

The Committee on Women and Gender Equity,
Joint with the Committee on Mental Health Disabilities
And Addiction

1

CITY COUNCIL
CITY OF NEW YORK

----- X

TRANSCRIPT OF THE MINUTES

Of the

The Committee on Women and Gender Equity,
Jointly with the Committee on Mental Health
Disabilities, and Addiction

----- X

October 8, 2021
Start: 10:17 a. m.
Recess: 11:58 a. m.

HELD AT: REMOTE HEARING (VIRTUAL ROOM 1)

B E F O R E: Hon. Darma V. Diaz,
Committee on Women and Gender
Equity, Chair

Hon. Farah Louis,
Committee on Mental Health,
Disabilities and Addiction, Chair

COUNCIL MEMBERS: Committee on Women and Gender
Equity:

Laurie A. Cumbo
James F. Gennaro
Ben Kallos
Brad S. Lander
Farah N. Louis
Helen K. Rosenthal

The Committee on Women and Gender Equity,
Joint with the Committee on Mental Health Disabilities
And Addiction

2

(CONTINUED)

COUNCIL MEMBERS: Committee on Mental Health,
Disabilities and Addiction:

Diana Ayala
Alicka Ampry-Samuel
Joseph C. Borelli
Eric Dinowitz
Kevin C. Riley

The Committee on Women and Gender Equity,
Joint with the Committee on Mental Health Disabilities
And Addiction

3

A P P E A R A N C E S

Jacqueline Ebanks,
Executive Director of The Commission on Gender
Equity

Dr. Chinazo Cunningham,
Executive Deputy Commissioner for
Mental Hygiene at the New York City Department of
Mental Health and Hygiene.

Dana Hanuszcak,
Organizer for Voices of Women; Organizer for
survivors of domestic violence

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 4

2 SERGEANT LEONARDO: Pc recording is underway.

3 SERGEANT PEREZ: Back up is rolling.

4 SERGEANT BRADLEY: Cloud is up.

5 Sergeant Leonardo, you may begin with the
6 opening.

7 SERGEANT LEONARDO: Good morning and welcome to
8 today's remote New York City Council Hearing for The
9 Committee on Woman and Gender Equity, joint with The
10 Committee on Mental Health, Disabilities, and
11 Addiction.

12 At this time, will council members and council
13 staff, please turn on their video for verification
14 purposes.

15 To minimize disruptions, please place all cell
16 phones and electronic devices to vibrate or silent.

17 If you have testimony you wish to submit for the
18 record, you may so by sending it via email to
19 testimony@council.nyc.gov. Once again that is
20 testimony@council.nyc.gov.

21 We thank you for your cooperation,

22 Chair, we are ready to begin.

23 CHAIRPERSON DIAZ: Good morning, and thank you for
24 staying with us, and I apologize for starting late.

25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 5

2 Good morning, and welcome to today's very
3 important oversight hearing on The Mental Health
4 Impact of COVID-19 on Women as Caregivers.

5 I am Council Member Darma Vanessa Diaz; pronouns
6 are she/her/hers. I am the chair for The Committee
7 on Women and Gender Equity.

8 We are also joined by The Committee on Mental
9 Health, Disabilities, and Addiction Chair, Council
10 Member Farah Louis.

11 The COVID pandemic and its economic fallout had
12 has had a global impact on certain populations more
13 than others.

14 Since the Corona virus outbreak was declared a
15 national emergency a year and a half ago, today women
16 and women of color in particular, have suffered
17 greater job loss when compared to men.

18 This is because: A) We are more likely to be
19 employed in jobs that require in person work. We
20 work in low wage jobs. Caregiving responsibilities
21 (sic) falls more on us than other persons.

22 Additionally, racism, sexism, and other forms of
23 bias that existed before the pandemic, of which are
24 made difficult for many women of color, to secure
25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 6
2 solid employment left with more vulnerable to others
3 through the pandemic (sic).

4 Yet, studies have shown that women of color are
5 critical economic stability of families and the
6 majority; 67.5% of Black mothers are the primary
7 figure and sole (INAUDIBLE 00:02:21) barriers, who
8 are the breadwinners for their families compared to
9 30% of white mothers.

10 Moreover, recent federal data shows that when,
11 uhm, many women of color that work in essential jobs,
12 they also likely work in several of industries
13 hardest hit by the losses all though this pandemic.

14 This includes The Accommodations and Food
15 Industries. Nearly 54% are women. And, The Health
16 and Social Assistance Industries 80%. Alarming.

17 According to the data from the health survey
18 conducted in the late 2020, women are younger, Black
19 or Hispanic, (LOST CONNECTION) are uninsured, low-
20 income, and have less than a bachelor's degree, where
21 they're most likely to lose their jobs related... to
22 COVID related reasons.

23 Thirty percent or women quit their jobs, because
24 their children are in school, and lack of (INAUDIBLE
25 00:3:19) and daycare has closed down. Twenty-three

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 7
2 percent quit, because with someone at elevated risk
3 of COVID (LOST CONNECTION)

4 When schools closed for in person instruction
5 last year, mothers took many new responsibilities
6 (BACKGROUND NOISE) including more childcare and
7 assisting with remote learning. Now, the Delta
8 variant is bringing more cases to record highs, once
9 again threatens the closure of school buildings.

10 What all this data tells us is, that the most
11 vulnerable before the pandemic have only become more
12 vulnerable during the pandemic.

13 Having been a frontline worker as a director with
14 small families (sic) shelters before I joined the
15 council, I knew firsthand about mental anguish, and
16 that many of my women clients suffered during the
17 pandemic... and men as well.

18 While we all felt the impact of the pandemic, my
19 clients were in crisis.

20 I had single mothers, some with language
21 barriers, who had to teach themselves new things they
22 never learned in order to assist their children
23 remote learning ideals.

24 Fortunately, the shelter contracted with two non-
25 profits that provided responsive mental health

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 8
2 services and more families than ever before took
3 advantage of that resource during the pandemic. They
4 were flexible and understanding, and while clients
5 were satisfied with the services, there were some
6 barriers to access -- this including having the right
7 technology to connect those services and lacking
8 privacy while in shelters.

9 One of my clients told me that she had to take
10 her counseling calls in the bathroom so her son could
11 study. A sad woman indeed.

12 So, I am very pleased that we are having the
13 hearing. I have lots of questions about women and
14 mental needs in New York City, and would like to know
15 if the needs were actually met.

16 Thank you.

17 I am now going to turn it over to Chair Louis.

18 CHAIRPERSON LOUIS: Thank you, Chair Diaz, and
19 good morning everyone. Thank you for joining us.
20 I'm Council Member Farah Louis, Chair of The
21 Committee on Mental Health, Disabilities, and
22 Addiction, and I'd like to thank everyone joining us
23 today for this joint hearing with The Committee on
24 Women and Gender Equity.

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 9

2 Our hearing is about The Mental Health Impact of
3 COVID-19 on Women as Caregivers. And, we now that
4 when it comes to mental health, women, who were
5 already more vulnerable to conditions like depression
6 and anxiety, have been disproportionately and
7 negatively impacted by the effects of this pandemic.

8 Overall, one in two Americans, or 51% of the
9 public, has reported their mental health has
10 deteriorated because of this pandemic. Yet, 57% of
11 women, have reported increased incidents of anxiety
12 and depression, as opposed to 44% of their male
13 counterparts.

14 A 2021 University of Chicago of Medicine study
15 discovered that early on in the pandemic, women
16 experienced increased incidents of health related,
17 socioeconomic risks such as food and housing
18 insecurity and interpersonal violence.

19 Women also experienced what the report called,
20 "alarming High rates of mental health problems,
21 including depression and anxiety.

22 By the end of the report, researchers it to be
23 both incredible and concerning that nearly half of
24 the women surveyed, including more than a quarter of
25 those who reported no health relates socioeconomic

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 10

2 risks, had experienced incidents of violence or
3 worsening economic... socioeconomic conditions.
4 Significantly, 29% of the women surveyed, reported
5 symptoms of depression and anxiety -- nearly twice
6 the pre pandemic rate, and one and six women screened
7 positive for posttraumatic stress disorder.

8 A similar Kaiser Family Foundations, found that
9 about 1/3 of those who reported a negative impact on
10 their mental health say, there was a time in the past
11 year where they thought they might need mental health
12 services or mediation, but they didn't get it.

13 Nearly half of women who report a negative mental
14 health impact due to the pandemic say they did not
15 get mental health care that they needed.

16 In addition, about one in five adults under the
17 age of 50, Black adults and women, say they have
18 experienced worsened mental health due to the
19 pandemic and have not gotten mental health services
20 or medication they thought they might need.

21 Lack of access to providers and affordability
22 appear to be among the biggest barriers for those who
23 sought after mental healthcare due to COVID-19
24 pandemic stressors.

25 Finally, according to a research (sic) scientist

2 At Brigham and Women's Hospital, the pandemic's
3 disproportionate economic toll, which has punished
4 women more than men, has contributed to the mental
5 health gender gap.

6 Women are more likely to have lost work in the
7 COVID-19 recession. And childcare, eldercare, and
8 navigating remote schooling are hitting women harder
9 than men, which is a perfect storm for women's mental
10 health.

11 Additionally, Black and Latina women show higher
12 rates of COVID-19 related mental health problems than
13 white women.

14 At today's hearing, the committees will be
15 hearing from the administration, providers, community
16 based organizations and advocates about how New York
17 City can provide a more effective response and mental
18 help support to women impacted by COVID-19.

