the calls that they
24 get, the mobile crisis teams are very successful at
25 de-escalating the situation on the ground and will

2 rarely need to have somebody get a level of care like
3 in the hospital situation. I'm not sure if that's
4 the question you are asking.
5 DIRECTOR SUSAN HERMAN: (Crosstalk).
6 CM ADAMS: More along the lines of follow
7 up. You know, follow up care.
8 DR. MYLA HARRISON: So, from NYC Well,
9 for those people that are asking for referrals and
10 information, those referrals are made. They are
11 either giving the information directly to the person
12 on the other end of the line or they are helping to
13 make the referral directly, and about half of the
14 calls that come through are for information and
15 referrals.
16 CM ADAMS: Okay, about half, okay, thank
17 you, okay. Susan, do you have something else to add?
18 I'm sorry, I didn't want to cut you off.
19 DIRECTOR SUSAN HERMAN: No.
20 CM ADAMS: Okay, thank you very much.
21 COMMITTEE COUNSEL SARA LISS: Thank you
22 very much Council Member Adams, and it looks like
23 we've been rejoined by Council Member Ampry-Samuel,
24 so as soon as the host unmutes her, we will turn back
25 to her.

2 SGT LUGO: Starting time.

3 CM AMPRY-SAMUEL: Hi. I was Brownsville.

4 My internet sucks. So, I will just jump right into,

5 I probably didn't need to go all into that other

6 stuff, I'll just read what I was going to say. In

7 October 2019, 33-year-old Kwesi Ashun was shot and

8 killed by police officers. His sister, Alma Bartley

9 told us that she had been trying to get a mental

10 health support since 2004 when he was first diagnosed

11 with bipolar disorder. Without steady health

12 insurance in primary healthcare, Kwesi continued to

13 decline. For 15 years, Alma was in contact with the

14 Department Health, their mobile crisis unit, and

15 other public outlets that she thought would be a

16 resource, but nobody gave him the treatment or

17 support that Kwesi needed. In fact, the response was

18 always to call 9-1-1 if he became violent, and that's

19 exactly what they did. They called 9-1-1 until their

20 final call resulted in Kwesi losing his life in

21 October of 2019 at the age of 33 by NYPD, and I know

22 we talked a lot about what's going to happen and

23 changes in policy and procedure, but I just want to

24 get like just a quick response. What can I tell Alma

25 and her family today that would be different from

2 what they experienced for so many years and where we
3 are at as a city in New York today? I have
4 everything that you said. It was a lot of technical
5 information, but what I can say that is just simple
6 to a family like Alma and Kwesi, what they went
7 through, what they were experiencing? What can I
8 tell them today about where we are as a city?
9 DIRECTOR SUSAN HERMAN: First, any
10 situation, all of the situations that you described
11 and other described, these are tragic situations and
12 they horrible for everyone who has lived through it,
13 and they're horrible for all of us. What you can
14 say, I believe it that we've made a lot of progress
15 trying to find new ways to help people like him, so
16 that he does stay connected to care, both through
17 mobile treatment, and through more locations all
18 around the city, New York Care that would have
19 provided insurance for him, and you can say that when
20 emergencies do occur, the city is moving towards
21 having a health-centered approached with health EMS
22 and social workers responding to somebody like him.
23 CM AMPRY-SAMUEL: Thank you.
24 COMMITTEE COUNSEL SARA LISS: Thank you
25 very much Council Member, and we now turn to Council

2 Member Riley to ask questions. You can begin as soon
3 as the host unmutes you. Thank you.
4 SGT LUGO: Starting time.
5 CM RILEY: Thank you Council, and I would
6 like to congratulate Chair Louis for leading us
7 through this committee, this area especially during
8 the time we're going through right now, through the
9 pandemic. I would like to thank the panel for their
10 testimony. I would like to thank my partner in the
11 Bronx, Council Member Ayala for that wonderful
12 legislation. I just have two questions. Is seems
13 like accessibility to mental health service within
14 out communities seems to be an issue. For instance,
15 I had a constituent call me this weekend who is going
16 through mental health problems with his son, and he
17 doesn't know which direction to go to. I did hear
18 you state, Ms. Herman, that we're working with the
19 NYPD, Health and Hospitals, and other municipal
20 organizations, but my question is how can we better
21 involved community-based organization with
22 accessibility to mental health services to our
23 communities, residents within our communities, and
24 the next question is to the NYPD. 160,000 mental
25 health calls, did we see a significant spike with

2 mental health calls since last year due to the
3 pandemic?
4 DIRECTOR SUSAN HERMAN: So, for the first
5 question, Council Member, I thank you for that
6 question. It can be overwhelming for anybody to try
7 and find the right service for somebody that you're
8 worried about. It can be really, just difficult and
9 challenging because you're worries so much about
10 somebody, and that's why we have expanded NYC Well
11 the way that we have. The website that NYC Well, if
12 I'm correct, I believe it's been visited 400,000
13 times. Do you have the website figure, Myla? But
14 they have taken, you know, answered 200,000 calls,
15 texts, and chats just during the pandemic alone, and
16 we think of it as our gateway to behavioral health
17 services. It's a place that somebody can call to get
18 help right then in the moment, and as Myla said, they
19 can talk to a peer, if they want to talk to a peer,
20 but they can also get a referral, and they can say,
21 "I want to be near home, I want to be near work, I
22 want it to be in this neighborhood because I always
23 visit my family there", or "I'm calling about someone
24 else that I care about. Can you help me figure out
25 the best way to get help for that person?" And

2 that's what NYC Well is all about. That's why you
3 know, sometimes people are calling, and they need
4 urgent response right away in person. That's when
5 they dispatch the mobile crisis teams, but so many,
6 the overwhelming majority of the calls are for people
7 who need help in the moment and talking help them, or
8 texting, chatting, helps them, or they get a
9 referral. They need to talk to somebody, and they
10 want to talk to somebody on an ongoing basis, or they
11 want to hand a name of a person to someone they care
12 about. That is what NYC is all about, and they do it
13 very, very well, 24 hours a day, 7 days a week, and
14 we would look forward to working with you and every
15 Council Member to make sure that, in addition to all
16 the texts that the city sends out and the, the
17 billboards and the posters and the announcements that
18 you get out in any way you can when you send out
19 emails to your constituents, when you put out
20 publications that you have a little summary from us
21 that describes what NYC Well does, and help inform
22 your constituents. I think from all the work that
23 we've done over the years, we know that rather than
24 just say to somebody, "if you need to, if you have a
25 mental health issue, call NYC Well". It's a much

2 better exchange if you can say, if you have a
3 behavioral health issue, call NYC Well because this
4 is what they do.
5 CM RILEY: Yeah.
6 DIRECTOR SUSAN HERMAN: This is what they
7 offer, and we have write ups like that. We've
8 distributed them before, we're happy to distribute it
9 again, and any way we can let more New Yorkers know
10 about NYC Well, we're happy to do that.
11 CM RILEY: Thank you. If you can please
12 send some information like that to my office so I can
13 distribute that, that would be, you know, well-
14 appreciated.
15 DIRECTOR SUSAN HERMAN: We will do that.
16 I'd also be happy to meet with you to talk to you as
17 I did, Chair Louis, this past week. I'd be happy to
18 meet with you and tell you a little bit about some of
19 the services that are available in your District.
20 What's there on the ground that you can tell your
21 constituents about. Maybe we can hear from the
22 police department about rather there was a spike in
23 mental health calls during the pandemic.
24 NYPD: The calls for people in mental
25 health crisis increased.

1
2 SGT LUGO: Time.
3 CM RILEY: I'm sorry, I didn't hear. You
4 said decreased?
5 NYPD: Increased.
6 CM RILEY: Increased, thank you, and do
7 you have a percentage or no?
8 NYPD: Sure, in 2020, we have 161,268
9 compared to 171,498 in 2019.
10 CM RILEY: Thank you.
11 DIRECTOR SUSAN HERMAN: So, the pandemic
12 being the better part of 2020.
13 CM RILEY: Yeah. Thank you. Thank you,
14 Chair.
15 COMMITTEE COUNSEL SARA LISS: Thank you
16 very much, Council Member Riley, and we'll now turn
17 back to Chair Louis, who will continue with
18 questions, and just, again, as a reminder to Council
19 Members, you can use the Zoom raise hand function if
20 you have any questions. Thank you.
21 CHAIR LOUIS: Thanks Sara. Alright, so
22 there was a lot of information that was shared in
23 many responses in regards to whose doing what when it
24 comes to this new system, but I wanted to know, who
25 is the coordinator between all of these systems in

2 the city? Like, who, is everybody going to be
3 speaking to on another, how does this information
4 come together? Let's particularly talk about the new
5 mobile crisis team. Does EMT speak with H and H and
6 everyone else, and how does all that information get
7 collectively put in one place?
8 DIRECTOR SUSAN HERMAN: So, EMS, the new
9 mobile mental health response teams will be jointly
10 managed by H and H and FDNY EMS, and they talk to
11 each other multiple times a day when they will co-
12 located. Some of the teams will have a base where
13 they are co-located, and they're very much in
14 communication and it’s a, you know, jointly run
15 operation.
16 CHAIR LOUIS: But the data that they're
17 collecting as their going out all the time, where is
18 that information being placed, what does the follow
19 up look like cause I know, you mentioned like in two
20 months, we'll have some type of outcome, and I would
21 love to know where that information is going to be
22 shared, but where are they placing all that data?
23 DIRECTOR SUSAN HERMAN: So, the EMTs have
24 a data collection system that they've used forever
25 and the social workers at H and H, the same. So,

2 they will be sharing information. We'll also be
3 using some of the NYPD data to make sure that we know
4 what percentage of the calls are going to these
5 teams. So, there are multiple agencies involved
6 here, and we will be sharing information and
7 analyzing as needed, regularly.
8 CHAIR LOUIS: And where would that
9 information be given in two months after the pilot is
10 over?
11 DIRECTOR SUSAN HERMAN: Well, I'm not
12 going to give you a hard and fast date that it's over
13 in two months. I'm saying that we will have learned
14 a lot in two months, and we will hope to expand as
15 soon as possible, but just to be clear, I wouldn't
16 say the pilot's over. We will probably be modifying
17 it on a regular basis even as we expand, and some of
18 the metrics that I mentioned in my testimony, those
19 metrics will be reported publicly.
20 CHAIR LOUIS: Alright, we will look
21 forward to seeing that. What's the, this is for
22 NYPD, what's the current average response time to
23 mental health emergencies in New York City, and does
24 that always involve the NYPD?
25

2 DIRECTOR SUSAN HERMAN: They're muted.
3 There we go.
4 NYPD: I don't have the average response
5 times for mental health emergencies, but I can get
6 that for you.
7 CHAIR LOUIS: All right, we would
8 appreciate that, and another question for NYPD, how
9 many officers are currently trained in crisis
10 intervention training and we wanted to know where
11 you're placing that data for those that are trained?
12 NYPD MALE: So, I think we've trained
13 about 16,000 officers on crisis intervention
14 training. At this point, it was suspended as a
15 result of COVID. It's a four-day course, so, that
16 number has been pretty stagnant, but we are hoping to
17 begin again, but it's about 16,000 officers.
18 NYPD FEMALE: It's over 16,000, and I
19 believe that the numbers are posted on the website.
20 DIRECTOR SUSAN HERMAN: TIA is one of the
21 programs that's overseen by Thrive, and as I've
22 mentioned, we have reach data and impact data for all
23 of our programs on our website, regularly updated.
24 CHAIR LOUIS: All right, thank you for
25 that. We'll be checking out for that. I just wanted

2 to go back really quickly to the mobile crisis team.
3 What kind of aftercare and wrap around services or
4 referral services are being offered to the pilot
5 participants once the crisis has stabilized?
6 DIRECTOR SUSAN HERMAN: Chair Louis, I
7 just want to make a distinction between the mobile
8 crisis teams that already exist that are offering
9 referrals and as Dr. Harrison said, often stay with
10 somebody two or three times. They can go back, they
11 can visit. The teams that we are creating now, the
12 new mental health response teams, those teams will be
13 focusing primarily on the de-escalation, assessment
14 of both physical and mental health needs, and we hope
15 to in short order, be developing connections to
16 follow up care, but that will likely be in sort of,
17 phase two of pilot, but out hope is that we will be
18 using many of the responses of HEA-teams, of
19 community-based organizations, of H and H, outpatient
20 clinics, the resources that are there, the support
21 and connection center. We hope to be using many
22 resources to provide follow up.
23 CHAIR LOUIS: I look forward to that
24 cause I think that's part of the issue of there's
25 some type of response, but the follow up always

2 lacks, so I look forward to seeing that information.
3 Were there neighborhoods known to have existing gaps
4 in access to treatment, but the new pilot is working
5 with?

6 DIRECTOR SUSAN HERMAN: This zone was
7 chosen because it has a very high volume of mental
8 health crisis calls, so we knew that we would have
9 enough calls to see rather this approach made a lot
10 of sense. It was also chosen because the East Harlem
11 Support Connection Center is there, and so, we will
12 be able to, it's small, so we won't be able to have a
13 lot of people go there, but we will be able to offer
14 it some people; you only go there on a voluntary
15 basis, but they do both residential and non-
16 residential work with people, and during COVID,
17 they're at about half-capacity, so it will not be for
18 many people, but we'll be able to use it, and there's
19 a rich array of community-based outpatient work in
20 that zone.

21 CHAIR LOUIS: All right, and how can
22 better adjust gaps in mental health services,
23 particularly in black and brown communities?