19 I want to thank the administration, The Executive
20 Director of The Commission on Gender Equity, and
21 Executive Deputy Commissioner of Mental Hygiene at
22 DOHMH for being here with us today.

23 I know you are committed to working on this
24 issue for all New Yorkers, and to effectively address
25 the mental health needs that are raised in our

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 12
2 communities, and we look forward to hearing from all
3 of you.

4 I also want to thank my colleagues, as well as my
5 staff, uh, Legislative Director Krista (sp?) Winter,
6 as well as council committee staff, Senior Counsel
7 Sara Liss, Legislative Policy Analyst Cristy Dwyer,
8 and Financial Analyst Lauren Hunt for making today's
9 hearing possible.

10 I now turn to our moderator who will review
11 hearing proceedings. Thank you.

12 MODERATOR: Thank you... (Cross-Talk)

13 CHAIRPERSON DIAZ: As we transition, I wanted to
14 acknowledge my colleagues, Riley, Gennaro, Kallos,
15 Dinowitz, Ampry-Samuel, Ayala, and Rosenthal.

16 Thank you.

17 Turn it over to the moderator.

18 MODERATOR: Thank you, Chairs Diaz and Louis.

19 Uhm, I am Chloë Rivera, the Senior Policy Analyst
20 for The Committee on Women and Gender Equity of the
21 New York City Council. I will be moderating today's
22 hearing.

23 Before we begin, I will go over a few procedural
24 matters.

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 13

2 I will be calling on panelist to testify. I want
3 to remind everyone that you will be on mute until I
4 call on you to testify. You will then be unmuted by
5 the hosts.

6 Please listen for your name to be called.

7 For everyone testifying today, please note that
8 there may be a few second delay before you are
9 unmuted, and we thank you in advance for your
10 patience.

11 At today's hearing, the first panel will be the
12 administration, followed by council member questions,
13 and then the public will testify.

14 During the hearing, if council members would like
15 to ask a question, please Zoom Raise Hand function,
16 and, I will call you in order.

17 I will now call on members of the administration
18 to testify.

19 I will now call on Jacqueline Ebanks, Executive
20 Director of The Commission on Gender Equity, and Dr.
21 Chinazo Cunningham, the Executive Deputy Commissioner
22 for Mental Hygiene at The Department of Mental Health
23 and Hygiene.

24

25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 14

2 I will first read the oath, and after, I will
3 call on each panelist here from the administration to
4 individually respond.

5 Do you affirm to tell the truth, the whole truth,
6 and nothing by the truth, before this committee, and
7 to respond honestly to council member questions?

8 Uh, Executive Director Ebanks?

9 EXECUTIVE DIRECTOR EBANKS: I do.

10 MODERATOR: And, Dr. Cunningham?

11 DR. CUNNINGHAM: I do.

12 MODERATOR: Thank you.

13 Uh, Executive Director Ebanks, you may begin your
14 testimony.

15 EXECUTIVE DIRECTOR EBANKS: Thank you.

16 Good morning, Chair Diaz, Chair Louis, and
17 members of the Committees on Women and Gender Equity
18 and on Mental Health, Disabilities and Addiction.

19 Thank you for this opportunity to speak today. I
20 want to also acknowledge the leadership of Council
21 Member Rosenthal and Council Member Ayala on The
22 Commission and Gender Equity. We thank you so much
23 for your partnership, and we're happy to have you
24 serve as commissioners.
25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 15

2 I am Jacqueline Ebanks, Executive Director of New
3 York City's Commission on Gender Equity. In this
4 role, I also serve as an advisor to the Mayor and
5 First Lady on policies and issues affecting gender
6 equity in New York City for all girls, women,
7 transgender, and gender non-binary New Yorkers
8 regardless of their ability, age, and ethnicity/race,
9 regardless of their faith, gender expression,
10 immigrant status, sexual orientation, and/or
11 socioeconomic status.

12 My colleague, Dr. Chinazo Cunningham, who is The
13 Executive Deputy Commissioner for Mental Hygiene at
14 The Department of Health and Mental Hygiene, and I
15 welcome this opportunity to discuss the
16 administration's efforts around the mental health
17 impact of COVID-19 on women as caregivers.

18 The de Blasio Administration is steadfast in its
19 commitment to promote equity, excellence and fairness
20 for all New Yorkers. And, has converted its words in
21 to action to become a leader in to protecting the
22 rights of all New Yorkers regardless of gender
23 identity, gender expression, or background.

24 It is within this context that CGE works to tear
25 down equity barriers across New York City.

CGE carries out its activities across three areas
of focus within a human rights framework and using an
intersectional lens. These areas of focus, as you
know, are:

1. Economic Mobility and Opportunity.
2. Health and Reproductive Justice.
3. Safety.

To the matter at hand today, I want to take us
back to March 2020 when COVID-19 virus was spreading
aggressively within New York City. As city agencies
developed and implemented emergency and longer-term
responses to the pandemic, The Commission on Gender
Equity focused on how best to inform and shape a
gender equitable recovery resulting in the release of
our Gender Equity and COVID-19 Recovery Survey.

This longitudinal survey was designed to better
understand the COVID-19 recovery needs and
experiences of New Yorkers and included both
qualitative and quantitative questions that addressed
our three areas of focus.

While we continue to prepare a full analysis of
the data, I would like to share some insights we
gained from the first survey distributed on June 10,
2020.

2 We had over 1,300 responses from a non-random
3 sample, 64% who submitted responses were female
4 identified, 34% were submitted by male identified
5 persons, and 2% by transgender and gender non-binary
6 New Yorkers.

7 Financial hardships stemming from unemployment or
8 fear of job loss, were prominent in survey responses.
9 Sixteen percent of respondents indicated they were
10 unemployed—fifty one percent of whom attributed that
11 job loss to the pandemic.

12 Responses showed a tension between the desire to
13 find work and feelings of unsafety in the workplace,
14 forcing participants to make an uncomfortable choice
15 between a loss of income and the risk of illness.

16 Wealthier respondents generally were able to
17 avoid this choice, as they were more likely to be
18 able to work from home, and in some cases,
19 temporarily leave the city.

20 The relevant themes that we identified at that
21 time in June... Mid 2020, were... included stress
22 around an inability to pay rent with fears of
23 eviction and, two, Concern that individuals will not
24 be able to pay their bills once the extra \$600
25 unemployment benefits run out.

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 18

2 And, so, if you'll recall this was... Uhm, the
3 provisions that we had at the beginning of the
4 pandemic.

5 Regarding caregiving, from our non-random sample,
6 25% of our responses, uhm, came from individuals
7 who indicated that they were caregivers. These
8 respondents indicated that between March and June of
9 2020, the childcare services that parents and
10 caregivers previously relied on were suddenly either
11 unavailable or perceived as unsafe in the face of the
12 COVID-19 pandemic. This created additional stress,
13 especially for those with limited social support
14 and/or an inability to work from home. Participants
15 described many challenges with childcare ranging from
16 feeling that remote education was a second job to
17 feeling pressured between choosing to continuing to
18 work or care for their children in the home. In those
19 early days of the pandemic, many participants
20 expressed fear around returning to the office because
21 of concern about contracting the virus and bringing
22 it into the home, or leaving their children alone for
23 remote education.

24 I have a rather lengthy quote from one
25 respondent. But, I think it really runs the gambit,

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 19

2 and it's an ideal example of what, uhm, several of
3 our respondents experienced. So, if you'll permit me
4 to quote -- and I quote here.

5 "My spouse has not lost his job during the
6 pandemic, but I was supposed to return from maternity
7 leave, so while our household has been generally
8 stable, I was not equipped or prepared to provide
9 full time childcare. And exacerbating this, is that
10 our old daycare is essentially providing us with
11 minimal assistance and still charging us money. Not
12 only that, no one has assured us or given us the
13 impression that any expert knows how children fit
14 into the pandemic puzzle. And the result is that the
15 government seems to be green lighting our childcare
16 provider into stealing our money while giving us no
17 reason to trust them to reopen safely. Additionally,
18 I was on maternity leave at the start of the
19 pandemic, and now my job can't take me back. But,
20 there is no other job out there for me at the moment.
21 I would have to interview and find a job while I have
22 two children to manage on my own, and the result is
23 that I'm not going to be able to look for a job, and
24 may get pushed out of my industry entirely. My male
25 counterpart also is able to walk away at any moment

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 20
2 from work, and now my only job is maintaining house
3 and children like I belong in the 1950's and signed
4 up for this, " end of quote.

5 In the Health and Reproductive Justice segment of
6 our survey, many participants indicated that their
7 overall health was "good" or better. However, the
8 majority of respondents indicated they were
9 struggling with significant mental health burdens in
10 the first four months of the pandemic.

11 Ninety-two percent of respondents indicated
12 feeling anxious and 84% of respondents reported
13 feeling depressed every day or nearly every day since
14 the pandemic -- with transgender and non-binary
15 people and women reporting comparatively higher rates
16 than their male counterparts.

17 Respondents gave myriad reasons for experiencing
18 anxiety and depression. The most prevalent themes
19 were loneliness and isolation. For their... Also,
20 for those who contracted COVID-19, many described not
21 only the physical burden of the illness itself, but
22 also expressed fear and anxiety around lingering
23 symptoms, spreading the virus to someone else in the
24 household, and lack of access to testing to confirm
25 the infection.

2 Additionally, many participants who cared for
3 either elderly family or immunocompromised members of
4 their household, experienced greater anxiety, as the
5 risk burden for going out to public to get groceries
6 or other necessities left them wondering if they
7 would bring the virus the home.

8 Lastly, lastly, many participants lost a family
9 member or loved one to COVID-19 illness. Compounding
10 the grief for the death itself, participants shared
11 also the pain and sorrow for the inability to say
12 goodbye to the person... or in person.

13 So, finally, in the safety segment of the survey,
14 New Yorkers being deeply fearful about their safety
15 were deeply fearful about their safety as the COVID-
16 19 virus rapidly spread throughout New York City
17 during the early months.

18 Seven percent of the respondents reported
19 feeling unsafe at home, 53% reported feeling unsafe
20 at work, and most predominantly, 70% reported feeling
21 unsafe in public.

22 Many respondents indicated... I'm sorry, I'm in
23 the office and haven't moved for a while so, turn the
24 light back on... Sorry...

25 CHAIRPERSON DIAZ: It's s okay.

2 EXECUTIVE DIRECTOR EBANKS: Many respondents
3 indicated that they felt much better working from
4 home and hope teleworking options will continue in
5 the future.

6 So, here we go to recommendations.

7 Through their and qualitative and quantitative
8 responses, survey participants have shown us how
9 COVID-19 affected and exacerbated hardships across
10 all aspects of their lives -- lives which were too
11 often already impacted by histories of systemic
12 oppressions and exploitation.

13 As we consider their responses, we gain insight
14 in to shaping an equitable COVID-19 recovery and post
15 COVID reality, we must advance new policies and
16 programs that ensure that all women, transgender and
17 gender non-binary individuals, can live safe, healthy
18 and economically secure lives.

19 And, to this end, CGE made the following
20 recommendations in its 2020 annual report, which we
21 called Advancing Gender Equity during Crisis.

22 To address our focus area of economic mobility
23 and opportunity, we recommend that's it as essential
24 as, uh, local, federal, and national, and state
25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 23
2 governments, we institute universal healthcare and
3 universal childcare.

4 It is also essential we recommend that we raise
5 the minimum wage and expand workers' bargaining
6 rights. And, needless to say, it becomes imperative
7 that we eliminate gender and racial pay gaps.

8 To address issues pertaining to health and
9 recommended, uhm, reproductive justice, we recommend
10 expanding mental health services, and, also, with all
11 health services, we absolutely need to prioritize
12 marginalized communities and those most vulnerable,
13 including the aging.

14 Finally, to address issues concerning safety, we
15 are in support of restorative programs and the
16 recommendations made in the Center for Court
17 Innovations report, using restorative approaches to
18 address intimate partner violence.

19 These program should begin with a pilot, and must
20 have the following qualities:

21 They should be predicated on an individual
22 survivor's voluntary desire to engage in a
23 restorative process.

24 They should be based in communities rather than
25 referred through legal entities.

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 24

2 They should address structural oppression and
3 incorporate community-and culturally-specific
4 components.

5 And, they should have a have a dedicated funding
6 structure that includes a mix of public and private
7 funds.

8 Thank you so much for this opportunity to address
9 this critical issue. I look forward to addressing
10 any questions you may have.

11 At this time, my colleague, Dr. Chinazo
12 Cunningham will provide testimony.

13 Thank you.

14 CHAIRPERSON DIAZ: Thank you for your testimony.

15 MODERATOR: Thank you for your testimony.

16 Executive Deputy Dr... Executive Deputy
17 Commissioner, Dr. Cunningham, you may begin your
18 testimony.

19 DR. CUNNINGHAM: Thank you.

20 Uhm, good morning, Chair Louis, Chair Diaz, and
21 members of The Committee on Mental Health,
22 Disabilities, and Addiction and The Committee on
23 Women and Gender Equity. I am Dr. Chinazo
24 Cunningham, Executive Deputy Commissioner at The
25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 25
2 Division of Mental Hygiene at The New York City
3 Department of Health and Mental Hygiene.

4 On behalf of the Health Commissioner, Dr. Dave
5 Chokshi, thank you for the opportunity to testify
6 today alongside Executive Director Ebanks from The
7 Commission on Gender Equity about the mental health
8 impact of COVID-19 on women as caregivers.

9 The COVID-19 pandemic has brought unprecedented
10 loss of life, financial distress, and social
11 isolation to the lives of New Yorkers, and we know
12 the burden has not been felt equally. Prior to the
13 pandemic, Health Department survey data from January
14 2020 showed that there was no significant difference
15 in the prevalence of having probable anxiety or
16 depression among adults with children under the age
17 of 18 in the household compared to adults without
18 children in the household.

19 In comparison, during the pandemic, Health
20 Department survey data from April and May of 2020,
21 found that healthcare workers and adults with
22 children in the households were more likely to report
23 experiencing adverse mental health.

24 As New York City continues to respond to and
25 recover from the COVID-19 pandemic, The Health

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 26

2 Department is committed to sharing reliable
3 information and resources, collaborating with
4 behavioral health partners across the city, and
5 strengthening existing resources to support the
6 mental health and well-being of all New Yorkers.

7 Let me share a few highlights of the work The
8 Health Department is doing to help New Yorkers during
9 this time, with a focus on those who have been
10 disparately impacted.

11 Throughout the pandemic, The Health Department
12 has promoted the use of NYC Well, the city's 24/7
13 talk, text, and chat service for mental health and
14 substance use support, counseling, and referrals to
15 additional services.

16 In addition to connection to counseling, NYC Well
17 offers a wealth of resources in their online database
18 of behavioral and substance use services, many of
19 which are tailored to healthcare workers, caregivers,
20 those who are pregnant, and new parents.

21 Additionally, we have also promoted the use of
22 New York's Project Hope emotional support helpline,
23 which provides crisis counseling, connection to local
24 providers and social services including medical,
25 housing, food and financial assistance.

2 All New Yorkers, including women who are
3 caregivers, can contact either of these resources to
4 speak with a counselor if they are feeling stressed
5 or overwhelmed, and can receive referral to an
6 experienced local provider, or connect with other
7 behavioral health, substance use, and social
8 resources if needed.

9 We have also focused on sharing information about
10 these services in the communities that need it most.

11 The Health Department has also supported the
12 mental health and resiliency of communities most
13 impacted by COVID-19 through the COVID-19 Community
14 Conversations initiative, also known as 3C. This
15 program holds structured discussions with communities
16 about the impact of the pandemic, including
17 structural racism, provides coping and resiliency
18 skills, and informs residents of available mental
19 health resources.

20 Over twenty thousand New Yorkers have joined
21 these conversations so far, with more scheduled;
22 helping people disproportionately impacted, including
23 women, learn skills to cope with the mental health
24 effects of the pandemic.

2 For several of these programs, our data show that
3 while these programs are available to everyone, they
4 are mostly utilized by women.

5 Furthermore, we contract with a network of
6 specialized early childhood mental health clinics
7 that provide family-based, trauma-informed treatment,
8 and family peer support to young children and their
9 families.

10 We also fund family peer services to support
11 parents/caregivers of children and youth experiencing
12 mental health challenges.

13 Finally, we contract with two training centers
14 that build the capacity of staff who serve families
15 in a variety of settings, including clinics,
16 community-based organizations, and peer programs.

17 We also recognize the mental health toll the
18 pandemic has taken on people in caregiving
19 professions, particularly healthcare professionals.

20 The Health Department partnered with Health +
21 Hospitals and the Greater New York Hospital
22 Association to develop the Healing, Education,
23 Resilience, and Opportunity Program for New York's
24 frontline workers (also known as HERO-NY). This
25 training addresses the mental health and wellness

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 29
2 needs of frontline healthcare workers as they respond
3 to COVID-19 and is used in healthcare and first
4 responder settings across the city.

5 I'd also like to take a moment to note that The
6 Health Department's work to support the health of
7 women who are caregivers, extends to many parts of
8 our agency.

9 For example, The Nurse-Family Partnership program
10 provides support for low-income, first-time mothers,
11 by pairing them with specially trained nurses who
12 provide information and guidance throughout the
13 pregnancy and until the child's second birthday.

14 Mothers also receive a mental health screening.
15 In our Neighborhood Health Action Centers, every
16 member of a family that visits the Family Wellness
17 Suites can access services, health education, and be
18 linked to cross sector care.

19 Their Baby Cafés also provide ongoing
20 breastfeeding education, lactation care and
21 intervention along with a place for parents of young
22 children to access social support and receive
23 referrals for a wide range of social and health
24 needs.

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 30

2 Throughout the pandemic, and well before and
3 after COVID-19, The Health Department has remained
4 committed to protecting the physical and mental
5 health of mothers and caregivers citywide.

6 I thank the committees on Mental Health,
7 Disabilities and Addiction, and Women and Gender
8 Equity for your ongoing partnership and support as we
9 continue to address the mental health impacts of the
10 COVID-19 pandemic and care for the health of New
11 Yorkers.

12 I am happy to take your questions.

13 Thank you.

14 CHAIRPERSON DIAZ: Thank you for your testimony.

15 MODERATOR: Thank you for your testimony.

16 Before I turn to Chairs Diaz and Louis, I'd like
17 to remind council members to use their Raise Hand
18 function in Zoom to indicate that you have a question
19 for this panel.

20 Chair Diaz?

21 CHAIRPERSON DIAZ: I'm going to turn it over to
22 Chair Louis.

23 I'm in desperate need to hear feedback from The
24 Department of Health; they were truly able to engage

25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 31
2 individuals, and I'm eager to learn about outcomes.
3 And... If that's okay, Chair Louis, with you?