24 DIRECTOR SUSAN HERMAN: I think this is a
25 problem that's persisted for a long time. It's

2 something we're dedicated to working on. We focus
3 very much on trying to promote greater equity and
4 access to healthcare, and that's one reason why we
5 located the site-based services in these communities
6 that are, there's often a real connection between
7 race and poverty and lack of services and so, 70% of
8 our services are located in those communities. It's
9 also why we think about reaching people in different
10 contexts, not just having a brick-and-
11 mortar clinic where someone has to go,
12 but providing mobile services, providing services in
13 your local community by connecting with primary care
14 provider, and having them know where they can access
15 mental health care for someone that they're working
16 with otherwise. Sometimes, you have a trusted
17 primary care provider, and if they know where to
18 refer you to, that's a good way to access services.
19 So, we're trying to reach people in a number of ways,
20 and we believe that this kind of effort is turning
21 the tide, that more and more people are connected,
22 but there's a lot more work that needs to be done.
23 CHAIR LOUIS: Of course, so we, I hope to
24 see that information in the report after this pilot
25 is over to ensure that we are including more black

2 and brown communities and that's there's a better
3 outcome due to this new piloted program. That is all
4 the questions I have. Do we have any other Council
5 Members that have questions?
6 COMMITTEE COUNSEL SARA LISS: It seems
7 that there are no Council Members with further
8 questions. Chair Louis, I don't know if you wanted
9 to make a quick closing remark for the Administration
10 before we turn to the next panel.
11 CHAIR LOUIS: Thank you to all of you who
12 came this morning to testify, to answer questions,
13 and to share more information about the trajectory
14 and how things are going. We look forward to a
15 follow up in regards to the piloting program. I hope
16 that Public Advocate Williams and Council Member
17 Ayala can you get you support on the Bills. It's
18 really important that we think forward cause what we
19 have now has not be working, and I think that's
20 evident, so this is opportunity for us to do
21 something better and to really help the mental health
22 community. So, thank you all for being here this
23 morning.
24 DIRECTOR SUSAN HERMAN: Thank you. We
25 look forward to working with you.

2 COMMITTEE COUNSEL SARA LISS: Thank you
3 very much to this panel, and we're now going to turn
4 to Public Testimony. A quick procedural matter. All
5 public testimony will be limited to two minutes, but
6 written testimony can be submitted and will be read
7 in its entirety. After I call your name, please wait
8 a brief moment for the Sergeant at Arms to announce
9 that you may begin before starting your testimony.
10 The first panel in order will be Joo Han, Diya Basu-
11 sen, Zana Octavio, Joy Luangphaxay, and Yuna Youn,
12 and so, we'll give the host a moment to unmute these
13 panelists, and as soon as you're ready and the
14 Sergeant cues you, Joo Han, you may begin your
15 testimony.
16 SGT LUGO: Starting time.
17 JOO HAN: Thank you. I want to thank
18 Chair Louis and the Committee Member for holding this
19 important hearing. My name is Joo Han. I'm the
20 Deputy Director of the Asian-American Federation. We
21 represent the collective voice of more than 70 Asian
22 non-profits serving 1.3 Asian New Yorkers. I want to
23 recognize Council Member Ayala and Louis' Bill, an
24 effort in address violence against communities of
25 color with the Introduction of Bill number 2210 about

2 needs in our communities for immediate response to
3 mental health incidents lead and guided by mental
4 health professionals who employ mitigation tactics to
5 keep affected person safe and not criminalize them
6 for having mental health needs. We also appreciate
7 that this Bill acknowledges the importance of
8 community-based organizations that are already doing
9 critical work of supporting individuals seeking
10 connections to care. We know the Asian community and
11 communities as a whole; communities of color as a
12 whole have been really hit hard by the pandemic.
13 Asian small businesses are struggling to survive, hit
14 earlier and harder due to anti-Asian xenophobia. Our
15 seniors don't have enough food to eat and are
16 suffering from severe isolation, and our community
17 has experienced the highest rates of unemployment
18 across all the racial groups in New York City.
19 Adding to the mental health burden is a surge in
20 anti-Asian violence that's not been adequately
21 addressed. There's been about 500 biased incidents
22 against Asian New Yorkers in the past year. The past
23 few weeks alone, there have been people who have been
24 violently slapped across the face or pushed to the
25 ground, and we know that these incidents are under

2 reported because of multiple barriers that exists.
3 The Asian community is about 16% of the New York
4 population, and we have the highest poverty rates,
5 also 70% of us are immigrants, and 50% of us have
6 limited English proficiency, and we know that poverty
7 and mental health, there's a correlation between the
8 two, and because of de-cultural stigma and language
9 diversity in our community, it's that much harder to
10 get services, and especially, we have low utilization
11 rates in our community, especially from programs like
12 New York City Well, which I believe this report shows
13 that New York City Asian New Yorkers rarely utilize,
14 and some of our partners who are testifying with me
15 today, are also providing some of these community-
16 based responses. We're asking the Council to
17 incorporate some of these recommendations.
18 SGT LUGO: Times expired.
19 JOO HAN: Staffing must prioritize the
20 hiring of culture-competent Asian staff who not only
21 speak the top Asian languages, but also trained in
22 outreach and services approaches that are familiar
23 and not threatening to Asian immigrants. The city
24 must invest in and prioritize Asian CBOs that are
25 already doing the work, enabling to hire culture-

1
2 competent mental health providers, providing mental
3 health communication and mental health education, and
4 this is really important because connections to care
5 has to meet both immediate mental health crisis and
6 offer preventive measures to mitigate crisis in the
7 first place, and these groups will be critical to
8 offering aftercare and wraparound services, and in
9 light of the uptake in anti-Asian violence, this new
10 office should also ensure that individuals that are
11 impacted by persons with mental illness be connected
12 to culturally-competent mental health services
13 immediately following pieces of assault and for a
14 period of time thereafter. On behalf of the
15 Federation, I want to thank you for letting us speak
16 about COVID's impact on our community and look
17 forward to working with all of you to ensure Asian
18 New Yorkers are safe and secure in our own city.
19 COMMITTEE COUNCIL: Thank you very much,
20 and just to reminder to Council Members, that you can
21 use the Zoom raise hand functions to ask questions
22 for the end of each panel. We'll now hear from our
23 next panelist, Diya Basu-Sen. You may begin as soon
24 as the Sergeant cues you.
25 SGT LUGO: Starting time.

2 DIYA BASU-SEN: Thank you for convening
3 and for your time today. I'm Diya Basu-Sen,
4 Executive Director of SAPNA-NYC. SAPNA is the only
5 community-base organization in the Bronx that offers
6 linguistically accessible and culturally atoned
7 programming and services to the Pan-South Asian
8 community and (Inaudible). We support Council Member
9 Ayala's Bill to better address the mental health
10 crises, and we call on the Council to ensure that if
11 created, the Office of Community Mental Health
12 Center's language access and cultural competence,
13 creating partnerships with and investing in the CBOs
14 including AP and (Inaudible) CBOs to ensure that our
15 most communities are not left behind. While our APA
16 communities are growing by leaps and bounds, our
17 needs are often left behind when it comes to both
18 truly accessible services and investment of city
19 dollars. Access to mental health services and the
20 stigma surrounding it are a significant issue in the
21 South Asian community. Imagine being the survivor of
22 domestic violence and having to speak through a
23 language line using an interpreter who may or may not
24 speak your dialect to get counseling. Being able to
25 express ourselves in the language that most fully

2 conveys the depth of our hopes and ideas, our
3 frustrations and problems, is essential for quality
4 mental health services. However, isn't just language
5 barrier that poses a problem. It's also lack of
6 digital literacy and access in our community, and not
7 having providers who understand the intricacies of
8 the cultural context, that informs both your
9 experiences and your need. Imagine having to explain
10 a partition and how the intragenerational trauma is
11 still impacting your family, with the intricacies of
12 the South Asian multi-generational joint family
13 dynamic before being able to dive into the issues
14 you're having at home. A lack of culturally
15 competent linguistically accessible mental health
16 services means that even for those community members
17 who have managed to overcome the stigma to having
18 seeking help, it's nearly impossible to find
19 affordable, accessible and appropriate care. I thank
20 you for your time today, and the efforts to really
21 address the mental crisis in our city. Thank you.
22 COMMITTEE COUNSEL SARA LISS: Thank you
23 very much. We'll now turn to our next panelist,
24 Zaynab Tawil. You may begin as soon as the Sergeant
25 cues you.

2 SGT LUGO: Starting time.

3 ZAYNAB TAWIL: Hello everybody,
4 Chairperson Ayala, Member of the Committee on Mental
5 Health, Disabilities and Addiction. I want to thank
6 you all for the opportunity to testify before you
7 here today. My name is Zaynab Tawil. I'm the
8 Domestic Violence Program Manager and the Community
9 Mental Health Organizer with the Arab-American
10 Association of New York. Hamed Bah was many things
11 to many people, a son, a brother, an honor student,
12 and a friend. When his mother called an ambulance to
13 assist him during a mental health crisis on September
14 25th, 2012, the NYPD officers who actually responded
15 to her call, saw him very differently. Without the
16 training or knowledge of how to properly respond to
17 his mental health crisis, they did what they do far
18 too often and ended his life. Almost a decade later,
19 New York's Arabs and Muslim live in the shadows of
20 Mr. Bah's killing, but we know his case is far
21 unique. To say that there's a profound mental health
22 crisis in New York's Arab American community would be
23 an understatement. The lack of access to mental
24 health care available to Arab-Americans and the
25 stigma surrounding access, has done a great deal of

2 harm in our community. For years, families and lives
3 have been irreparably damaged as a result to the lack
4 of access to affordable and culturally sensitive
5 mental healthcare for Arab-Americans. Since the
6 beginning of the COVID-19 epidemic, these challenges
7 have intensified severely. Families and individuals
8 in our community are starting to crack under the
9 pressure of loss of income, at-home schooling,
10 domestic quarantine, and countless other mental
11 health stressors caused by COVID-19. Lack of access
12 to mental healthcare has created a crisis in our
13 community, but the NYPD's response to this crisis has
14 created a string of tragedies, both small and large,
15 and it is time for this to end. Almost always, the
16 NYPD is the first, and too often, only lifeline
17 individuals in these situations have. For example,
18 when an instance of domestic abuse is responded to by
19 law enforcement, they're often untrained to handle
20 these situation and risks everyone involved.
21 SGT LUGO: Time expired.
22 ZAYNAB TAWIL: Ultimately, I'm sorry, my
23 testimony was so long, but ultimately, we just want
24 to say that our city's response to mental health
25 crisis has destroyed many lives across domestic

2 violence and mental health crisis, but it doesn't
3 have to for much longer. This Bill, along with many
4 others, making their way through City Counsel, will
5 have a profound impact on countless lives, and I
6 strongly urge you to support it. Thank you.
7 COMMITTEE COUNSEL SARA LISS: Thank you
8 very much. We next turn to Joy Luangphaxay. You may
9 begin as soon as the Sergeant cues you. Thank you.
10 SGT LUGO: Starting time.
11 JOY LUANGPHAXAY: Good afternoon. My
12 name is Joy Luangphaxay. I'm the Executive Director
13 at Hamilton-Madison House. We are a nonprofit
14 settlement house located in the lower east side in
15 Manhattan. We're also the largest outpatient
16 behavioral health provider for Asian-Americans on the
17 east coast. Currently, we operative five mental
18 health clinics, a personalized recovery orientated
19 service program, and a supportive housing program for
20 individuals with severe mental in two locations in
21 Manhattan and Queens. Our staff are bilingual, and
22 we provide services for the Chinese, Korean,
23 Japanese, Cambodian, and Vietnamese community. In
24 the last decade, Asian-Americans continue to be one
25 of the fastest growing populations in the New York

2 Metropolitan area. Approximately 70% of the Asians
3 in New York City are immigrants. Currently in
4 Hamilton-Madison House Behavioral Health Programs,
5 including our mental health and addiction services,
6 80% of our program clients identify as first-
7 generation immigrants. For Asian-Americans access to
8 emergency care is already challenged by a variety of
9 factors from the lower utilization rates because of
10 cultural stigma and not having enough cultural
11 linguistic competent providers. In the case of
12 emergency, it should be expected that incidents in
13 mental health difficulties will arise, and it would
14 be wise for us to plan in advance to employ creative
15 strategies for additional mental health workers and
16 training all emergency responders to respond
17 appropriately, including being culturally sensitive
18 to the community members. As the number of COVID-19
19 and anti-Asian violent crimes occur, so do the
20 symptoms of anxiety and depression. In our mental
21 health clinics, we saw 25% increase in referrals
22 since March 2020, many of the clients seeking
23 emergency mental services. Hamilton-Madison House
24 supports the Bill creating an Office of Community
25 Mental Health and city-wide emergency response

2 protocol; however, we would like to make the
3 following recommendation in the Bill. Due to the
4 stigma of mental health services in the Asian
5 community, please make resources available in various
6 languages and have culturally competent and
7 linguistically professionals responding to
8 emergencies.
9 SGT LUGO: Time expired.
10 JOY LUANGPHAXAY: Increase capacity for
11 community-based providers to integrate aftercare,
12 support services after emergency response is
13 implemented so individuals can also obtain continuing
14 care. It would be crucial to develop creative
15 staffers used to employ additional mental health
16 workers to organizations experiencing any increase of
17 demand for current aftercare support services. H and
18 H goes to great lengths to customize their services
19 in ways that bring familiarity and trust among our
20 clients and participants. Support should also
21 include funds to permit the hiring of multilingual
22 staff as well as to cover experiences associated with
23 engaging graduate students requiring a sponsorship.
24 It is also imperative that resources are also
25 allocated to community-based organization that have

2 the trust in the communities to educate and encourage
3 those in need of accessing emergency support.
4 Lastly, collaborate with CBOs to provide training and
5 education to emergency responders and increase
6 partnerships among the agencies. Additionally,
7 during emergency responses, many community non-profit
8 providers are compelled to take financial risks in
9 providing services and response to an emergency.
10 Please develop clear polities to cover expenses that
11 extend beyond the scope of services already in
12 effect. Hamilton-Madison House supports the
13 community on immigration and the community on mental
14 health disabilities and addictions and thanks the
15 Committee Members in introducing this very important
16 Bill to address the growing need for culturally
17 competent emergency services to the community.
18 COMMITTEE COUNSEL SARA LISS: Thank you
19 very much, and we'll turn to the final panelist for
20 this panel, Yuna Youn. You may begin as soon as the
21 Sergeant cues you.
22 SGT LUGO: Starting time.
23 COMMITTEE COUNSEL SARA LISS: Okay. It
24 looks like this panelist may be having some technical
25 issues. So, we can turn back to them as soon as it's

2 resolved, and again, a reminder to the Council
3 Members, that you can use the Zoon raise hand
4 function if you have any questions. Chair Louis,
5 will you be asking any questions for this panel?
6 CHAIR LOUIS: Not at this time, no.
7 COMMITTEE COUNSEL SARA LISS: Thank you.
8 I believe that Joy Luangphaxay may be reading
9 testimony for the panelist that dropped off. So, as
10 soon as the host unmutes her, we can begin.
11 SGT. LUGO: Starting time.
12 JOY LUANGPHAXAY: I'm sorry. This is
13 Joy. I'm not reading a testimony. If you can unmute
14 Ms. Youn, that would be great.
15 YUNA YOUN: Hi. Thank you so much. My
16 name is just under Joy. So, my name is Yuna Youn. I
17 am Assistant Director at Korean Community Services.
18 Thank you Council Chair Farrah Louis and Council
19 Members Ampry-Samuel, Borelli, Cabrera and Riley for
20 this opportunity to advocate for the mental health
21 clinic at KCS. We're the only State Licensed clinic
22 in New York targeting the Korean population, also the
23 youngest department in a non-profit that's currently
24 48 years old. We have trust in the community and
25 play a vital role in crisis responses, taking

1
2 hospital referrals, and connecting clients to higher
3 of care and providing culturally and linguistically
4 appropriate therapy and medication management
5 services. The policy of our clinic is that anyone in
6 the community with a mental health issue should be
7 seen, and the discretionary fund helps us support
8 that policy. At the same time, we continue to have a
9 wait list as funding has been cut for us to increase
10 our capacity when the need has increased. Thought we
11 provide medications and therapy and connect client
12 with other services at KCS, we cannot provide the
13 extent of support from clients needs such as with
14 substance abuse. Transitioning into a (Inaudible) is
15 a constant struggle as is finding ways to help our
16 clients beyond telehealth. We also want to increase
17 our impact through outreach and providing spaces to
18 heal around issues that impact all communities such
19 as our collective grief and loss from COVID, and the
20 complex and multi-layer wounds arriving from racism.
21 As Assistant Director and a Licensed Clinical Social
22 Worker who sees a couple of the clients that the
23 clinic, myself, through my work and my own identity
24 as a Korean-American, I can attest that healing does
25 not happen in a vacuum. These isolating times,

2 while communities mourn loss and struggle for
3 resources, we must do so together. The stories we
4 would otherwise miss due to language barriers speak
5 to this as clients work through their isolation
6 chain, external and internalized depressions, and
7 traumas arising from immigration into generational
8 wounds and racism. Messages we receive from the
9 media on anti-Asian violence by select individuals,
10 amplify collective fear, distress, anxiety…
11 SGT LUGO: Time expired.
12 YUNA YOUN: That can lead to, that can
13 contribute to a spike during COVID, of substance
14 abuse, domestic violence and suicides. We need
15 mental heath treatment through the lines of
16 restorative justice to facilitate lasting and
17 community-wide healing, and that requires tangible
18 and intangible resources in the form of increased
19 funding and collaboration between community that make
20 it clear to everyone that's supporting the KPA
21 community, would support other communities, and vice
22 versa in this inevitably interconnected city that has
23 demonstrated so much resilience to our history.
24 Thank you.
25

2 COMMITTEE COUNSEL SARA LISS: Thank you
3 very much to this panelist. We'll just wait a minute
4 to see if any Council Members will have questions.
5 Seeing none. We can thank this panel and move on to
6 the next panel. The next panel will be Hawa Bah,
7 Nadia Chait, Cal Hedigan, and Joyce Kendrick, and
8 we'll begin as soon as the host unmutes this panel
9 and the Sergeant cues you. So, Hawa Bah, you will be
10 beginning this panel. Thank you.
11 SGT. LUGO: Starting time.
12 HAWA BAH: Hi. I'm obviously not Ms.
13 Bah. I'm Yosan Lee from the Justice Committee. I'm
14 going to read Ms. Bah's testimony because she was
15 unable to make this time yesterday. The counselor
16 actually went back on the agreement to have Mr.
17 Vasquin and Ms. Bah speak before Admin because they
18 found out that the family is actually opposed Bill
19 2210. So, this is her testimony. My name is Hawa
20 Bah. I am the mother of Mohammed Bah. Mohammad was
21 killed by the NYPD in 2012. In 2012, Mohammad was
22 depressed and didn't sound like himself. I flew all
23 the way from Guinea to try to help him. I tried to
24 get him in different programs, but everyone told me
25 you have to call 9-1-1 if you want medical help. On

2 September 25th, 2012, I called 9-1-1, but NYPD came
3 first. They forced their way into my son's home,
4 even though I begged them not to, and shot and killed
5 him execution-style. The jury for the civil suit
6 found Officer Mateo used excessive force (inaudible)
7 supervised, but they weren't fired. These officers
8 should be fired, and the NYPD must be removed from
9 any mental health response, especially in black
10 communities. I want to tell you why I oppose Bill
11 2210. First, sending NYPD and the mental health team
12 together will not work. We have to remove police
13 completely, even if the 9-1-1 system must be removed
14 from NYPD's control. I'm against what you call co-
15 response teams and any police response when someone
16 needs medical care. Second, there needs to be
17 accountability for officers who hurt or kill people
18 or break protocol, but this Bill does not ensure
19 that. Third, the Bill does not help us to prevent
20 crises. It ignores that there are almost no mental
21 health services specifically for black communities.
22 The City Council should defund the NYPD so that money
23 can go to the services we need. We need jobs,
24 housing, education, health services and for them to
25 treat us with dignity.

2 SGT. LUGO: Time expired.

3 HAWA BAH: Not more training and more
4 money for the police. Fourth, the bill doesn't say
5 anything about getting input from families like mine
6 whose children have been killed by police and those
7 who struggle with mental health issues who have been
8 targeted by the NYPD, but you need our input to get
9 this right. Today, I'm here to say Intro 2210 will
10 not save lives of people like my son, Mohammed Bah,
11 and also Mateo and Lacitra should be fired. I pray
12 that you will listen to me and other families who
13 oppose this bill.

14 COMMITTEE COUNSEL SARA LISS: Thank you
15 very much. The next panelist will be Nadia Chait.
16 Nadia, you can begin as soon as the Sergeant cues
17 you.

18 SGT. LUGO: Starting time.

19 NADIA CHAIT: Thank you. I'm Nadia
20 Chait. I'm Director of Policy and Advocacy of
21 Coalition for Behavioral Health. We represent over
22 100 community-based mental health and substance use
23 provider who collectively serve over 600,000 New
24 Yorkers annually, and one of the key concerns for our
25 members, is the criminalization of individuals with

2 mental health and substance challenges. So, we're
3 very pleased to see the Council tackle these issues
4 in the hearing today, and with the two Bills that
5 have been proposed. We think old Bills take
6 important steps to change our city's response to
7 mental health crisis and ensure that individuals who
8 need mental healthcare or substance use care receive
9 that care rather than a public safety response, that
10 best results in them feeling criminalized or results
11 in tragic circumstances including their death. I
12 will focus my remarks today on Intro 2222. We think
13 this is very much a step in the right direction, and
14 really appreciate the Council taking a look at this
15 issue. We would encourage the hotline to be 9-8-8,
16 since that's happening at the Federal and at the
17 State level. We think it's critical that the numbers
18 be the same so that individuals know what number to
19 call and aren't confused between two numbers. The
20 Bill addresses the need for public outreach, and we
21 would just second that that is going to be critically
22 important to get individuals to call this number.
23 Certainly, outreach to individuals like those we
24 serve who we think will relatively quickly adapt to
25 this number, but particularly to members of the

2 public who may be seeing someone on the street or
3 seeing someone on the subway in crisis. We need them
4 to know that this number exists, and we also need to
5 make sure that when those numbers of the public do
6 call 9-1-1, which of course, will happen, that those
7 calls are appropriately sent to 9-8-8. So, we would
8 encourage significant training of the 9-1-1
9 dispatchers to ensure that these calls are forwarded
10 to 9-8-8- when appropriate. Lastly on Intro 2210, we
11 really support the inclusion of peers. We think
12 that's a key part of the model, and…
13 SGT. LUGO: Time expired.
14 NADIA CHAIT: We look forward to
15 discussing more. Thank you.
16 COMMITTEE COUNSEL SARA LISS: Thank you
17 very much. Our next panelist will be Cal Hedigan.
18 You can begin as soon as the Sergeant cues you.
19 SGT. LUGO: Starting time.
20 CAL HEDIGAN: Good morning. Thank you,
21 Chair Louis and Members of the Committee for
22 convening this hearing. My name is Cal Hedigan, and
23 I am the CEO of Community Access, an organization
24 that has long been in the forefront of efforts to
25 transform our mental health system into one where the

2 voices and perspectives of people living with mental
3 health concerns are centered. Community Access is
4 proud to be a founding member of the Correct Crisis
5 Intervention today in New York City coalition, or
6 CCIT-NYC. I ask you to please direct your attention
7 to my written testimony which goes into greater
8 detail than times allows for this morning. I will
9 focus on two key areas that must be addressed
10 regarding the Legislation before the Committee.
11 Intro 2210 does not go far enough to remove police
12 from mental health crisis response. The term public
13 safety emergency is too broadly defined within the
14 Legislation, as written, almost anything can be
15 defined as a public safety emergency, thus leading
16 the NYPD to be dispatched, contrary to the very goal
17 of this reform effort. Given how many times people
18 responses to mental health crisis calls have resulted
19 in violence or death, the importance of crafting
20 Legislation which ensures that police are not
21 dispatched to mental health crisis cannot be
22 overstated. Secondly, while I applaud the inclusion
23 of peers as members of the proposed response teams, I
24 am deeply concerned by the lack of involvement of
25 peers and impacted communities throughout other

2 components of the Bill. Peers and impacted
3 communities must be at the center of every aspect of
4 these reforms, most critically in the development of
5 re-visioned emergency response protocols. As
6 written, 2210 does not incorporate those whose
7 expertise is necessary to realize deep transformation
8 in how our city responds to people experiencing
9 mental health crisis.
10 SGT. LUGO: Time expired.
11 CAL HEDIGAN: I believe 2210 contains
12 elements that could move us to a more just and
13 compassionate health only mental health emergency
14 response system but requires significant changes in
15 order to realize that intention. Thank you for your
16 attention to this important issue. Lives are at
17 stake.
18 COMMITTEE COUNSEL SARA LISS: Thank you
19 very much. We'll now turn to Joyce Kendrick. You
20 can begin as soon as the Sergeant cues you.
21 SGT. LUGO: Time started.
22 JOYCE KENDRICK: Good morning to all. My
23 name is Joyce Kendrick, and I am the Attorney in
24 charge of the Mental Health Representation Team of
25 the criminal defense practice at Brooklyn Defender

1
2 Services. I want to thank the Committee on Mental
3 Health, Disabilities, and Addiction, and in
4 particular Chair Diana Ayala for holding this
5 important hearing on this city's response to mental
6 health emergencies. For too long, our city has
7 relied on policing and jails to address issues of
8 mental illness and substance abuse. It is a fact
9 that individuals experiencing a mental health crisis,
10 are more likely to be engaged by police than medical
11 providers. This involvement of police too often
12 leads to disastrous consequences for the person that
13 helped with (inaudible). DBS supports Intro 2210 and
14 Intro 2021 in relation to creating an Office of
15 Community Mental Health and citywide mental health
16 emergency response protocol. The creation of a
17 mental health emergency response protocol will
18 provide people in crisis and their loved one's
19 comfort because they will know that it was devised by
20 mental heath specialists. This will certainly
21 encourage families to seek assistance before a
22 situation escalates. The spirit of this Legislation
23 is to removed NYPD from mental health responses,
24 recognizing that the traumatic and sometimes fatal
25 consequences of an NYPD response. In our written

comments, we offer several suggestions for strengthening this Legislation, specifically, including people with mental illness, their loved ones, and mental health advocates in the emergency response planning process, and creating measures to ensure that NYPD does not respond to mental health emergencies, and if they do become involved, that there is a review of the incident and a process to hold officers accountable if they are found to have escalated situation.

SGT. LUGO: Time expired.

JOYCE KENDRICK: As written, this Bill is unclear concerning what will happen if NYPD inappropriately responds or escalates the situation. Thank you.