4 CHAIRPERSON LOUIS: That's fine.

5 Thank you so... (Cross-Talk)

6 CHAIRPERSON DIAZ: Thank you.

7 CHAIRPERSON LOUIS: Uhm, I want to thank, uh, Dr.
8 Cunningham and Commissioner Ebanks for joining us
9 today.

10 And, uh, Commissioner Ebanks, I want to thank you
11 for the recommendations that you've shared during
12 your testimony.

13 Uhm, and I also want partnership with you, and
14 possibly Dr. Cunningham, because your assistance is
15 really needed.

16 In your recommendations you mentioned localizing
17 services, and myself and some of my colleagues who
18 are in this Zoom today, uhm, have pushed and
19 advocated for the (BACKGROUND NOISE) (INAUDIBLE
20 00:32:51) Initiative. Uhm, and, we're looking for
21 assistance from the administration. We have
22 advocated this, because we want to priorities
23 services locally for communities that were highly
24 impacted by COVID-19. So, we hope we can get your
25 assistance, uh, with the administrative.

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 32

2 But, I'm gonna jump in to the first question.

3 Uhm, and, while we always asks these questions, uhm,
4 during the mental health hearings, uhm, I'm hoping we
5 can have a deeper dive... we could do a deeper dive
6 and have a meaningful conversation about NYC Well and
7 its effectiveness and the intricacies, uhm, of this
8 program.

9 I wanted to know if you could share with us
10 approximately how many New Yorkers use NYC Well.

11 EXECUTIVE DIRECTOR EBANKS: If I could, uhm,
12 start, uh, Chair Louis. I want acknowledge your
13 invitation for collaboration. And, uh, please rest
14 assure, that, uh, throughout the administration, I
15 think one of our key values is collaboration, in
16 order to create deep impact and lasting impact. And,
17 so, we are there with you on that matter.

18 I also want to talk about the value of data to
19 this administration as a guiding force in the way we
20 do our work.

21 I think both Dr. Cunningham and I, today, uh,
22 mentioned how we have relied on data, both
23 qualitative and quantitative. And, that data relies
24 on, uhm, partnership with community. That it's not
25 merely the fact of pulling information from whatever

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 33
2 research mechanisms we have, but it's about going to
3 community , engaging community authentically, and
4 then responding to community based on their input.

5 And, we continue to fine tune and improve our
6 programs, because we have ongoing conversations with
7 community. Uhm, and hopefully can be as responsive
8 as we ought to be to needs and, uh, to the
9 multiplicity of needs and the multiplicity
10 populations we serve.

11 And, so with that, I would want to turn this to,
12 uhm, my colleague, Dr. Cunningham, as she can provide
13 additional information.

14 DR. CUNNINGHAM: Thank you very much.

15 Uhm, we at The Health Department are absolutely
16 committed to addressing the mental health needs of
17 all New Yorkers, uh, during the COVID-19 pandemic,
18 and especially women and caregivers.

19 Uhm, NYC Well, has met unprecedented demand for
20 counseling and emotional support. Uhm, and it really
21 provides information and referrals, uhm, to ongoing
22 mental health and substance use services, since the
23 onset of the pandemic.

24

25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 34

2 Services are available 24 hours, seven days a
3 week, uh, through phone, text, and chats in over 200
4 languages.

5 Uhm, during this unprecedented demand, we have
6 seen more than 1.7 million incoming calls, texts, and
7 chats. That's as of September 30th of 2021.

8 Average weekly contacts have increased from 5,200
9 in 2019 to over 6,300 in 2020.

10 Uhm, in addition, uh, staffing has also increased
11 to accommodate this really unprecedented increase in
12 the calls, texts, and chats.

13 CHAIRPERSON LOUIS: Thank you for that, Dr.
14 Cunningham.

15 Is there any information, broken down by gender,
16 race, ethnicity, and zip code?

17 DR. CUNNINGHAM: Uhm, thank you, Chair Louis.
18 That's an important question, and we absolutely use
19 our data to help target our services, and the
20 geography of the services, uhm, that we provide.

21 Uhm, because NYC Well, does not require people to
22 provide information, some of that information is, uh,
23 missing -- is not collected. However, of the
24 information that we do have, uh, the majority of
25 contacts are from women.

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 35

2 CHAIRPERSON LOUIS: And, earlier in your
3 testimony, you mentioned 64% of respondents were
4 female, were you talking about NYC Well?

5 EXECUTIVE DIRECTOR EBANKS: No, uhm, in my
6 testimony... (CROSS-TALK)

7 CHAIRPERSON LOUIS: Correct... (CROSS-TALK)

8 EXECUTIVE DIRECTOR EBANKS: I think that's...

9 CHAIRPERSON LOUIS: Yes... (CROSS-TALK)

10 EXECUTIVE DIRECTOR EBANKS: No, that was the
11 generic... The survey that we released, via the web,
12 as... hence it was non-random, and, uhm, it was of
13 the 1,300. We actually got 1,366 responses, and 64%
14 of those were women's. So, the vast majority of the
15 folks who responded to the survey, that CGE
16 disseminated, uh, were women.

17 CHAIRPERSON LOUIS: Do we know how many women
18 utilize NYC Well compared to men? Do we have those
19 facts?

20 DR. CUNNINGHAM: Uhm, what we do know is, uhm,
21 that with... Among the individual... Among those on
22 who we have data, among the individuals who contacted
23 NYC Well on behalf of someone else, 75% identified as
24 female.

25 CHAIRPERSON LOUIS: Mm-hmm. Okay... (CROSS-TALK)

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 36

2 DR. CUNNINGHAM: Uhm, in addition, among, uhm,
3 among those, again, who gave, uh, information, those
4 who contacted NYC Well on their own behalf, 60% were
5 female. So, clearly the majority are female.

6 CHAIRPERSON LOUIS: Got it.

7 And, what does the followup care look like for
8 individuals that call NYC Well?

9 We know it's a referral service, but what does
10 that look like? Can you break that down for us, Dr.
11 Cunningham?

12 DR. CUNNINGHAM: What I would say, uhm, is that
13 it's very variable depending of the needs of the
14 individual calling NYC Well.

15 Uhm, so there is followup that is available.
16 Followup emails, followup phone calls. Uhm, but it
17 really ,you know, NYC Well is really identifying what
18 the needs are for individuals, and then providing the
19 appropriate resources afterwards -- some of which
20 does not require follow up, but followup is
21 available.

22 CHAIRPERSON LOUIS: And, how does that compare to
23 pre-pandemic utilization? Because, NYC Well's been
24 around for some time.

25 So, what's the comparison between the two?

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 37

2 DR. CUNNINGHAM: Uhm, the... The use of NYC
3 Well, during the COVID Pandemic, has been
4 unprecedented in terms of the increase in the volume.

5 Uhm, just as an example, in 2019, we know that
6 NYC Well averaged approximately 5,200 contacts per
7 week.

8 During the pandemic, in 2020, the average
9 increased to 6,300, uh, contacts per week.

10 CHAIRPERSON LOUIS: Got it.

11 I just want to jump in to... to something new
12 really quickly. Uhm, because it was mentioned. I
13 can't remember which one of your testimonies
14 regarding the newborn home visiting program that was
15 launched during February of 2020. I'm not sure who
16 mentioned it.

17 But, I just ask some quick questions about it,
18 because it was launched in February of 2020, and
19 there was a 43 million dollar commitment to this
20 program, and then the pandemic kind of halted the
21 program; then it was restored on a virtual level.
22 So, I just wanted to know if either of you can give
23 us an update on this program.

24 EXECUTIVE DIRECTOR EBANKS: I'll let Dr.
25 Cunningham go, as I do know, uhm, you know, and I

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 38

2 think you point to a very important shift that pre-
3 pandemic, you know, there was this hope and
4 aspiration of deepening investment in areas of need.
5 And, we had always talked about the vulnerability of
6 Black and Latinx women, and, uhm, maternal, uhm,
7 pregnancy and birth.

8 And, so this program was clearly decided...
9 developed as one intervention when... after birth.
10 But, the other thing I think we have to realize is
11 how quickly we had to shift to the city, and how
12 quickly resources had to be shifted to really address
13 the pandemic. And, so, the pattern you described
14 reflects that. The pandemic sort of, and I think
15 appropriately, of course, you know, subsumed all of
16 the broader visions, and hope we had for, uh, work
17 ,you know, moving forward, had things proceeded as
18 normal... (CROSS-TALK)

19 CHAIRPERSON LOUIS: Thank you... (CROSS-TALK)

20 EXECUTIVE DIRECTOR EBANKS: But, I'll let Dr.
21 Cunningham provide... (CROSS-TALK)

22 CHAIRPERSON LOUIS: Thank you, Commissioner
23 Ebanks. And, one reason why I'm also mentioning,
24 uhm, why we're doing this quick switch, is because
25 NYC Well, not everybody utilizes it, but we know what

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 39

2 programs like the new birth program, but also there
3 are women in our city who are Black and Brown as you
4 alluded to, who didn't even have an opportunity to
5 utilize this service, like, Denise Williams who
6 passed away, uhm, Amber... So, many different women
7 passed away, and didn't have access to these
8 programs. So, I just wanted to make sure that we do
9 the quick switch and take a deeper dive.

10 So, I wanted to know, uhm, Dr. Cunningham, can
11 you please give us an update on the program is you
12 have it?

13 DR. CUNNINGHAM: Uhm, yes. So, The Health
14 Department is absolutely committed to providing
15 support, uhm, to new mothers and children and really
16 to prevent crisis from occurring.

17 Uhm, we have a newborn home visiting program,
18 along with a nurse family partnership home visiting
19 program.

20 In addition, uhm, we have that new family home
21 visiting program that's being launched this fall,
22 which will expand service capacity and increase
23 access to care for first time birthing families.

24

25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 40

2 Uhm, the expanded focus will be on first time
3 parents in the 33 tree neighborhoods, those who have
4 ACS involvement, and NYCHA residents.

5 CHAIRPERSON LOUIS: And, you mentioned that it's
6 gonna be launched this fall, can you share with us,
7 when did the halt stop? During the pandemic, uhm,
8 the scope changed, too. So, I wanted to know if you
9 could share a little bit about that. And, is this
10 being launched in Brooklyn like it was initially
11 gonna be launched in February 2020?

12 DR. CUNNINGHAM: Uhm, so, we... This is gonna
13 be expanded in the 33 tree neighborhoods.

14 CHAIRPERSON LOUIS: Mm-hmm?

15 DR. CUNNINGHAM: Uhm, again, in addition to those
16 with ACS involvement, and NYCHA residents as well
17 for... in terms of expanded edibility.

18 CHAIRPERSON LOUIS: Got it. So, thank you for
19 that. I just wanted to make sure, uhm, we got that
20 covered. So, thank you for that.

21 I am going to turn it over now to Chair Diaz to
22 make sure... if she has any questions.

23 CHAIRPERSON DIAZ: Yeah, I definitely have
24 questions, thank you.

25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 41

2 I... While, I appreciate the fact that we have
3 75% of women that use the services, I would like to
4 know, what are we doing to target the rest of our
5 communities -- men, youth, and the LGBTQ community?
6 I... I didn't hear numbers out of your stats.

7 Who can answer to that for me?

8 EXECUTIVE DIRECTOR EBANKS: I would just, uh,
9 start by saying, you know, when we design services in
10 New York City and this administration... (CROSS-
11 TALK)

12 CHAIRPERSON DIAZ: Mm-hmm?

13 EXECUTIVE DIRECTOR EBANKS: We look at it from,
14 as you know, Chair, the intersectional lens. And,
15 so, it's service to all New Yorkers, regardless of
16 gender identity, gender expression, or, uh,
17 background. And, that certainly includes sexual
18 orientation, includes age, etc.

19 And, so, sometimes, uh, you know, we can provide
20 deeper data. It may not be readily available, but,
21 uhm, we focused on providing data specific to women
22 at this point -- some of whom, of course, may be
23 lesbians as well. So, that intersection is at play
24 in that data.

25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 42

2 Uhm, but I don't know if Executive Deputy
3 Commissioner has, uhm, additional data information
4 she could provide at this time. But, we are more
5 than willing and able to capture that data and report
6 it to you at a later date if that's okay with you.

7 CHAIRPERSON DIAZ: That is okay.

8 DR. CUNNINGHAM: Uhm, as we know, uhm, the
9 COVID-19 pandemic has really brought unprecedented
10 loss of life and distress and social isolation to
11 all, uh, New Yorkers, and we know that that burden is
12 not felt equally. Uhm, and we are committed to
13 addressing the needs of those most impacted by this
14 pandemic.

15 We have a variety of ways in which we've done
16 that in The Health Department. Uhm, so this includes
17 sharing messages and resources, uhm, to the New
18 Yorkers that make them aware of, uhm, reactions that
19 are normal including grief, and then building upon
20 their strengths to foster resiliency.

21 Uhm, we promote the use of NYC Well in addition
22 to Project Hope, uhm, for mental health and substance
23 abuse support counseling and referrals.

24

25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 43

2 Uhm, we also support contracted providers and
3 organizations, uhm, by providing technical assistance
4 on how to best serve their clients.

5 We also partner with communities, organizations,
6 faith groups and other organizations to deliver
7 information about the impact of COVID on mental
8 health, how to access behavioral health resources,
9 uhm, and building coping skills and community
10 resilience.

11 CHAIRPERSON DIAZ: Thank you for your answer,
12 right. And, I'd have to just go back to numbers.
13 I'm interesting in knowing, how do you collect your
14 data?

15 If I understood correctly, one can call actual
16 services and doesn't have to identify where they
17 live.

18 How do we know that east New Yorker... Uhm,
19 families in east New York (INAUDIBLE 00:47:16)
20 outreaching? Do we have higher numbers in The Bronx,
21 or, particularly Inwood? How... How do you break it
22 down, so we know the services are actually reaching
23 those that... most in need, if you don't track based
24 on call volume?

25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 44

2 DR. CUNNINGHAM: Thank you, Chair Diaz. We in The
3 Health Department absolutely believe in the
4 importance of collecting data and then developing
5 programs to address, uh, what we see in the data to
6 target those who are most impacted by COVID-19.

7 We use a wider array of data to do this. Some of
8 this includes our public health surveys, which track
9 the trends and prevalence of behavioral health
10 outcomes and experiences. We also track emergency
11 department visits from hospitals and psychiatric
12 wards. We use data from The Office of the Medical
13 Examiners to track suicide and overdose. Uhm, we
14 also use programmatic data from contracted providers
15 and surveys of health providers.

16 So, these are just some examples of the wide
17 array of data that we collect to use to target our
18 programs and services.

19 CHAIRPERSON DIAZ: Okay.

20 My next question is concerning the LGBTQ
21 programs. I am interested in knowing, uhm, the
22 success rate in engaging clients.

23 Can you give me specific examples? Other than
24 what you have said, do you... What does the outreach
25 team look like? If we know that individuals are not

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 45

2 coming forward where we know there's likely to be a
3 need in the said community... And, I'd like to know
4 if The Department of Health is thinking outside the
5 box and... On how to engage people based on our
6 reports. Yes, Dr. Cunningham?

7 DR. CUNNINGHAM: Uh, thank you, Chair Diaz.

8 Uhm, we in The Health Department are very
9 committed to ensuring that the programs that we
10 officer are culturally competent and sensitive. And,
11 we do this in a variety of ways.

12 Uhm, in terms of language, uhm, for example, uh,
13 NYC Well, is available in over 200 languages by
14 phone. And, in addition, our, uhm, COVID-19
15 Community Conversations are available in English,
16 Spanish, Chinese, Korean, Arabic, Haitian, Creole and
17 more.

18 All of our materials and guidance documents are
19 translated in up to 13 languages. Uhm, we also then,
20 uh, really center voices of peers as well. We have
21 many programs in which peers are critical --part of
22 the response and services. And, we contract with
23 community based organizations located in the exact
24 communities that need services the most.

25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 46

2 CHAIRPERSON DIAZ: Okay. So, let's say I, Darma
3 Diaz, want to go to a hospital and did not connect
4 with my counselors, I felt the individual was
5 disrespectful, how does Darma Diaz report in a way
6 that the counselor doesn't know specifically that I
7 was made to feel uncomfortable. What's the process?

8 DR. CUNNINGHAM: So, in The Health Department, we
9 have a wide, uhm, array of data collection tools, uhm
10 that we use regularly. Uhm, so, uhm, you know, I
11 think some of these really include surveys that can
12 get at some of this information as well.

13 In addition, having resources like NYC Well, is
14 an opportunity for people to be able to call and
15 contact, uhm, 24 hours a day, 7 days a week, in order
16 to get the services that they feel, if they haven't
17 been able to get it one way, can then, uh, get those
18 services in another.

19 CHAIRPERSON DIAZ: And, in you literature, is
20 there a conversation that leads to that? If you're
21 no... If you're not happy with your services, if you
22 have questions or concerns, is there a 1-800 number
23 in someone's face where it's visible? Again, I'm
24 Darma, I went to the hospital, I'm in dire need of
25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 47
2 conversation, and I'm dis re (sic)... And, I feel
3 uncomfortable?

4 NYC Well would be great, but I think having a
5 visual in front of me where I can call... walk away
6 and call, is what I'm asking. Do we have that? I
7 know other agencies do have that possibility for
8 someone to call. And, I just think with the
9 population that we're through today, it has to be in
10 our face, per se; we're in crisis mode, we don't have
11 time to rethink and... And, go call 3-1-1 to try to
12 figure it out.

13 EXECUTIVE DIRECTOR EBANKS: I'm sorry, Dr.
14 Cunningham? Go ahead.

15 DR. CUNNINGHAM: Uh, thank you, so, I... I cannot
16 speak, uhm, to the process at hospitals specifically.
17 Uhm, you know, in a scenario like you described, we
18 would certainly recommend reporting this to the
19 hospital. But, in terms of ,you know, other
20 resources, there, uhm, there's a tremendous amount of
21 outreach efforts that we have in The Health
22 Department to make sure that communities are aware of
23 resources. We have a public awareness campaign.
24 Uhm, we also have several guidance documents that do
25 promote the services that we provide. Uhm, and those

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 48
2 include the NYC Well or Project Hope or the, uhm, 3C.
3 So, there are a variety of ways in which we do
4 conduct outreach, uh, to make sure that community
5 members are aware of the services available.

6 CHAIRPERSON DIAZ: Okay.

7 And, uhm, thank... Thank you, uhm, Executive
8 Director Ebanks and Commissioner Cunningham.

9 I am going to turn it over to my colleague, Mr.
10 Dinowitz for a question, then I'll resume to my
11 questions. Thank you.