COMMITTEE COUNSEL SARA LISS: Thank you very much, and as a reminder to all panelists, that you can submit written testimony of any length and it will be read in its entirety. I'm going to pause a moment to see if any Council Members have questions for this panel. Seeing none. We can turn to the next panel which will be Ruth Lowenkron, Fiodhna O'Grady, Melissa Moore, and Gary Stankowski. Ruth

2 Lowenkron, you can begin as soon as the Sergeant cues
3 you.
4 SGT. LUGO: Time started.
5 RUTH LOWENKRON: Good morning. Thank you
6 very much. Ruth Lowenkron, Director of Disability
7 Justice Program at New York Lawyers for the Public
8 Interest, and we too are active members of CCIT-NYC,
9 Correct Crisis Intervention Today in New York City,
10 an organization of over 80 other organizations, and I
11 have to tell you, we are greatly disappointed by the
12 Legislation, and to the extent there was a lot of
13 talk about the Thrive pilot. We've let Susan Herman
14 know that we are disappointed in that as well. Yes,
15 there are things that are good about both of those,
16 but one problem is that the people who really know
17 what needs to happen for people with mental
18 disabilities, our groups that have had focus groups
19 and have had over 100 families in two different
20 sessions talking about this, were not really listened
21 to. We have the highest hopes, we spoke with the
22 Public Advocate. I must say, the Public Advocate's
23 report is amazing, but this Legislation is far from
24 amazing. It is a great disappointment because in
25 huge part, it would let the police in at just about

2 any matter, and that is because it uses an overly
3 broad definition of public safety emergency. When
4 you're saying that can include any crime in progress,
5 any type of violence, any act likely to harm the
6 public, we are making that definition way too broad.
7 The good news, we think this can be remedied. We
8 will sit with you and help you remedy it. We are
9 also very concerned about the role that's been
10 assigned to DOHMH. We do not think that any kind of
11 a program of this sort should be housed within a city
12 agency. The city agency should in fact, be
13 contracting out with not-for-profit organizations as
14 many have said. And to talk about the CAHOOTS model,
15 that is something that the CAHOOTS model, of course,
16 does as well. We are also terribly, terribly upset
17 with the thought that we are talking about…
18 SGT. LUGO: Time expired.
19 RUTH LOWENKRON: A 300-minute response
20 time. Where does that come from? How is that
21 acceptable? You can talk about emergencies urgent as
22 Commissioner Herman did, but when you're talking
23 about emergencies, as this Bill does, you cannot say
24 you're going to respond to any emergency with people
25 with mental disabilities in a far greater time than

the eight to 10 minutes that you do typically now. So, there are things about this as others have said that are also good. We're very excited about this hotline. We're very excited about the inclusion of peers, we're very excited about the reporting responses. We can get into that. This could be salvaged, but the police issue has got to go. That's your goal, to get the police out of there. This does not do that. Thank you so very much.

COMMITTEE COUNSEL SARA LISS: Thank you very much. Our next panelist is Fiodhna O'Grady. You can begin as soon as the Sergeant cues you.

SGT. LUGO: Starting time.

FIODHNA O'GRADY: Hello there. My name is Fiodhna O'Grady and on behalf of Samaritan Suicide Prevention Center, a member of the world's oldest and largest suicide prevention network with centers in 40 countries, we thank the Committee and especially Chair Farrah Louis, who I'm very pleased to continue to work with, having been working in her District and also to see that Council Member Ayala and others are here today. It's no secret that suicide and self-harming behavior were significant public health problems before COVID-19, and that the number of New

2 Yorkers at risk has significant increased, in some
3 cases, doubled or tripled during the pandemic. As
4 the New York City community-based organization whose
5 sole mission is the prevention of suicide and saving
6 lives, Samaritan supports and encourages the City
7 Counsel to expand and enhance the quality of and
8 access to New York City's crisis response and suicide
9 prevention services, hoping to contribute to the
10 success of the counsel's Legislation goals,
11 Samaritan's would like to share what we've learned
12 over 40 years, and some of the unintended
13 consequences that resulted from the development of
14 previous new suicide prevention initiatives. Most
15 striking, frequently when new citywide suicide
16 prevention programs were created, there was
17 corresponding reductions in the budget's inability of
18 those community-base organizations that were already
19 entrenched in New York City's diverse communities to
20 provide care and support to those at risk. We saw
21 this with the launch of Thrive which resulted in
22 dozens of community-based organizations that were
23 successfully providing essential crisis services,
24 having their budgets dramatically reduced.
25 Samaritan's is one example operating New York City's

2 only confidential 24-hour suicide hotline for over 30
3 years, answering 1.3 million calls in that time.
4 DOHMH cut our contact by 85%. We were not the only
5 ones. It does not help to add, if you subtract at
6 the same time to create the new at the cost of the
7 old, also with due respect to our friends at New York
8 City DOHMH whom we hold in highest regard. No matter
9 the intent…
10 SGT. LUGO: Time expired.
11 FIODHNA O'GRADY: … to yourself. So, we
12 obviously encourage seeking help, and we would also
13 like you to concern putting new services under a
14 different umbrella than the department that already
15 oversees the majority of city mental health
16 initiatives, but no matter how you proceed, is the
17 organization that created the world's first suicide
18 hotline 70 years ago. Samaritan's offers the Council
19 our help, our expertise, our support as new
20 initiatives, which we do support, are devoted to
21 helping New Yorkers and in their time of crisis.
22 Thank you very much. We'll next turn to
23 Melissa Moore.
24 SGT. LUGO: Starting time.
25

2 MELISSA MOORE: Thank you very much for
3 the opportunity to speak at today's much needed
4 hearing. For decades, we've watched as policing has
5 played a pivotal role in the racist drug war, and how
6 resources have been funneled into law enforcement
7 instead of vital services that make our community
8 safer. In too many cases, drugs and also mental
9 health issues have used by the NYPD, the largest and
10 most militarized police force in the united states,
11 as an excuse to target, harass, assault, and kill
12 black New Yorkers. This certainly occurs in response
13 to co-appearing mental health and substance use
14 disorders. New York City absolutely has to act in
15 this historic moment to fundamentally change the
16 paradigm around policing in New York and responses to
17 these issues. Even low-level contact with law
18 enforcement has lasting negative effects, but in
19 physical and mental health consequences for people.
20 In fact, in 2019, the New York City Department of
21 Health and Mental Hygiene release their research
22 brief summarizing the findings that the criminal
23 justice system and policing overall negatively impact
24 New Yorker's physical and mental health, warning the
25 public that contact with the criminal legal system,

2 everything from police stops or searches or other
3 interactions poses a public health risk. As we're
4 discussing today, addressing mental health issues, we
5 absolutely have to look at this data that shows the
6 NYPD itself has a huge impact in harming New Yorker's
7 mental health and wellbeing. New York City Counsel
8 should instead invest in evidence-based resources for
9 people and New Yorkers all across our city instead of
10 investing in law enforcement and continuing to use
11 law enforcement in the response. These programs have
12 to be built on sound research and evidence and be
13 trauma informed and culturally and gender competent.
14 We have an assured goal of ensuring that New Yorkers
15 do not die at the hands of the NYPD, but we have
16 serious concerns about this Bill's ability to
17 accomplish this goal. There absolutely cannot be
18 carve outs for the NYPD to responds to mental health
19 or substance use calls, and our work around drug
20 enforcement, we've seen, unfortunately, how this
21 sorts of carve outs or public safety emergencies
22 unfortunately have led to horrific outcomes due to
23 racism…
24 SGT. LUGO: Time expired.
25

1
2 MELISSA MOORE: … just a couple of weeks
3 ago, a video emerged of NYPD officer harassing and
4 arresting a man who had just nodded out on the street
5 in Harlem. When community members tried to
6 intervene, the officer became belligerent toward them
7 and referred to the person that they were arresting
8 in absolutely horrible stigmatic terms. For the
9 safety of New Yorkers, we need to fully remove the
10 NYPD from these responses. They have be extracted
11 from the equation in order to prevent harm, and
12 furthermore, any Legislation covering this
13 intersection, absolutely has to include
14 accountability for when officers who aren't even
15 called, but might show up on the scene do not listen
16 to the peers and to the staff who actually part of
17 the response teams, must include privacy protections,
18 and also must have clear process for decision making,
19 thus more power with peers so that the deference
20 isn't necessarily to people who are from outside of
21 the communities. Overall, we cannot support an
22 effort with these mental health aims that still
23 involves the NYPD in response. We look forward to
24 further conversation with the Council regarding the
25

2 implementation of these recommendations and thank you
3 very much for your time.
4 COMMITTEE COUNSEL SARA LISS: Thank you
5 very much, and our final panelist on this panel will
6 be Gary Stankowski.
7 SGT. LUGO: Time started.
8 GARY STANKOWSKI: Good afternoon, I'd
9 like to thank Chair Louis and the Committee Members
10 for this hearing. I'm Gary Stankowski, Chief
11 Operating Officer at NADAP. We are a community-based
12 social service agency with six offices in New York
13 City. We provide care coordination to about 5000
14 people each year with the majority having co-
15 occurring medical and mental heath disorders. About
16 half have both the mental health diagnosis and a
17 substance use disorder. NADAP supports the Council's
18 Bill to create an Office of Community Mental Health
19 and a citywide mental health emergency response
20 protocol to add support services to first responders
21 and the ensure that vulnerable New Yorkers receive
22 needed services. We ask that the City Council
23 consider the following components in determining the
24 Bill. Training for emergency call staff and first
25 responders on assessing and managing behavior health

2 factors when responding to emergencies situations,
3 the utilization of brief assessments to identify
4 mental health and substance use disorders, use of
5 video technology to add behavioral healthcare
6 specialist when responding to emergency calls,
7 feedback and involvement from people with behavioral
8 health disorders to help inform policy decisions,
9 establishing an advisory panel to provide input into
10 the Bill and establish the office, and utilization of
11 community resources for training and behavioral
12 health services. Thank you.
13 COMMITTEE COUNSEL SARA LISS: Thank you
14 very much, and it looks like Council Member Rosenthal
15 has some questions for this panel. So, as soon as
16 the host unmute Council Member Rosenthal, we can
17 begin with her questions.
18 CM ROSENTHAL: I think I'm good. Can you
19 hear me?
20 SGT. LUGO: Starting time.
21 COMMITTEE COUNSEL SARA LISS: We can hear
22 you.
23 CM ROSENTHAL: First of all, Chair Louis,
24 man, you, you, you fit, you fit the seat well.
25 Congratulations on earning this Chairmanship. I'm so

2 excited to see where the committee goes under your
3 leadership. So, I really want to add my
4 congratulations to you, and I also want to thank this
5 panel for the variety of ways you all have
6 articulated some of the same thoughts, and it's good
7 for us to hear about it from different perspectives.
8 So, I really thank everyone. I have one specific
9 question for the last speaker. If you could just
10 describe a little bit more what you were thinking of
11 when you said the use of video. I'm not sure, it's
12 what I think it was, but I think it sounds really
13 interesting, and I was hoping you could talk about
14 that.
15 GARY STANKOWSKI: Hi, this is Gary. You
16 know, with so many emergency calls coming in and so
17 many needs out there, it's sometimes difficult to get
18 the behavioral health specialist where they're needed
19 because it takes time to get to different locations,
20 and even with the pilot that we heard today, you
21 know, there's just a limited amount of people
22 resources to be able to address the many situations.
23 So, I put that on there as a possibility to, you
24 know, are there ways to connect first responders with
25 the mental health person who can actually see what's

2 going on and be able to provide feed back and let
3 people, you know, guide the first responders based on
4 what they're seeing in order to be able to better
5 handle the situation.
6 CM ROSENTHAL: Got it, and my connection
7 is pretty shotty, so if I get disconnected, just go
8 on to the next speaker, but can I repeat what you
9 just said? So, you're saying perhaps the NYPD, the
10 police officer could use their body cam and be
11 present time connection with a behavioral health
12 specialist who would guide that police officer in
13 their response. Is that what you're saying?
14 GARY STANKOWSKI: Yes. I mean, if police
15 are going to continue to be involved in those
16 responses.
17 CM ROSENTHAL: Yeah.
18 GARY STANKOWSKI: Then maybe that's
19 something that can help with the situations because,
20 you know, at any moment, you know, there could be a
21 dozen of these or more going on at any given time.
22 CM AYALA: Yeah, I just think that's
23 interesting. I mean, I tend to confer with folks who
24 think there should be no police involved, but you
25 know, as we are waiting to figure it out, I think

2 that's a really straight forward sort of weigh
3 station that the city could do quite easily, I would
4 guess, and then linked to that, again, I'm really
5 trying to be very practical about what people are
6 suggesting, and you know the reason, so, so, many
7 years ago, EMS was actually a part of the Health and
8 Hospitals Corporation, and about, I guess 25 years
9 ago, they were moving in under fire department in
10 order to focus on an expedited response, so the fire
11 people are trained now and some of the EMTs, you
12 know, very fast responses that need to happen. But
13 the reason EMS get also, gets a site so quickly is,
14 is because of the way that EMS is geographically
15 placed throughout the city, and I'm wondering to any
16 of the panelist if you think that, and you're using
17 the word behavioral health specialist, so I'm just
18 going to use that same word, although I'm sure it has
19 baggage that means something, but are you suggesting
20 that there be a behavioral health specialist in each
21 of the EMS vehicles? Like I'm trying to get a
22 practical understanding.
23 GARY STANKOWSKI: Are you referring
24 specifically to the video technology?
25 CM ROSENTHAL: No. This is for…

2 STG. LUGO: Time expired.

3 CM ROSENTHAL: This is truly for all of

4 the panelists. I'd be interested in hearing sort of

5 how we would, at a practical level, like if police

6 were no longer involved, how do we get a behavioral

7 health specialist to the location immediately, is it

8 that we would add a staff person to the EMS vehicle

9 or, how do you envision, how do we get people there

10 really fast?