12 COUNCIL MEMBER DINOWITZ: Hi, good morning, uhm,
13 thank you for being here.

14 My question is quick. I just wanted to follow up
15 on the at home services you provide, you said from...
16 to support people of the child... Through the
17 child's 2nd birthday? Uhm, I'm just curious who...
18 If that support includes guidance through the, uh,
19 early intervention process -- applicant process --
20 and follow up. You know, what... One of the things
21 I've seen, is the stress, the mental health stress,
22 that having a child with a disability can often have
23 on a family. It is a very complicated system to go
24 through. And, it is stressful just having a child
25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 49
2 who's not, uhm, you know, meeting with, let's say,
3 age standards.

4 So, uhm, early intervention is a program that
5 helps, you know, alleviate a lot of that stress, and
6 it's better for the family, and, of course, that
7 child.

8 So, in that uhm, at home program that supports
9 the family to the 2nd birthday, does that include the
10 guidance for families through early intervention
11 services?

12 DR. CUNNINGHAM: Uhm, so, we at The Health
13 Department absolutely are committed to, uhm, ensuring
14 that, uh, children, uh, early in their lives have the
15 resources necessary to prevent, uh, any sort of
16 mental health crises, and we do this through a
17 variety of programs. So, these include the home
18 visiting programs, uhm, and, that exist now, which
19 will... And, then, we're currently launching an
20 expansion of these home visiting programs to expand
21 to the 33 tree neighborhoods, those involved with
22 ACS, and, uhm, NYCHA residents.

23 In addition, we have The Early Childhood Mental
24 Health Network, uhm, and within this network...

25 (CROSS-TALK)

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 50

2 COUNCIL MEMBER DINOWITZ: So, I'm... I'm...
3 I'm... I'm sorry, I really want to stay in my time.

4 I think you've said those things already. I'm
5 just, you know, respectfully, I'm just, you know,
6 asking, do those... all of those support services
7 include helping families who may be having mental
8 health crises because of children with disabilities?
9 That... That... And, they don't know it? Do the
10 services you provide help families navigate a very
11 complicated system of early intervention and helping
12 children with disabilities?

13 DR. CUNNINGHAM: Yeah, I appreciate that question.
14 Uhm, early intervention is one of our programs. Uhm,
15 and the experts, uhm, are in a different office than
16 mine, but I'm happy to connect, you know, them with
17 you after this hearing.

18 COUNCIL MEMBER DINOWITZ: Okay, thank you. That
19 was really my only question. I'll leave it with a
20 comment, that if, you know, I... For 14 years as a
21 teacher, I can tell you the parents of students of
22 disabilities, uhm, have a lot, you know, overall a
23 lot more, let's say, mental health needs. It's a
24 lot... It's very stressful for a family of children
25 with disabilities. Especially for single, uh,

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 51

2 mothers. It's... It's hard enough having children,
3 and then having a child who's not meeting grade
4 standards, or there's something, and you don't know
5 what it is.

6 So, I would, uhm, highly... And, of course,
7 again, for the child, seeing all of your peers ,you
8 know, doing the reading, doing the homework fine, and
9 it takes you three times as long, which you don't
10 understand why you're struggling in school, that
11 it... it... The impact on a child is devastating.

12 So, I, you know, if you don't, uhm, provide that
13 service, I... I would hope that going forward, uhm
14 that in your home visits, and in that support that
15 you... Incredible support, sounds like you're
16 providing for new parents, new moms, that you include
17 helping these parents navigate early intervention,
18 which is a component, I think, of ,you know, helping
19 families, and helping children, helping moms, uh,
20 with mental health crises.

21 And, I would, yes, if you can connect me with
22 those other, uhm, it would... agencies, there
23 Commissioner, I would value that very much.

24 Thank you.

25 DR. CUNNINGHAM: Thank you.

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 52

2 CHAIRPERSON DIAZ: Thank you.

3 Do you have a, uh, you have second question, uhm,
4 Dinowitz? I... Having been a PTA... Oops...

5 (INAUDIBLE 00:57:51) muted...

6 MODERATOR: Thank you, Chair Diaz.

7 CHAIRPERSON DIAZ: Okay... (CROSS-TALK)

8 MODERATOR: Uh, I am just, uh, wanted to check to
9 see if any other council members had any questions
10 for this panel? You may use the Raise Hand Function
11 in Zoom now.

12 Seeing no other council members with questions,
13 I'm gonna turn it back to you, Chair Diaz.

14 CHAIRPERSON DIAZ: Thank you.

15 Again, thank you, Dr. Cunningham for answering
16 the tough questions, Executive Director Ebanks, I
17 know we've been tough on you this morning. But, I...
18 I thank you for the quick responses, and what sounds
19 to be your creativity during the COVID pandemic. I
20 know it hasn't been easy on any of us.

21 I'd like to ask you more questions,

22 My first question is according to volunteerism,
23 through this process and having limiting resources.
24 I know New York City, you know, has been short
25 staffed.

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 53

2 And, from my understanding, there's a press
3 release distance wide, there's a women led family
4 center volunteer effort to promote mental health
5 literacy in Black communities. Does the program
6 still exist? Are they working with you?

7 EXECUTIVE DIRECTOR EBANKS: The... At this time,
8 you know, I would have to defer to, uhm, the... As
9 you know, the program started as a part of Thrive
10 NYC. And, so, we, and, uhm, as Chair Louis alluded
11 to at the beginning, that, uhm, there are efforts
12 underway to explore restoring those programs. We
13 want to be able to work collaboratively with you,
14 because those programs, as you have pointed out,
15 really service a particular population and have
16 unique connections in Black and Latinx communities.
17 And, those are extremely high need communities, as
18 we've all stated.

19 So, the goal is identify ways in which to
20 continue to make mental health resources available to
21 Black and Latinx communities. And, so, uh, let me
22 just say that we would want to work with you all in
23 making that a reality as quickly as possible. But,
24 at this time, I would... And, we would have to go to
25 the unit that would be charged for as working with

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 54

2 this. And, I think to the best of my knowledge,
3 that's yet to be identified.

4 CHAIRPERSON DIAZ: But, we do... It sounds that
5 we don't have a timeframe as to when we would like to
6 get back in motion?

7 EXECUTIVE DIRECTOR EBANKS: I can't speak to
8 that, no. I cannot speak to that right now.

9 CHAIRPERSON DIAZ: Okay.

10 We've had a lot of conversation in reference
11 about Biden administration, gender... for gender
12 policy, and the so called agenda for women.

13 Can you describe any efforts in collaboration
14 with The Biden Administration?

15 EXECUTIVE DIRECTOR EBANKS: You are know we are
16 happy... (CROSS-TALK)

17 CHAIRPERSON DIAZ: (INAUDIBLE 01:00:48)

18 EXECUTIVE DIRECTOR EBANKS: We are happy to see
19 the administration, uhm, actually naming their work
20 Gender Equity. That was a big, uhm, win I think for
21 community in general. Uhm, so, we're really happy to
22 see their agenda and are supportive of that agenda.

23 Our work as you know, from our strategic plan has
24 really focused on several of the area that they
25 identify. Issues of economic strength, uh, for women

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 55
2 in... and, educational well-being. And, also, uhm,
3 health at reproductive rights, and sexual harassment
4 and prevention of sexual harassment and sexual
5 assault, and increasing safety for women and
6 protecting women against, uh, gender based violence -
7 - And LGBTQ individuals.

8 Uh, we as a part of our work have not yet engaged
9 with the agenda, but always look forward to
10 partnering at all levels with, uhm, of government
11 whenever collaboration opportunities arise.

12 So, we anticipate with this administration, that
13 we will have many more opportunities for
14 collaboration then we had with the prior, uhm,
15 administration -- federal government.

16 CHAIRPERSON DIAZ: Interesting.

17 I'd like to acknowledge, Councilman Brad Lander,
18 Councilwoman Cumbo, and I thought I saw Council
19 Member Borelli. Good morning, and thank you for
20 joining us. I'm hoping that all three of you were
21 working on your questions. This is definitely a good
22 time to deal with every day issues that are impacting
23 New Yorkers.

24 In reference to volunteers, uhm, what's the
25 process? Is there an intake process? Is there

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 56

2 training? Do we cap the hours that they're allowed
3 to train? Do we offer them debriefing and also
4 mental health time to assure that they're able to
5 gauge and not take on the burdens of the individuals
6 that they're trying to be supportive to? Dr.
7 Cunningham? Dr. Cunningham, can you please...

8 EXECUTIVE DIRECTOR EBANKS: Yes, I'm... (CROSS-
9 TALK)

10 CHAIRPERSON DIAZ: answer that question for me? I
11 can't hear...

12 EXECUTIVE DIRECTOR EBANKS: She's muted.

13 CHAIRPERSON DIAZ: oh.

14 DR. CUNNINGHAM: Okay, can... You can hear me
15 how?

16 CHAIRPERSON DIAZ: Yes, thank you.

17 DR. CUNNINGHAM: Uhm, thank you. So, The Health
18 Department works closely with community based
19 organizations on providing support and technical
20 assistance. And, it would be through this mechanism,
21 in which volunteers and peers, uhm, are involved.
22 So, uhm, we do provide that support. Uhm, and the
23 technical assistance, and, uhm, are available, you
24 know, for an as needed basis. But, it's really
25 through the support of the community based

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 57
2 organizations that, uhm, that the volunteers that
3 would really come in to play.