11 RUTH LOWENKRON: Council Member

12 Rosenthal, it's Ruth Lowenkron. I'd be happy to

13 answer that question because…

14 CM ROSENTHAL: Thank you.

15 RUTH LOWENKRON: Thank you for the

16 opportunity. CCIT-NYC, Correction Crisis

17 Intervention Today, New York City has a proposal. We

18 have been working on this issue for at least, eight

19 years now, and of course, the situation has become

20 much more prominent with what we're seeing with Black

21 Lives Matter and so on, but this is something we've

22 been working on for the longest, and well before the

23 immediate crisis before us, we came up with a

24 proposal and I think with all modesty, we have the

25 answers in that we have looked around the country to

2 see how others do this. Others have already spoken
3 about CAHOOTS in Eugene, Oregon. We think that's an
4 excellent model, and our proposal is modeled on that,
5 and ideas say that both the Thrive model and the Bill
6 before us have elements of the CAHOOTS model in it,
7 but they just don't go far enough, and why I raise
8 this at this moment Council Member, is because you
9 want to know, does this happen, can this happen, how
10 can we do it without the police? You should know
11 that in Eugene, Oregon, they've been running their
12 system for over 30 years successfully with very, very
13 few instances of even needing the police to come in.
14 Less than 1% of the calls in all these years, have
15 brought police there, and even those very, very few
16 calls, have not resulted in any kind of injuries to
17 the police or to the individuals with the crisis, and
18 one very important thing about the Bill in front of
19 us, is it recognizes that if police are to come in,
20 in of course, what we say is, right now, they're
21 going to be coming in all the time, so, that's not
22 good, but if that's very, very, very, very, very much
23 narrowed, and the police still are to come in, one of
24 the excellent things about the Bill as proposed is
25 the recognition that the police stand back; an

2 unusual roll for the police, but that they stand back
3 and take the direct actions from the mental health
4 team on the spot, and I think that's the way that it
5 can work. So, (crosstalk).
6 CM ROSENTHAL: Let me be honest. You had
7 me at hello, like I agree with what you're saying,
8 I'm happy for you to repeat it, but I, I'm with you.
9 I'm not familiar with CAHOOTS model, so could you
10 just, for one more minute share; I appreciate your
11 patience and I won't ask any more questions after
12 this, but if someone could just explain to me how
13 does the behavioral health specialist get to the site
14 expeditiously?
15 RUTH LOWENKRON: Sure, absolutely. What
16 happens is, in that instant is does go through 9-1-1,
17 but there's a lot of work being going on in Eugene to
18 get it out of 9-1-1 as we very much proposed doing
19 here, and as the Legislation, again, a part that we
20 support would do here, get it to different number,
21 but be that as it may, it responds as an emergency
22 number, and what's very critical is, it does the
23 triage that is necessary as Susan Herman suggested,
24 well there's urgent, there's emergent, but if it is
25 emergent, I can assure you, and the numbers back me

2 up, that they respond with far fewer than 30 minutes.
3 So, it is doable. They are working in the CAHOOTS
4 model and then mind you, there are many other models
5 now cropping up around the county. I can just, and
6 I'll just refer to that, cause it's been in place for
7 30 years, but that model and others recognize that,
8 in fact, they are the responders and they can respond
9 with alacrity to what is obviously a crisis, and mind
10 you, the police, here before, were no happy with how
11 they responded, because we know how many times they
12 kill people, but we also know that they responded to
13 speedily, and that has to be an element here, and it
14 is an element of CAHOOTS. I hope I answered your
15 question.
16 MELISSA MOORE: And excuse me, Council
17 Member, I'd like to also just take a minute to
18 respond. Thank you so much for your interest and for
19 asking this important question. I just want to say,
20 you know, when we look at response times and how we
21 actually make sure that the communities who need
22 these resources are getting them, we have to look at
23 the fact that the New York City budget for policing
24 far outstrips any sort of money that going to
25 important health and social services. Policing

2 receives a large share of the city's budget than
3 public health, homeless services, youth services and
4 other vital agencies combined. So, when we're
5 talking about how to make sure that the responses are
6 going quickly and swiftly and that are community-
7 based, we have to make sure that the funds that are
8 actually going to be used for social services are
9 directed away from criminalizing New Yorkers and back
10 into the sorts of efforts that are going support
11 community lead efforts for health and safety. I
12 think, you know, community is no bust, what's
13 actually going to keep their people safe and well,
14 and so being able to work within a model that, in
15 fact, gives the sort of agency back to community
16 leaders, to be able to make those distinctions, and
17 if it's a community-based model, they're already
18 there. It's not a matter of coming in from some
19 other part of the city. People are there in
20 neighborhoods, in communities already, and so I don't
21 think we necessarily have to build a whole other
22 apparatus for that piece if we're really intentional
23 about crafting what the proposal looks like and
24 shifting resources away from criminalization and into
25 these much-needed other efforts.

2 RUTH LOWENKRON: 100%

3 CM ROSENTHAL: Thank you so much. Back
4 to you, Chair.

5 COMMITTEE COUNSEL SARA LISS: Thank you
6 very, very much to this panel. I'm going to pause
7 for another moment to see if there are other Council
8 Member questions. Okay, seeing none. We're going to
9 turn to the next panel, Leonor Walcott, Sabrina
10 Evans-Ellis, Beth Haroules, and Anthonine Pierre.
11 Leonor Walcott, we can begin with you as soon as the
12 Sergeant cues you.

13 STG. KOTOWSKI: You time starts now.

14 LEONOR WALCOTT: Good afternoon. My name
15 is Leonor Walcott, and I'm a Licensed Social Worker
16 and the Director of Youth Services at Sheltering
17 Arms. Thank you, Chair Louis and Members of the
18 Committee for the opportunity to testify before you
19 today. Sheltering Arms is one of the city's largest
20 provider of education and youth development and
21 community and family well-being programs in the
22 Bronx, Manhattan, Queens, and Brooklyn. We serve
23 nearly 15,000 children and youth and families each
24 year and employ more than 1200 staff from across New
25 York City. Sheltering Arms has served youth and

2 (inaudible) systems for over two decades. Our staff
3 provides social support and safe and stable living
4 environments where young people can reside free of
5 harm. When youth are in crisis, staff are trained
6 and equipped to meet the immediate and individual
7 needs of youth; however, our frontline staff are not
8 mental health professionals. If a youth is
9 experiencing a mental health emergency, that is
10 beyond the scope of our direct line staff. It is the
11 difference between treating a paper cut versus a
12 wound that requires stitches. In cases where a youth
13 is experiencing a psychiatric crisis, the youth may
14 be incoherent, having difficulties determining what
15 is real from what is not, delusional, disorganized
16 thinking, experiencing hallucinations both visual and
17 auditory, may be suicidal, could be experiencing mood
18 instability with aggression, and making lift threats
19 to harm himself and others. At such, the safety of
20 the youth and staff is paramount. Such instances
21 require immediate psychiatric intervention. Youth in
22 the RHY programs are transient and often do not have
23 adequate health support, proper medications, or pre-
24 existing community support. Given the age of onset
25 of mental illness, many of the youth in our RHY and

2 full secure programs are also experiencing their
3 first mental health emergency. We are glad that the
4 Council recognizes that the current resources for
5 emergency mental health calls are not sufficient.
6 Our team has experienced long response times, over
7 two hours, outside responses, and insufficient
8 assistance with NYPD has arrived on site. A recent
9 call where a young person was locked into the
10 bathroom and was refusing to engage with staff and
11 verbal responses also having an extensive history in
12 mental illness, summoned… (crosstalk).
13 SGT. LUGO: Time expired.
14 LEONOR WALCOTT: It is such response that
15 cause not only re-traumatization to the youth, but
16 also to the other young people in the home.
17 Additionally, we have found that sometimes, some
18 police officers arrive and they're looking for a
19 young person to act out as if that is the only
20 indication of mental illness. They are unfamiliar
21 with trauma and form techniques that coach the
22 youth's accept services and in times, have made it
23 extremely difficult to have a young person escorted
24 to the psychiatric ER. We believe here at Sheltering
25 Arms that Intro 2210 is long overdue, important, and

2 necessary to support and affect the system for
3 emergency mental health response. Sheltering Arms
4 strongly supports this Bill as well makes the
5 following recommendations to strengthen the Bill.
6 The protocols must be developed with meaningful
7 involvement of community-based organizations, mental
8 health providers, and NYPD. We support setting a 30-
9 minute response time and urge the Council to ensure
10 that the Office of Community Mental Health receives
11 resources it takes to make this a reality. Thirty
12 minutes is an ambitious response time give that
13 mobile crisis response within 2 hours. Finally, we
14 support Intro 2222. Thank you.
15 COMMITTEE COUNSEL SARA LISS: Thank you
16 very much. Our next panelist will be Sabrina Evans-
17 Ellis. You may begin when the Sergeant cues you.
18 SGT. KOTOWSKI: Your time starts now.
19 SABRINA EVANS-ELLIS: Good afternoon,
20 Chair Louis, Bill sponsors and other esteemed guests.
21 Thank you for hosting this forum for public testimony
22 and response to the proposed Bill to create an Office
23 of Community Mental Health and a citywide mental
24 health emergency response protocol. My name is
25 Sabrina Evans-Ellis, and I'm Executive Director of

2 the New York City Office of Ramapo for Children. In
3 late 2020, three organizations Ramapo Training, the
4 National School Climate Center, and the Youth
5 Development Institute of which I was Executive
6 Director began a merger to leverage the collective
7 strengths of our historic work and service of
8 children and youth. This partnership combines YDI’s
9 unique approach of developing sustaining high quality
10 youth development programing, Ramapo’s expertise and
11 coaching and training adults in the skills and
12 technique that lead to supportive communities, and
13 the National School’s Climate leadership in
14 developing systemic capacity for school climate
15 improvement. I testify here on behalf of our
16 collective experience and expertise in creating
17 innovative training and capacity building
18 opportunities for professionals. We support the
19 introduction and the spirit of this Legislation. It
20 is particularly timely in the wake COVID-19 pandemic
21 and it’s resulting effect on the mental health of New
22 York City residents, especially young people.
23 American youth have been history makers over the last
24 year leading the charge for racial justice, serving
25 their communities by checking in on adults, and

2 volunteering, and adjusting to the seismic shift in
3 the way that they learn unlike any generation before
4 them, but we know that history makers are also stress
5 bearers. We know that uncertainty breeds anxiety and
6 loss of human life and an accustomed lifestyle can
7 bring a depression that yields not only the presence
8 of sadness, but the absence of joy. The creation of
9 this office is both timely and essential. Our mental
10 health system has been overrun with the effects of
11 this pandemic introducing new pressures and exposing
12 and deepening fissures in an already flawed and
13 inadequate system. What is critically missing from
14 this Legislation is the explicit intention to provide
15 targeted services to young people. Community…
16 (Crosstalk).
17 STG. LUGO: Time expired.
18 SABINA EVANS-ELLIS: Upon the minds,
19 hearts and hands of young people and youth are
20 dependent upon the viability, vitality, and
21 protection and attention of their community. Very
22 specifically, our recommendations center on the
23 provision of care particularly provided by schools,
24 not-for-profit and community-based organizations, and
25 are as follows. We must broaden our understanding of

2 mental health support to not only focus on emergency
3 response, but ongoing support strategies and the
4 presence of mental health protective factors such as
5 the presence of caring and trusting adults, high
6 expectations, engaging activities, communities of
7 support and opportunities to contribute to the world.
8 As Public Advocate Williams so eloquently stated,
9 mental health is not a public threat nor a criminal
10 issue, it is a public health issue, and as such,
11 prevention is just as important as emergency
12 response. Number two, fully utilize the availability
13 and reach of community-based organizations by
14 training staff in mental health emergency first-aid,
15 but also stress management, trauma, and resiliency
16 and the healing centered engagement strategies of
17 youth development and engagement, leadership, and
18 positive-end supportive school climates. Number
19 three, explore non-clinical approaches to supporting
20 health. Not every mental health challenge requires a
21 clinical intervention. There are grow, mindset,
22 mindfulness, restorative practices and other
23 interventions that promote and safeguard the positive
24 mental health of children and youth and can be
25 practiced by any adult that interacts with them,

2 which brings me to my final recommendation. We often
3 seek individual youth outcomes as proof of impact,
4 which in many instances, put the onus on children and
5 youth to demonstrate growth, healing and skills
6 attainment. While this may be the desired outcome,
7 it often leads to implementation of programs that
8 underemphasize the role of environment and the
9 behaviors and actions of the adults within them.
10 It's as if we are tending to a plant that grows of
11 its own volition and is not affected by the quality
12 of the soil, the air, the water, or the attention it
13 receives. This office must also have at its core,
14 promotion of training and technical assistance to
15 help community-based organizations and schools better
16 train their staff, design scaffolded programing and
17 interventions, and most importantly, engage young
18 people, not as passive recipients of mental health
19 services, but as active participants in their own
20 mental health stewardship and the cultivation of
21 positive mental health for their communities. Thank
22 you.
23 COMMITTEE COUNSEL SARA LISS: Thank you
24 very much. We next turn to Beth Haroules. You may
25 begin as soon as the Sergeant cues you.

1
2 SGT. KOTOWSKI: Your time starts now.
3 COMMITTEE COUNSEL SARA LISS: You're on
4 mute. So, we just have to work with the host to get
5 you unmuted.
6 BETH HAROULES: Okay, yeah, I'm muted.
7 Hold on, let me recast. I am Beth Haroules, the
8 Senior Staff Attorney at the New York Civil Liberties
9 Union. New York Civil Liberties Union has long been
10 a coalition partner above CCIT-NYC and Communities
11 United Police Reform. I have listened and
12 appreciated the Council Members and Public Advocates
13 well-conserved remarks about the intent behind Inros
14 2210 and 2222 and your deep commitment to getting it
15 right for your family members, your constituents, and
16 for all New Yorkers. It is for those reasons, we
17 urge the Council to withdraw both 2210 and 2222 in
18 favor of developing a truly comprehensive mental
19 health system. One that is based on prevention, one
20 that includes an appropriate and comprehensive
21 community-based strategy for responding to people
22 experiencing mental health crises, one that actually
23 does not embed and perpetuate the NYPD involvement as
24 responders, and one that uses a racial equity
25 framework to inform its design and performance.

2 You'll have my written testimony on matters before
3 this Committee later, so I focus on a few points.
4 2210 proports to limit the reach of law enforcement
5 leading to the elimination of NYPD from mental health
6 crisis response. As you have heard, as written, 2210
7 regardably maintains and embeds the outside role of
8 NYPD in mental health crisis response due to the
9 astonishingly broad definition of public safety
10 emergency. 2210 contains a selection of piecemeal
11 actions that neither establishes an appropriate
12 crisis response model nor effects the breadth of
13 systemic change necessary to address 180,000 crisis
14 calls NYPD receives annually. At bottom, 2210, is
15 most pernicious because it diverts public attention
16 from the need for generally transformative changes
17 towards your system care to address the needs of
18 community members, preventative services, crisis
19 response and stabilization services, and longer term
20 supports and services, which when provided
21 appropriately in partnership with the impacted person
22 become preventative services. The city should take
23 this opportunity to immediately establish a civilian
24 crisis system that deploys culturally and gender
25 competent social crisis workers, medics and peers and

2 does not continue to build on law enforcement
3 officers whose… (crosstalk).
4 SGT. KOTOWSKI: Time expires.
5 BETH HAROULES: Incompatible. The urge, I
6 have one comment with respect to 2222. This is a 9-
7 1-1 alternative that needs to be fully integrated
8 into a non-NYPD controlled dispatch and response
9 system. 2222 does not do that. We thank you for the
10 opportunity to provide testimony. We stand ready to
11 work with the Members of this Committee, the Public
12 Advocate, and appropriate partners to advance truly
13 meaningful policy changes that will save lives.
14 Thank you.
15 COMMITTEE COUNSEL SARA LISS: Thank you
16 very much. We next turn to Anthonine Pierre.
17 SGT. KOTOWSKI: You time starts now.
18 ANTHONINE PIERRE: Thank you. Good
19 afternoon Council Members. My name is Anthonine
20 Pierre. I'm the Deputy Director of the Brooklyn
21 Movement Center and also a stirring committee member
22 of Communities United for Police Reform. Today, I'm
23 delivering testimony on behalf of CPR and our
24 campaigns to remove police from mental health
25 response in New York City. I want to say thank you

2 to Committee Chairs Adams and Lois, Committee Members
3 and other Council Members here today. So, while we
4 appreciate that the intent of Intro 2210 is to remove
5 the NYPD from mental health responses and to honor
6 the lives of people kills by NYPD, nothing in the
7 policy language of the Bill achieves these goals.
8 When we talk about removing the NYPD from mental
9 health responses, the positive language actually
10 increases the role of the NYPD where NYPD currently
11 does not have a define legal role in mental health
12 responses. Also, when we talk about this Bill's
13 capacity to save the lives of future folks who might
14 be killed by NYPD, if we're talking about passing
15 this Bill to support the families of folks like
16 Saheed Vassell and Kwesi Trewick, their lives would
17 not have been saved by this Bill. In particular,
18 Saheed Vassell's family worked for a long time to try
19 to find comprehensive, preventative, and follow up
20 services for mental health that were no available in
21 Crown Heights. So, this Bill needs to ensure that
22 the system works just as well on the upper west side
23 as in Crown Heights. We know that black and other
24 communities of color have a history of racist
25 (inaudible) from public health and mental health

2 infrastructure and for this Bill to put forth some
3 ideas around crisis response, but not address
4 infrastructure really means that it won't be able to
5 prevent futures events. Finally, I say that this
6 Bill, even though it establishes an Office of
7 Community Mental Health, it was clearly created
8 without consultation with community, and for these
9 reasons, we oppose Intro 2210.
10 COMMITTEE COUNSEL SARA LISS: Thank you
11 very much, and I'm going to pause for a moment to see
12 if any Council Members have any questions or
13 comments. Okay, seeing none, we can turn to the next
14 panel, which will be Peter Horan, Eric Vassell,
15 Michael Matos, and Steven Mazzucchi. We'll begin
16 Peter as soon as the Sergeant cues you.
17 SGT. KOTOWSKI: Your time starts now.
18 PETER HORAN: Good afternoon Committee
19 Members. My name Peter Horan. I'm a long-time
20 resident of New York City. I'm currently residing at
21 District 40 in Flatbush, Brooklyn. Right now,
22 there's people, as we've seen in story of people's
23 testimonies, that people are afraid to call 9-1-1 for
24 mental health crisis because they know that an armed,
25 untrained police officer might show up and seriously

2 harm or kill someone they love. Nobody takes the job
3 of being a police officer so they can help people
4 with mental issues. Those people become social
5 workers and mental health professionals, and these
6 are the people who should be handling these issues.
7 Everywhere we see more NYPD, we see problem. More
8 police on the subway means not just more threats of
9 violence and harassment to unhoused New Yorkers, but
10 actually a spike in crime is reported today by CBS
11 New York. More police in schools, we have student
12 conduct issues resolved with handcuffs, more police
13 handling DOT responsibilities, means, squad cars on
14 sidewalks and placard abuse. There's simple better
15 people and better offices to handle all these issues,
16 more specifically to the hearing, I don't believe the
17 NYPD's involvement in mental health crises is
18 appropriate at all. As the saying goes, when all you
19 have is a hammer, everything looks like a nail. The
20 pandemic has only increased public awareness of
21 mental health and its complications, experiences, and
22 treatments. Why the NYPD suspended training for
23 mental health because of COVID, is beyond me. If
24 First Grade can continue in the city, I don't
25 understand why mental health training can't continue

2 for the NYPD, especially when New Yorkers need it the
3 most, and I just want to say that we should just let
4 trained professionals do their job, do the training,
5 and be allowed to respond appropriately to mental
6 health crises in the city. Thank you.
7 COMMITTEE COUNSEL SARA LISS: Thank you
8 very much. Our next panelist is Eric Vassell. You
9 can begin as soon as the Sergeant cues you.
10 SGT. KOTOWSKI: Your time starts now.
11 You're still muted.
12 ERIC VASSELL: Yeah, good evening, uh,
13 good afternoon Counsel. My name is Eric Vassell,
14 father of Saheed Vassell who was killed by the
15 Strategic Response Group Officers on April 4th, 2018.
16 I am here today to oppose Bill 2210. The topic of
17 this Bill is close to my heart because my son, Saheed
18 struggled with mental health issue. I want to make
19 it clear that this Bill would not have saved Saheed's
20 life. First, you cannot build a mental health
21 response system without also creating and funding
22 better mental healthcare for the black and brown
23 community. The mental issue we are facing in the
24 black and brown community is another pandemic because
25 of racism. We need a different model, not the side

2 catch model that Intro 2210 will realize. My son,
3 Saheed first struggled with mental health issue after
4 a close friend of his was killed by the police.
5 Saheed needed help to process the trauma, but he was
6 given a whole lot of tablets. For Saheed being in
7 the hospital is like being in prison. We could not
8 find any program that would help him. Intro 2210
9 only connects people with systems that dehumanizes
10 and criminalizes them. The city has not made it a
11 priority to develop this service we really need in
12 the black and brown community. Second, Intro 22
13 makes it so that NYPD will still arrive, many of the
14 situations when people just need help. This will not
15 work if you are a black or brown. When the NYPD see
16 the color of your skin, ego kicks in. Maybe they
17 will step up if the person is white, but even if this
18 Bill is passed, they will still treat black and brown
19 people are criminals. It is not enough to re-train
20 9-1-1 operator when one man problem is that the NYPD
21 controls 9-1-1.
22 SGT KOTOWSKI: Time expired.
23 ERIC VASSELL: Racism means that black
24 and brown children are always seen as dangerous. We
25 need the 9-1-1 system to be taken out of the hands of

2 the police. I appreciate you trying to address this
3 problem, but please do it right. Intro 2210 should
4 not move forward or else there will be more Saheed
5 Vassell, more Mohammed Bah and more Kwesi Trewick.
6 Thank you very much for listening to my testimony.
7 COMMITTEE COUNSEL SARA LISS: Thank you
8 very much. Our next panelist will be Michael Matos.
9 Michael, you can begin when the Sergeant cues you.
10 SGT. KOTOWSKI: You time starts now.
11 MICHAEL MATOS: Thank you. Good
12 afternoon. My name is Michael Matos. Born and
13 raised a New Yorker and a concerned citizen. I'd
14 like to first thank the Counsel for the opportunity
15 to speak on this incredibly important issue. For a
16 long time, the topic mental health crisis has often
17 been a neglected subject for conversation, but it
18 gladdens me to see Legislation being drafted to
19 address it. In my experience as a first responder
20 with the US Coast Guard, I've learned the extreme
21 importance of utilizing the right resources when
22 handling life threatening situations. In matter of
23 mental health emergency response, our current system
24 is ineffective and proven dangerous. Officers of the
25 NYPD lack the training, qualification, and judgement

2 to recognize and address mental health crises as they
3 occur. As many before me have mentioned, the
4 countless instances of fatal encounters during such
5 crisis and NYPD prove that change must be made. No
6 one reaching out for help while enduring a mental
7 health emergency wants to be deemed a “threat to
8 officer safety” upon first contact. I’d like to
9 thank Chair Louis and all additional sponsors of 2210
10 for pushing this Bill forward. However, we must
11 relieve the NYPD of this responsibility and ensure
12 the response is refocused to address matter for which
13 they are trained and funded for, violence crime. I’
14 d also like to express my support for 2222 and
15 applaud Public Advocate Williams for sponsoring this
16 groundbreaking Bill. The establishment of a three-
17 digit hotline dedicated to mental health emergency
18 response is an excellent example of our commitment as
19 a community to effectively handle this ongoing issue.
20 This hits home for myself and the love I have for the
21 Military for our community where mental health
22 emergencies are unfortunately, all too common. Over
23 the past year, there have been numerous situations
24 where I wish I had such a hotline that exists, that I
25 could utilize to assist my friends who experience

2 such emergencies without them fearing of being
3 mistaken for an act of threat. Thank you for your
4 time.
5 COMMITTEE COUNSEL SARA LISS: Thank you.
6 Our next panelist will be Steve Mazzucchi. You can
7 begin when the Sergeant cues you.
8 SGT. KOTOWSKI: Your time starts now.
9 STEVE MAZZUCCHI: Thank you all. I
10 appreciate it. I live in Chelsea, and I thank you
11 all for your time and for listening. I appreciate
12 what others have said before me, and I just want to
13 echo their support for Intro 2210, especially the
14 mental health emergency response unit, and stress
15 that we do need an alternative to police responses to
16 these situations. We've seen the tragic effects of
17 armed responses to mental health crisis for years.
18 People like Daniel Puden and Walter Wallace, Jr.
19 their stories are as heartbreaking as the numbers are
20 painful. The biggest one for me is 1400 which is the
21 number of people in a mental health crisis who have
22 lost their lives to police since 2015, according to
23 the Washington Post. Clearly, the wrong people are
24 being sent to many of these distress calls and to
25 thousands more that result in violent and unnecessary

2 arrests, and studies have shown that even when cops
3 have extra crisis training, the violence doesn't
4 significant drop. De-escalation is key in these
5 situations, and I can tell you that as a bike
6 protestor, who has been needlessly arrested myself, I
7 can tell you that is not the strong suit of armed and
8 armored cops. The right people are medics and crisis
9 workers like those in Eugene, Oregon's alternative
10 program, CAHOOTS, which I'm sure you're familiar
11 with. They take upwards of 20,000 distress calls per
12 year, and their unarmed response teams resolve more
13 than 99% of them without calling for police backup.
14 A much bigger city, Denver is taking a page from
15 their book and launched a pilot program called Star
16 Last Summer which handles hundreds of trespassing
17 alerts, welfare checks, and similar issues with no
18 need for police backup or arrest at all. These
19 approaches dramatically boost the odd of people with
20 mental health issues getting the help they need and
21 drop the odd of them getting needlessly arrested,
22 injured, or killed.
23 STG KOTOWSKI: Time expired.
24 STEVE MAZZUCCHI: Right now, New York
25 City has a unique opportunity to be a leader to the

2 rest of the country that mental health crisis can be
3 handled with compassion, not cuffs, and this is that
4 opportunity. Thank you.
5 COMMITTEE COUNSEL SARA LISS: Thank you
6 very much to this panel. I'll now pause for a moment
7 to see if we have any Council Members questions.
8 Okay, seeing none. We're going to turn to the next
9 panel. Jeanine Rocke, Christine Henson, Camilla
10 Spielman, and Ricardo Miranda. Jeanine Rocke, you
11 can go as soon as the Sergeant cues you.
12 SGT. KOTOWSKI: Your time starts now.
13 JEANINE ROCKE: Good morning. My name is
14 Jeanine Rocke, and I thank you for this opportunity.
15 In order to keep people safe and address the needs of
16 the public, I wanted to express my support for the
17 establishment of an Office of Community Mental
18 Health, but ultimately to remove any police
19 involvement. Mental Illness should not be a death
20 sentence. Unfortunately, this has been the fate of
21 those who have lost their lives at the hands of
22 police responding to mental crises. It's so
23 important that people with the proper training and
24 experience are responding to these issues and not
25 armed officers. NYPD and law enforcement nationally

2 have displayed de-escalation skills. A gun shouldn't
3 be so easy to each for and a life should not be easy
4 to take. During a mental health check, a police
5 officer shot and killed 52-year-old Texan, Patrick
6 Warren in January after someone yelled for the
7 officer not to shoot. His family had called for help
8 the previous day and a mental health profession
9 responded and could relate to and calm more, and who
10 agreed to go to the hospital. The unpreparedness of
11 the officer who had responded to the family's call
12 the following day would result in the loss of a man's
13 life. In our own State of New York, March of last
14 year, several officers responding to one man's
15 emergency resulted in the loss of Daniel Prude. In
16 Pennsylvania, a 19-year-old Christian Hall had his
17 hands up when he was shot and killed by police. As
18 we've heard today, there are many more in the city I
19 may not have even heard about yet but use of
20 excessive force by police is nothing new. The day
21 after Walter Wallace's shooting, our then President,
22 proclaimed his dance with law enforcement and just
23 said, "Let them do their job". Police, however, have
24 demonstrated how ill-equipped they are. This isn't a
25 job for them. It's necessary not only to save lives,

2 but also to provide resources for individuals and
3 their families and putting specific procedures into
4 lasting law. This office should coordinate the needs
5 of agencies and organizations citywide and listen to
6 their expertise, and I know I would feel much more
7 confident having a number to call as I find calling
8 the police to be inviting a genuine threat into my
9 neighborhood, but the need for support for mental
10 health, that could mean anyone and everyone. I'm not
11 just speaking up for those who are experiencing a
12 crisis today, but for all of us. The way we can
13 respond to those in need reflexes on our own
14 humanity. Thank you again for listening to me today,
15 and I want to thank the Council, those who worked on
16 writing this Bill, and I want to thank those working
17 to serve mental health needs in specific communities,
18 and I want to thank the tireless work of activists,
19 organizers, and protesters who hitting the streets
20 time and time again. I've learned so much from these
21 folks, and their work is the reason we can speak up
22 and have our voice heard, but the voice of the people
23 is also always on the streets as well. Thank you.
24 COMMITTEE COUNSEL SARA LISS: Thank you
25 very much.