4 CHAIRPERSON DIAZ: I'm interested in learning that
5 we do have a system in place for our volunteers?
6 That, again, uhm, I wouldn't want a volunteer to be
7 overburdened with their caseloads, and they... Now,
8 they, themselves, walk away with having mental health
9 needs, because they've gone beyond their own scope.

10 EXECUTIVE DIRECTOR EBANKS: Yes, you know, we
11 totally appreciate that, and, thank you for that,
12 Chair Diaz.

13 We will work with our colleagues to be able to
14 determine the support that, you know, is provided to
15 volunteers through our community network. And, I
16 think that's the critical piece here that we're
17 finding volunteers in community to help people in
18 place, and, uhm, that's the strength of it. But,
19 also, as you are pointing out, that makes for
20 increased vulnerability for our volunteers. Uhm, but
21 we need to document for you the supports that we
22 provide to the volunteers as they support others.
23 And, so, we'll make that available in followup. If
24 that's okay... (CROSS-TALK)

25 CHAIRPERSON DIAZ: Thank you very much.

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 58

2 Do you happen, uhm, I'm gonna go back to
3 Executive Director Commissioner Ebanks. Would you be
4 able to tell me, the top of your head, the number of
5 volunteer organizations that you have working with
6 your projects at any given time?

7 EXECUTIVE DIRECTOR EBANKS: Oh, no, I... I could
8 not, no. I really couldn't off the top of our heads
9 in terms of volunteers. But, I think as you know New
10 York City depends heavily on non-profit partners to
11 make our engine work. Right? And, so, that's a
12 massive network of non-profit team members.

13 And, then we also have our central, uhm, NYC
14 service, too, that coordinates volunteer activities.
15 So, I do think it's significant, uhm, just simply
16 being aware of the breadth of our non-profit network,
17 and then also of NYC service.

18 So, again, we would get those numbers for you.
19 But, uhm, I do think it has to be pretty extensive.

20 CHAIRPERSON DIAZ: In reference to service, can
21 you break it down to needs of borough, uhm, borough
22 needs, in a sense, do you feel you get more
23 engagement from Brooklyn as opposed to The Bronx,
24 Queens to Brooklyn?

25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 59

2 EXECUTIVE DIRECTOR EBANKS: We'll try to get that
3 for as well. We'll... We will.

4 CHAIRPERSON DIAZ: I'm done with my questions for
5 the moment.

6 Chloë?

7 MODERATOR: Chair Louis, did you have any
8 additional questions for this panel?

9 CHAIRPERSON LOUIS: I do, thank you so much Chloë.

10 Uhm, earlier this week, the Women's Caucus joined
11 Public Advocate Williams for a presser on disparities
12 with Black mental health in New York City, uhm, and,
13 just the overall healthcare system in New York City.
14 And, we thought about women like Denise Williams,
15 Amber Isaacs, Sha-asia Washington, and countless
16 other women who were deprived of the opportunity to
17 celebrate childbirth or motherhood.

18 And, I wanted to know, how is the city working to
19 ensure that women who are pregnant or recently gave
20 birth or may have had a miscarriage, or any of the
21 birth related issues, uhm, are not discriminated
22 against?

23 EXECUTIVE DIRECTOR EBANKS: As you know, we have
24 fought aggressively as a city to support women and
25 pregnant people throughout pregnancy, throughout

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 60

2 birth. Dr. Cunningham has identified several
3 programs that have been deployed. In addition, we
4 have been looking, uhm, and The Department of Health
5 and Mental Hygiene has led, on reviewing on maternal,
6 uhm, mortality and morbidity cases through, uhm, the,
7 I won't say the name, because I don't remember the
8 name of the group, but the 3M review committee, uhm,
9 and who are about to give their... a report this
10 year in... sometime in October.

11 So, we are on the ground with it. We are
12 increasing partnership opportunities on the ground.
13 And, we're certainly grateful for advocates as they
14 continue to push us to do better in this area. Uhm,
15 it is our commitment, and it is a priority, for The
16 Commission on Gender Equity that we have greater
17 health outcomes and positive health outcomes for
18 Black and Latinx women around child care and child
19 rearing.

20 And, so, Dr. Cunningham, I'll turn to her, uhm,
21 for any more information.

22 DR. CUNNINGHAM: Thank you, uhm, yeah, we... We
23 in The Health Department, are absolutely committed to
24 serving those who, uhm, really have the highest risk
25 of having poor outcomes and death. And,

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 61
2 understanding that for the use of data and targeting
3 our programs accordingly.

4 Uhm, so we do have extensive work on maternal
5 morbidity and mortality. Uhm, and I, you know,
6 certainly and happy to connect you to my colleagues
7 who lead this work.

8 CHAIRPERSON LOUIS: Okay, is there any new...
9 Besides the new birth program, your colleagues would
10 be able to provide us with more information to ensure
11 that Black and Brown women in New York City will not
12 be dissociated against during... (CROSS-TALK)

13 DR. CUNNINGHAM: Yes. Yes. Yes, Chair,
14 that's... It... Yes.

15 CHAIRPERSON LOUIS: Thank you. I look forward to
16 getting that information.

17 Uhm, and, both of you spoke about health
18 outcomes. I wanted to know if you could share some
19 more about NYC Care? Uhm, does NYC Care cover mental
20 health services, and if so, to what extent can New
21 Yorkers utilize NYC Care for mental health services?
22 Can they go to any provider in New York City? Uhm ,
23 could someone like Denise Williams, uhm, if she were
24 still here, or any of these young women that we lost
25 in New York City, would they have been able to

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 62
2 utilize NYC Care, with any provider, for mental
3 health services or postpartum depression?

4 EXECUTIVE DIRECTOR EBANKS: uhm, hmmm, NYC Care
5 is, unfortunately, I am unfamiliar with that.

6 Uhm, Dr. Cunningham, did you...

7 DR. CUNNINGHAM: Yes, I mean, we believe that
8 it's absolutely important to make sure people are
9 aware of NYC Care and the other supports that we
10 provide.

11 And, for this reason, for example, we have
12 provided materials to thousands of people at the
13 vaccination sites, using mental health amplifiers to
14 make sure that the public is aware of NYC Cares.

15 Uhm, I don't have the exact information about
16 which providers that, uhm, you know, that can take
17 the NYC Cares, uhm, program. We don't have H+H here
18 with me today, but we can certainly get with that to
19 you Chair Louis on that. Uhm, yeah.

20 CHAIRPERSON LOUIS: So, we would appreciate that,
21 uhm, information.

22 I know what the council, uhm, is doing for this,
23 but I wonder what, uh, your agencies, and the city,
24 is doing as a whole, uhm, regarding this. Because, I
25 think, as you both have shared, advocates have spoken

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 63

2 up, and have been loud and clear, that these
3 services, uhm, need to be provided.

4 And, I know you don't have this information right
5 now, and I know no one from H+H, uhm, is with you
6 right now on the panel, but if you can please just
7 share with us whatever information you do have.

8 How is the city covering issues related to
9 postpartum depression through DOHMH?

10 Uhm, the mental health toll of losing a child, or
11 mental health issues related to birth is a serious
12 matter,

13 So, I wanted to know how is DOHMH, uhm, covering
14 these issues with postpartum depression?

15 DR. CUNNINGHAM: Yeah, thank you. You know, I
16 mean we do have our home visiting programs that do
17 provide support, uhm, and do screen, uh, women for
18 depression and anxiety, uhm, sort of during the
19 pregnancy and then also postpartum as well.

20 And, so, and, it's through this expansion of
21 these programs, in the tree neighborhoods, with those
22 involved with ACS and NYCHA residents, uhm, that
23 we're going to be able to expand that as well. So,
24 both for prenatal and for postpartum care.

25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 64

2 CHAIRPERSON LOUIS: Do you have the name of any of
3 those programs? I know you mentioned something
4 earlier. I don't know if it's the same thing. Did
5 you have a name of the program?

6 DR. CUNNINGHAM: The new program being launched
7 is the new family home visiting program.

8 CHAIRPERSON LOUIS: (BACKGROUND NOISE) (INAUDIBLE
9 01:13:33) program that would provide this service?
10 Or, is there a, like, a myriad of programs, or?

11 DR. CUNNINGHAM: So, that would be the program
12 that is being expanded and newly launched this fall,
13 uhm, in addition to the existing programs, the
14 newborn home visiting program, and the nurse family
15 partnership home visiting program.

16 CHAIRPERSON LOUIS: Okay.

17 Uhm, I'm gonna shift a little bit from, uhm,
18 childbirth to essential workers.

19 Uhm, our essential workers and frontline workers,
20 particularly women of color, have been overburdened
21 to help the city navigate through the pandemic.

22 Uhm, so, I wanted to know, uhm, and some of them
23 have experienced some traumatic instances, and have
24 seen some things, uhm, that need to be addressed.

25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 65

2 And, they may not know that they need mental health
3 services.

4 So, I wanted to know, did the city assess
5 frontline and essential workers, uh, following the
6 height of the pandemic? And, what kind of support
7 are they getting?

8 DR. CUNNINGHAM: Thank you.

9 The Health Department is, uhm, absolutely
10 committed to providing the support needed for
11 frontline workers.

12 One example, uhm, of the kinds of services that
13 we provide, is Project Hope. Which is a crisis
14 counseling and training program. And, so, this
15 program offers emotional support, uhm, and connects
16 people to, uhm, counseling. And, it's, uhm,
17 targeted for those neighborhoods that are hardest
18 hit, uh, by the COVID-19 pandemic.