2 STG. KOTOWSKI: Your time starts now.

3 CHRISTINE HENSON: Hello, my name is

4 Christine Henson, and my son's name is Andrew Henson.

5 He is affected by autism and limited speech. When

6 Andrew was 16, he was assaulted by NYPD officers.

7 Andrew's first encountered, he is lucky, as we are,

8 his family to be lucky that he's a survivor. I'm

9 here to oppose Intro 2210 and make sure you

10 understand that it's not going to work to have NYPD

11 show up with mental health response teams. My son's

12 experience is not, you know, something that we will

13 be able to disregard. NYPD is not fit to provide the

14 care for loved ones affected by special needs and

15 mental distress. Shamefully, the Bill will continue

16 to put families like mine in dangerous situations

17 where we could lose our loved ones with disabilities.

18 My son needed an evaluation. Instead, he was

19 brutalized by police officers. On October 9, of

20 2018, I had set up a meeting with his principal

21 because he needed an updated speech evaluation. The

22 principal recommended Bronx Care. She had a staff

23 member place a call for ambulance to transport us

24 there, and the evaluation was supposed to take place

25 that day. The principal instructed a staff member to

2 call for an ambulance. However, police officers were
3 present on the scene before the ambulance. Police
4 officers disregarded me. No one said anything to me.
5 When we stepped out of the ambulance, we noticed that
6 there were over two dozen NYPD officers present. I
7 asked why the police were there, no one answered me.
8 I was ignored. After we stepped out of the ambulance
9 to entered into the location, he told me he wanted
10 something to eat. He took a step, the EMT placed his
11 hand on his shoulder to prevent him from walking and
12 that must have been a lead for officers to then jump
13 on his son… (crosstalk).

14 SGT. KOTOWSKI: Time.

15 CHRISTINE HENSON: on his back by five
16 officers while a security officer placed his hands
17 around my son's neck and twisted his neck. Again, my
18 son is affected by limited speech and he is a child.
19 Again, I was ignored, I was totally disregarded. I
20 screamed for them to stopped. No one listened. They
21 surrounded my son. They piled on top of him. I
22 watched my son's body go limp after that provide,
23 that, you know, that choke hold. I heard Andrew
24 scream in excruciating pain (inaudible). They forced
25 my son on his knees and his face went to a bench. My

1
2 son needed medical attention and care
3 (inaudible)trauma or near-death experience. My son's
4 experience is exactly what will continue to happen if
5 Intro 2210 is passed. This bill ensures that NYPD
6 will show up along with mental health response teams
7 and many, if not most case, just as they showed up
8 along with my EMTS and my son's experience. The Bill
9 should not be allowed to be passed. It does not
10 honor the families who have lost loved one to police,
11 who are in emotional distress, and it does not honor
12 families like mine. We also must remove 9-1-1 from
13 the control of NYPD or else black and brown
14 communities will continue being criminalized,
15 restraining is not enough. If 9-1-1 stays with NYPD
16 to default will also to be to send police. I ask
17 that you put yourself in my shoes, in my family's
18 shoes, especially Andrew's shoes, who, his voice is
19 limited, and if you're a person of color, do you want
20 to live in fear? What is it like to not have a
21 voice, to live in fear or you can be brutalized or
22 even worse, killed. Mental health emergencies can
23 happen to anyone. Our loved ones with special needs
24 do not need to brutalized. Do you truly think it is
25 safe to have NYPD to be sent to emotional distressed

2 calls? We need to break this pattern and stop
3 criminalizing black and brown people who are
4 struggling with mental health and disabilities that
5 need a certain appropriate and safe and secure type
6 of attention, not to be able to endure pain and
7 suffering that has longevity and frightens them.
8 Thank you, I thank you for this opportunity. Please,
9 it needs to stop. Thank you.
10 COMMITTEE COUNSEL SARA LISS: Thank you
11 very much for your testimony. Our next panelist is
12 Camilla Spielman. You can begin as soon as the…
13 (Crosstalk).
14 STG. KOTOWSKI: Your time starts now.
15 CAMILLA SPIELMAN: Morning Chair Louis
16 and Members of the Committee on Mental Health,
17 Disabilities, and Addictions. My name is Camilla
18 Spielman. I thank the Committee for the opportunity
19 to testify. Also, I thank you, Christine Henderson,
20 for speaking up. I appreciate your courage and
21 however, I will say that I am speaking in support of
22 Intro 2210 because I believe it is our pathway to get
23 the NYPD out from the umbrella of the responsibility.
24 So, I'll begin, yes. So, I know many New Yorkers
25 will agree when I say this, I do not trust the NYPD.

2 I know myself and many other New Yorkers have taken
3 up the practice of policing the police. When I see
4 an officer arresting someone, or engaging with
5 anyone, I stand by and begin recording because I have
6 seen how situations that should have been responded
7 with standard protocol have ended up in physical
8 abuse or death, and far more often for black and
9 brown people. NYPD officers and most police
10 departments around the country carry too much power
11 and bear too much responsibility with too little
12 training. NYPD officers are not equipped to resolved
13 situations where individuals are experiencing mental
14 health emergencies. While the NYPD did receive a
15 short training on this, we know that frequently, they
16 are not prepared, and then in fact, NYPD quite often
17 tends to escalate situations with people who are
18 having mental or behavioral health crisis. I think
19 we can all agree that police officers are not trained
20 to address the needs of the person, and they are not
21 practiced enough in the empathy and care that is
22 needed to safely and successfully guide someone in a
23 crisis. I believe that passing this bill, along with
24 creating a three-digit mental health crisis call
25 number would create the resources our community lacks

2 for safely responding to mental health crises, remove
3 police officers from their role as first responders,
4 and would equip community members, friends,
5 neighbors, and bystander who, out of distrust, want
6 to avoid calling the NYPD at all times with effective
7 means to keep each other safe. Finding the gaps
8 within mental health provision, coordinating between
9 city agencies, community organizations, mental health
10 providers to create a baseline protocol will create
11 the infrastructure to maintain the system and move
12 out from under the umbrella of police responsibility,
13 and in the ramping up time, while this process is
14 being established or in the case that a mental health
15 emergency response protocol can't provide services
16 for every emergency call, NYPD must have protocols in
17 place to realistically de-escalate situations and
18 hopefully have training that last more than four
19 days, as currently is the case, and most honestly and
20 accurate report what happens on these calls. In
21 protest we ask, "who will keep us safe"? And we
22 answer, "we keep us safe" because we know, with the
23 system how it is, we have to look out for each other.
24 How about our city? Our police department keeps us
25 safe? Pass these Bills. Establish and Office of

2 Community Health, establish a mental health emergency
3 response unit, send mental health professionals to
4 care for our people and effectively train police to
5 de-escalate and be accountable for protecting the
6 people they claim to protect. Thank you for the
7 opportunity to testify.
8 COMMITTEE COUNSEL SARA LISS: Thank you
9 very much. Our next panelist will be Ricardo
10 Miranda. You can begin as soon as the Sergeant cues
11 you.
12 SGT. LUGO: Starting time.
13 RICARDO MIRANDA: Hello, my name is
14 Ricardo Miranda. I am a veteran of the United States
15 Air Force, a former educator working with children
16 with physical and mental disabilities, and almost a
17 5-year resident of the city. I also suffer from PTSD
18 related anxiety attacks. This past fall, I was with
19 people protesting outside of one police plaza. At
20 this time, I was tackled by more officer than I can
21 recall. The one thing that really sticks with me
22 outside the fact that one sergeant, very gleefully,
23 took to punching me in the face more than once, is
24 the entire group of police officer yelling “stop
25 resisting” over and over and over again as they dog

2 piled on top of my body. The fact that they cannot
3 understand a basic human condition of fight or flight
4 in a situation like this, gives me no confidence that
5 if they were to encounter one of former students or
6 one of my fellow veterans suffering from some sort of
7 mental break, that they would have any sort of
8 ability to control themselves and not put these
9 people in more danger. If you approach a situation
10 armed and ready to use that armament, the situation
11 will only end in conflict utilizing that armament.
12 There's no reason for anyone with a weapon to show up
13 to the situation where someone is having a mental
14 health crisis. I spent the entire last week trying
15 to come up with some sort of an analogy for what
16 sending an armed police officer to a situation
17 requiring empathy would be, but the best I could come
18 up with is that it is much like sending an armed
19 police officer into a situation where empathy is
20 required. This is not a situation that they are
21 trained for, it is not a situation where even want to
22 be. That is evident by the fact that when see these
23 situations, they are always angry. They start out
24 angry, and they end in injury and death more often
25 than they should. I had some more personal stories,

2 but I don't think that I have the time to convey
3 them. So, thank you for your time.
4 COMMITTEE COUNSEL SARA LISS: Thank you
5 very much, and again, as a reminder to all panelist,
6 if you want to submit written testimony, there's no
7 length limit, and we read all of it. Thank you. I'm
8 going to turn to Council Member Ayala who has some
9 questions for this panel.
10 CM AYALA: Yeah, I don't have a question,
11 per se, but I just wanted to, you know, to thank Ms.
12 Henson for coming in to testify, and just to clarify,
13 that I think that they intent of the Bill, and I
14 think this is a great conversation, it's a great
15 start, but the intent of the Bill is to remove the
16 NYPD. I don't know how many of you caught my opening
17 remarks, but, you know, and this is something that,
18 and I consider myself part of the impact of the
19 community as well. My family has been, you know,
20 dealing with mental illness, some members of my
21 family have been dealing with mental illness for most
22 of their lives and, you know, and I mentioned the,
23 you know, the fear of having to make that 9-1-1 call
24 because quite frankly, when I was making the 9-1-1
25 call, I wasn't intending to call the NYPD. I was

2 merely looking to contact someone with emergency
3 health experience, right, I was hoping that the EMT
4 would respond first, but unfortunately, that doesn't
5 happen, and we don't control those systems right now,
6 right, we don't control who responds and when and how
7 they react once they get there, and I think that the
8 intent of the Bill is really to clarify those roles
9 to remove the police department from responding in
10 the first place, but in those instances where we
11 cannot control, and we won't be able to control all
12 situation, if the police, by, you know, coincidence
13 or because someone else made a different type of
14 call, that does happen to show up, that they are also
15 trained in how to respond appropriately. So, I
16 really just want to say thank you, and I want to
17 recognize, you know, that, you know, I am hearing all
18 of the feedback, thank you for all of the wonderful
19 suggestions. I understand where the, you know,
20 ambiguity is coming from. That is not our intent and
21 we, you know, have no intentions of passing a Bill
22 until we get it right because we want to make sure
23 that this Bill is actually helping to impact the
24 community and not hurting it. So, thank you all for
25 coming to testify today.

2 COMMITTEE COUNSEL SARA LISS: Thank you
3 very much Council Member Ayala. Our next and final
4 panel will be Sarah Sitzler and Christina Sparrock,
5 and we'd like to tell folks that if we inadvertently
6 missed anyone, please use the Zoom raise hand
7 function at the bottom of the screen and we'll make
8 sure that you can testify afterward. So, we'll begin
9 with Sarah Sitzler. As soon as the Sergeant cues
10 you, you may begin.
11 STG LUGO: Starting time.
12 SARAH SITZLER: Hi. Thank you, Chair
13 Louis and thank you Council Member Ayala for making
14 that clarification because I'm, well, my name is
15 Sarah Sitzler. I'm a resident District 40 and I
16 really, I wanted to focus on changing the language as
17 so many people have mentioned. Changing the language
18 of the Bill to really explicitly exclude NYPD
19 involvement, and thank you to everyone that spoke and
20 all the people who are working like every single day
21 directly with people who are suffering from mental
22 illnesses, and I just want to say police should not
23 be called for mental health emergencies ever because
24 deploying the police implies a criminal element is
25 present, and it's detrimental to that person in

2 crisis, getting the help that they need. A person in
3 a mental health crisis requires help from individuals
4 who possess a delicate skill de-escalation training
5 and experience and the police, no matter what
6 training that they receive, they just don't possess
7 the same skills to really be proactive in these cases
8 of crisis because they are not healthcare providers,
9 and we just can't allow anymore senseless deaths at
10 the hands of the police. According to the Treatment
11 Advocacy Center, people with untreated mental illness
12 are 16 times more likely to be killed during a police
13 encounter than other civilians approached by law
14 enforcement, and as we've seen time and time again,
15 police response to individuals in mental health
16 crisis, especially black men, have tragically
17 resulted in their deaths, and these men deserve not
18 only humanity which they are denied at the hands of a
19 police, but they deserve real compassion and care,
20 and I want to stress the importance of the
21 preventative care here, because they deserve care not
22 only in the moments that they were in a crisis, but
23 they deserve care in the days, weeks, months leading
24 up to this crisis, and it's not only the senseless
25

2 deaths that are destroying families, but there's so
3 much trauma experienced by… (crosstalk).
4 STG KOTOWSKI: Time expired.
5 SARAH SITZLER: During their most
6 vulnerable moments, in times of crisis when they are
7 dehumanized and brutalized by police. There are
8 experiences that leave emotional scars that often
9 lifelong afflictions compounded on top of their
10 mental illnesses. It's just an immeasurable
11 disservice to the public and to the NYPD to keep
12 officers involved in mental health emergency
13 responses, and it's time that we start treating
14 mental health as a medical issue that it is, and not
15 a criminal that it is not. Thank you so much.
16 COMMITTEE COUNSEL SARA LISS: Thank you
17 very much. Our next panelist will be Christina
18 Sparrock followed by Jeff Strabone. So, Christina,
19 you can begin as soon as the Sergeant cues you.
20 STG KOTOWSKI: Time starts.
21 CHRISTINA SPARROCK: Greetings. My name
22 is Christina Sparrock. I'm a stirring committee
23 member of Correct Crisis Intervention Today or CCIT-
24 NYC, an organization with over 80 members advocating
25 for a non-police responses to mental health calls.

2 I'm a mental health advocate, a para-specialist and a
3 Certified Public Accountant, and I've had direct
4 experience with policeman having a mental health
5 crisis of my own. CCIT has six major concerns with
6 2210. First the role of the police. Our concern is
7 the inclusion of police as responders as opposed to
8 pair lead mental health crisis response team. Police
9 respond to criminal and people having mental health
10 crisis are not criminals, but in fact, like the
11 previous presenter, 16 more times likely to be killed
12 by police compared to those without a mental illness.
13 In the past five years, despite the CIT training, 16
14 individuals experiencing mental health crisis were
15 killed by police of whom 14 were black or people of
16 color. As the public safety emergency definition, by
17 including terms like crimes, violence, and harm to
18 public is too broad and allows police to be involved
19 in potentially all mental health crisis, not
20 acceptable. Our second concern is the role of the
21 Department of Mental Hygiene and Health. DOHMH
22 should not be entity to provide crisis response
23 services, but contract with the peer-driven
24 community-based organization. Additionally, mental
25 health counsel consisting of at least 51% pairs who

2 are trauma informed and culturally sensitive should
3 be working along side DOHMH to make decisions.
4 Third, the racial equity framework. The proposed
5 crisis response program does not use racial equity
6 framework to inform its design and performance. The
7 program is to exist in isolation, divorced from
8 comprehensive public health system that based on
9 crisis prevention and does not address health and
10 recovery outcomes. Fourth, the emergency response
11 team. The mental health emergent response team in 30
12 minutes poses a great heath risk as well as an
13 increased chance of police involvement. It is
14 outright discrimination for emergencies experienced
15 by individuals with mental health disabilities to
16 have a longer response times than other emergencies.
17 Notable, EMS average response time for life
18 threatening medical emergencies is 8.32 minutes, and
19 non-life-threatening medical emergencies is only 10.4
20 minutes. All lives matter. Mental Health Live
21 Matter. Fifth, the emergency medical technicians.
22 We are concern with some undefined mental health
23 conditions, responding to mental health crisis.
24 Mental health clinicians who are often detached to
25 the individuals practice a clinic model where

2 individuals are diagnosed, medicated, and possibly
3 stabilized. In addition to CCIT-NYC, we strongly
4 recommend that mental health crisis response teams
5 consist of emergency medical technicians. Often
6 physical health problems are masked by mental health
7 crises. So, the service of EMT can be crucial in the
8 crisis response, and last, but not least, the lack of
9 consultation with peers and advocates hoping, going
10 forward, nothing about us as our peer and mental
11 health community policy, and we hope that we can sit
12 at the table going forward to help make better
13 decisions. However, there are aspects of the Bill of
14 2210, that CCIT does support. One, the mobile peers,
15 two, the alternative hotline number, like 9-8-8,
16 monthly and annually reporting, the follow up by
17 mental health emergency response units with an
18 individual who sought help from the unit, the goal of
19 reducing mental health emergencies through
20 preventative care, and lastly limiting police
21 dispatch when summoned by mental health emergency
22 units and assuring that once dispatched, the police
23 follow the unit’s instructions. Thank you.
24
25

2 COMMITTEE COUNSEL SARA LISS: Thank you
3 very much. Our next panelist will be Jeff Strabone.
4 Jeff, you can begin as soon as you are cued.
5 STG. LUGO: Starting time.
6 JEFF STRABONE: Good afternoon. Good
7 afternoon Chair Louis and Members of the Committee.
8 My name is Jeff Strabone. I'm a lifelong resident
9 New Yorker and former Vice Chair of Community Board 6
10 in Brooklyn. I live in the 39th District. I thank
11 the Committee for its time and for listening. The
12 subject of my testimony today is Intro 2210. To put
13 it simply, people with mental health emergencies
14 don't need police with guns. They need a different
15 kind of help, and around the country, many police
16 forces know this too. My written statement will
17 include testimony from October by the Connecticut
18 Chapter of the National Association of Social Workers
19 listing cities around the country that have created
20 or piloted similar 9-1-1 alternatives using social
21 workers. Denson, Texas, Dallas, Alexandria,
22 Kentucky, Greensboro, North Carolina, Eugene, Oregon,
23 Olympia, Washington, Denver, Albuquerque, Los
24 Angeles, Buffalo, Willimantic, Connecticut, and New
25 Haven. I hope New York City will add itself to this

2 list of innovative cities. New York should not be
3 outdone by Willimantic, Connecticut. Police are not
4 social workers or psychologists, and we should not
5 task them with roles and responsibilities far beyond
6 their expertise. Police know this. After a mass
7 shooting of police officers in Dallas in July 2016,
8 Dallas Police Chief, David Brown said the following,
9 "Were asking cops to do too much in this country. We
10 are. Every societal failure, we put it off on the
11 cops to solve. Not enough mental health funding, let
12 the cops handle it. Not enough drug addiction
13 funding, let's give it to the cops. That's too much
14 to ask. Policing was never meant to solve all those
15 problems". Chief Brown was right, and New York
16 should listen. Since the election of Ronald Reagan
17 in 1980, our Federal, State, and Local governments
18 have cut and cut and cut all but two types of
19 funding, war and police. If you cut mental health
20 spending and increase police spending year after
21 year, you're going to be sending police to mental
22 health crisis that they're not equipped to deal with.
23 STG. LUGO: Time expired.
24 JEFF STRABONE: Fifteen seconds, if I may.
25 You all know the same. Don't bring a knife to a gun

2 fight. I say, don't send a cop with a gun to
3 someone's dark night of the soul. Send a social
4 worker. Let cops be cops, and social workers be
5 social workers. They're not the same. We need both,
6 fund both. Thank you.
7 COMMITTEE COUNSEL SARA LISS: Thank you
8 very much. I will now pause a moment to allow any
9 panelist that we inadvertently missed to use the Zoom
10 raise hand function. Ok, we will also be pausing for
11 a moment to see if anyone else will be logging on to
12 testify, and in the meantime, I turn to Chair Louis
13 and any other Council Members that might have
14 additional questions or any closing remarks.
15 CHAIR LOUIS: No questions here. I'll
16 just provide closing remarks at that time.
17 COMMITTEE COUNSEL SARA LISS: Council
18 Member Ayala, do you have any… (Crosstalk).
19 JOHANNA CASTRO: Chair Louis, are we
20 going, uh, Chair Louis, we're just going to give a
21 couple minutes to see if some other folks sign on.
22 CHAIR LOUIS: Okay.
23 JOHANNA CASTRO: Chair Louis, we have
24 (inaudible) Anderson. Sara, can you have the
25 assembly member testify?

2 COMMITTEE COUNSEL SARA LISS: Sure.

3 JOHANNA CASTRO: Thank you.

4 COMMITTEE COUNSEL SARA LISS: And we'd
5 like cue New York State Assembly Member, Khaleel
6 Anderson. As soon as the Sergeant cues you and the
7 host unmutes you, you can begin your testimony.

8 KHALEEL ANDERSON: Thank you so much
9 Council and thank you so much Chairwoman for having
10 this critically important hearing and discussing
11 around what mental health looks like in the NYPD.
12 You know, I'm here to voice my support for removing
13 police and law enforcement from mental health crises
14 and emergencies. For far too long, we have casually
15 accepted, for that matter, police and law enforcement
16 to be the swiss army knife, to be the folks that are
17 the main responders, if you will, for every crisis
18 and every emergency, rather it's a dog being lost to
19 a cat stuck in a tree, to more serious cases that
20 should be flowed outside of the NYPD. Academic
21 research, national and local news reports, and all
22 the traumatic lived experiences are concluded that we
23 as a society need to reimagine the basic fundamental
24 role of policing, and that's what I believe this
25 discussion around mental health and NYPD's role in

2 that space is about today. We're just very familiar
3 with all the research, rather it's for the prison
4 pipeline, etc., those different types of pipelines,
5 there is a pipeline of mental illness to
6 incarceration, and if we don't stem that pipeline
7 now, in this moment, and in this discussion, we're
8 going to be faced with over-policing as we are faced
9 with now but increased over-policing in that respect.
10 Particularly, I want to comment on this piece too,
11 particularly because we don't have institutions and
12 spaces for folks who are suffering with mental
13 illness to be able to rehabilitate the space of
14 incarceration, our prisons, our criminal justice
15 system becomes the space in which they occupy. We
16 don't have supportive housing, we're losing mental
17 health beds, even this executive budget that was
18 recently proposed by Governor Cuomo, that we're
19 currently, as a Legislature, reviewing has some
20 problematic things as it relates to investing in
21 mental health, and I say problematic at the bear
22 minimum of the feelings that I have about this
23 budget. We can't live a city where our imagination
24 in general is just so bankrupt that we can't envision
25 alternatives to abusive, predatory, unethical,

2 illegal recklessness, and violent policing while also
3 not addressing some of the systemic underlying issues
4 as it relates to their relationship with folks. We
5 also must dare to imagine family calling for help for
6 a loved one whose emotional distress but scared
7 rather or not to call the police or to call a service
8 provider, and when they call the police, it could
9 result in the death of that loved one or family
10 member. We shouldn't be afraid in that moment to
11 call out for help, and that's what many New Yorkers
12 are afraid of, and lastly, I think we need to imagine
13 a city where mental health is destigmatized and also
14 decriminalized. We should not be criminalized for
15 being folks or folks who struggle with mental health
16 issues and that's kind of where I stand on that
17 issue, and having a district and representing a
18 district where we've had negative interaction with
19 police as it relates to mental health and I'm
20 speaking from experience, I'm speaking for what I've
21 seen and watched, and I would also dare to say that
22 some of our colleagues who are in policing, would
23 agree that a lot of issues rest on their shoulders
24 that really should not, and I strongly believe that
25 this one of them. Thank you.

1

2 COMMITTEE COUNSEL SARA LISS: Thank you
3 very much Assembly Member. We're just going to give
4 one more minute in case any additional panelists sign
5 on. Okay, and I see that we've been joined by Carl
6 Valeri, who will be testifying next as soon as the
7 host unmutes them and the Sergeant cues them, they
8 begin testifying.
9 STG LUGO: Starting time.
10 CARL VALERE: Thank so much. Thank you
11 to Chair Louis as well as the Mental Health
12 Committee. My name is Carl A. Valere. I am the
13 Chief of Staff to New York City Assembly Member
14 Khaleel M. Anderson here in District 31 of Queens.
15 I'm also a former Department of Health and Mental
16 Hygiene Mental Health Instructor and Trainer where
17 nearly 4 years, I taught mental health course across
18 New York City. I would teach diverse audiences that
19 included our faith communities, different healthcare
20 professionals as well as law enforcement, and the
21 narrative and the facts remain the same that we want
22 to make sure that police, as the Assembly Member
23 said, aren't the swiss army knife to respond to any
24 and every crisis or emergency. In fact, during the
25 many courses that I taught, police officers and law

2 enforcement would say that they didn't want to be the
3 only response. They weren't trained. They weren't
4 adequately equipped to be able to respond to mental
5 health crises, okay. As a lifelong New Yorker, for
6 the entirety of my time here in New York City, we've
7 seen unfortunately, far too many tragedies. When I
8 was a community organizer in Flatbush Brooklyn, there
9 was the tragic story of Dwayne Jeune, whose mom
10 called in search of help, in search of assistance for
11 her son, who was experiencing a mental health crisis
12 and emotional distress, when tragically, he was
13 killed in Flatbush Gardens. Just a few years ago, in
14 Crown Heights, Saheed Vassell was also killed when he
15 was experiencing a mental health crisis, and so as
16 the Assembly Member just said, we know that there are
17 school to prison pipelines, we know there's school to
18 confinement pipelines, but there's also mental
19 illness to incarceration, mental illness to
20 homelessness, and mental illness to death…
21 (Crosstalk).
22 SGT. LUGO: Time expired.
23 CARL VALERE: Pipeline, so we want to make
24 sure that we get folks the services and support they
25 need. Thank you.

2 COMMITTEE COUNSEL SARA LISS: Thank you
3 very much, and I'll pause to see if we've
4 inadvertently missed any Members or any panelists.
5 Okay, seeing none. I will now turn back to Chair
6 Louis to give closing remarks, and to close out the
7 hearing. Thank you.
8 CHAIR LOUIS: Thank you, Sara. Thank
9 you, Assembly Member Anderson, for joining us today
10 and for our remarks. I also want to thank Council
11 Member Ayala for her leadership and for her advocacy
12 and for wanting to push harder for equitable and
13 appropriate mental health services and support to
14 those that need it here in New York City. Thank you
15 for all you do. I want to thank all the advocates,
16 families that testified today and for lending your
17 voice to this conversation. These discussions help
18 us to learn about the policy changes that need to be
19 made and the appropriate needs that need to be
20 provided and expedited, and it's up to us to take
21 those steps to ensure we get this right. So, I want
22 to thank you all for being here today, and as Chair,
23 I just want to also share that I look forward to
24 supporting my colleagues and advocates on ways we can
25 reform responses to mental health crises, as well as

1
2 reducing the stigma and discrimination around mental
3 health, and creating more supportive measures. Thank
4 you again the Committee staff for your support on my
5 first day of being Chair for this Committee, and I am
6 calling this meeting to a close. Thank you.
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C E R T I F I C A T E

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

Date April 15, 2021