19 CHAIRPERSON LOUIS: Yeah, you mentioned Project
20 Hope earlier, but I wonder, if I was an essential
21 worker, uh, I was having, uhm, some issues, how do I
22 get access to Project Hope? Maybe my employer
23 doesn't know about it. How are you sharing the
24 information with the employers?

25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 66

2 DR. CUNNINGHAM: So, there's a variety of ways in
3 which we are, uhm, really ensuring that the public
4 knows about all of the service that we provided
5 including NYC Well and Project Hope and others. And,
6 these include a, uhm, uh, public awareness, uh,
7 campaigns through social media, through
8 advertisements, uhm, and through materials.

9 These have been expanded during the COVID-19
10 pandemic. Uhm, we also do outreach to community
11 based organizations, and to other providers as well
12 to ensure that they are aware of these programs and
13 services provided.

14 CHAIRPERSON LOUIS: So, the public awareness
15 campaigns for the COVID-19 vaccine is excellent. I
16 see Dr. Easterling, Commissioner Chokshi, all the
17 time on T. V. and, but, public awareness for mental
18 health services is not really engaging in, I would
19 say, if... If there is anything out there, I haven't
20 seen it. Uhm, I don't think I've seen anything
21 that's been really effective.

22 So, I wonder what does the real public awareness
23 campaign look like? Uh, we know NYC Well, because
24 we... We hear about it on the radio, we see it on T.
25 V., but what else... What other components to the

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 67

2 public awareness campaign can you make a bit more
3 appealing so folks could get access to it?

4 Because, you mentioned NYC Well, you mentioned
5 that you have these services, but if you're employer,
6 uhm, you are probably not thinking about this,
7 because you're trying to get to the next day. It's a
8 pandemic. And, you're probably not even worried
9 about your workers and how they're feeling, and if
10 they're mentally, uhm, stable.

11 So, what else can be done through the public
12 awareness campaigns to ensure employers have access
13 to it, as well as the workers?

14 DR. CUNNINGHAM: Thank you. So, in addition to
15 the public awareness campaigns, we also have guidance
16 documents, which promote, you know, coping, grief,
17 loss, anxiety. Uhm, in addition, we've also done
18 work at the vaccination sites where we have mental
19 health amplifiers also, you know, informing
20 individuals, community members about the programs
21 that exist, and providing materials there.

22 Uhm, but, thank you, Chair Louis, we think this
23 is ever important, uhm, in terms of addressing ,you
24 know, employees and or employers. And, uhm, we look
25 forward to, you know, uh, taking suggestions, and,

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 68

2 uhm, you know, trying to improve our outreach
3 efforts.

4 CHAIRPERSON LOUIS: And, just want to share with
5 you, Dr. Cunningham, I purposely, uhm, randomly, go
6 to vaccination sites, uhm, in East New Yorker, and in
7 East Flatbush, and Cypress Hills. I've even been to
8 a hospital, that I won't mention right now, and I'll
9 just let you know, uhm, they'll just have a piece of
10 paper on the wall, or they'll have a brochure, uhm,
11 about mental health services. There's no one
12 physically there asking folks if they're okay, and if
13 they need to chat with someone. So, I think that's
14 something that needs to be implemented -- some type
15 of navigator throughout the day --you guys have the
16 money.

17 Uhm, they need to be in the local clinic, in the
18 local hospitals -- supporting folks -- be able to
19 utilize indicators when they see folks come in or
20 sitting and waiting to be served.

21 So, I hope, uhm, we can utilize something like
22 that to support folks.

23 Uhm, I... The next question I have is regarding,
24 like, uhm, the isolation hotel program. Uhm, so,
25 from child care to elder care, uhm, women, we all

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 69

2 know are caregivers, they're breadwinners, uh, facing
3 many challenges during the pandemic. And, if they
4 are women that contracted COVID-19, how are they
5 supported, or how are they being supported, uhm, if
6 they utilize the isolation hotel program to cover
7 those needs?

8 EXECUTIVE DIRECTOR EBANKS: Uhm, is this
9 something... Well, let me say that from our vantage
10 point, we don't have the details, but you can
11 certainly recognize that we had multiple... We have
12 created multiple interventions to address myriad
13 permutations, if you will, of care giving, and, of
14 people contracting the disease.

15 So, what I would say is that we're gonna go back
16 to get some more detail on this, and how it
17 specifically addresses women, who are care givers,
18 who contract the disease, which creates a rippling
19 effect, right. Because, it's not just the woman, but
20 it's also how do you take care the family that she
21 has been primary responsibly for?

22 So, please give us time to get that information
23 back to you, and we'll bring it back as soon as we
24 can.

25 Thank you... (CROSS-TALK)

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 70

2 CHAIRPERSON LOUIS: Thank you that will be
3 helpful.

4 Uhm, and earlier, in either of your testimonies,
5 I can't remember what... (CROSS-TALK)

6 CHAIRPERSON DIAZ: Excuse me, uhm, Chair?

7 I'd like to answer to that, as someone that I...
8 Uh, as someone who isolated for ten days, I received
9 no mental health services. Uhm, on my eighth day, I
10 would have appreciated that I receive a phone call to
11 say, how are you? Are you okay? That was not
12 something, again, that was offered to me. And, in
13 reflection, I'd been isolated, thank goodness for
14 technology, but it was a sad and lonely time. If I
15 had not been a strong woman, a person that was
16 focused, I'm sure it would of... It would have been
17 a mess... a mental mess for me.

18 But, just know, Chair Louis, thank you for
19 bringing up that conversation, because it did take me
20 to somewhat of a dark place. And, we need to make a
21 bigger effort.

22 I didn't... (CROSS-TALK)

23 UNKNOWN: Thank you.

24 CHAIRPERSON DIAZ: Receive a phone call. I didn't
25 receive a pamphlet. The staff, while they were

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 71

2 amazing, were interested in knowing about my vitals,
3 but not one time did anyone ask, mentally, how was I?
4 And, if I had come in to the... really in to the
5 council having been a frontline worker, I would have
6 definitely appreciated just someone saying are you...
7 Are you okay? Are you having a good day?

8 So, Chair Louis, sorry for interrupting, but for
9 the record, we need to do better.

10 CHAIRPERSON LOUIS: And, thank you (INAUDIBLE
11 01:21:59)... (CROSS-TALK)

12 CHAIRPERSON DIAZ: For our isolating individuals.

13 CHAIRPERSON LOUIS: No, thank you for sharing
14 that, because I... I remember a constituent, uhm,
15 had to go to an isolation hotel, and the constituent
16 didn't have family. They did not receive any support
17 regarding mental health. And, I had to consistently
18 pick up my phone during the duration of the time that
19 the constituent was there. Because, they were
20 separated from their community.

21 So, I'm... I'm... I'm grateful that you shared,
22 uhm, that. And, I hope that, uhm, The Commissioner
23 and Dr. Cunningham could get us some more
24 information.

25

2 Uhm, and this will be my last question. Uhm,
3 this is regarding COVID's, uhm, impact on mental
4 health. Uhm, it was mentioned earlier, in either
5 of your testimonies, the C3 Program in the
6 community conversations. I wanted to know, has
7 the city amended any other programs to respond to
8 the mental health impact of COVID-19?

9 DR. CUNNINGHAM: Uhm, yes, uh, so, with...
10 The Health Department have expanded our services
11 during the COVID-19 pandemic to address the
12 increased needs in mental health.

13 Uhm, so, some this includes public awareness
14 campaigns to normalize feelings of grief, uh, to,
15 you know, provide information about resources to
16 address stress, uhm, and coping. We've also
17 developed guidance documents. Again, to address
18 coping, resilience, and emotional well-being.

19 Uhm, we have, in addition to the 3C, we have
20 Project Hope, which is specifically crisis in
21 counseling around COVID-19 to provide emotional
22 support to individuals.

23 And, then, we also have HERO-NY, uhm, which is
24 a program that was developed to support first
25

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 73

2 responders and healthcare workers who are on the
3 frontlines of the COVID-19 pandemic.

4 So, those are just some examples of the
5 expanded work that we've done to address the
6 mental health issues around COVID-19.

7 CHAIRPERSON LOUIS: And, how's the city
8 tracking the mental impact of COVID-19 on women or
9 any other segment of the population through these
10 programs?

11 DR. CUNNINGHAM: Uh, The Health Department
12 absolutely believes that data are critical, and
13 guide all of the work that we do in terms of our
14 programs. And, so we collect data in several
15 different ways. Some of those include, public
16 health surveys that we've conducted, uhm, before
17 and during the pandemic, uh, examining the
18 prevalence of behavioral health experiences and
19 outcomes. We receive data from the emergency
20 rooms regarding hospitalizations related to mental
21 health. We also receive, uhm, data from The
22 Office of Medical Examiners around suicide and
23 overdose. We also collect programmatic data, uhm,
24 from our contracted providers. We survey health
25 providers as well.

2 So, it's really through a wide array of data
3 collection efforts to really understand the impact
4 of the pandemic.

5 CHAIRPERSON LOUIS: And, can you share with us,
6 uhm, as a representative of DOHMH, I wanted to
7 know if you could share with us, how has COVID
8 been a barrier to providing mental health services
9 in the city?

10 DR. CUNNINGHAM: Uhm, so, you know, we do
11 collect those data, uhm, about whether people have
12 been able to have access to mental health care.
13 Uhm, we also work closely with our contracted
14 providers to try and address those barriers. And,
15 so, for some... Some examples of this include
16 providing technical assistance around technology,
17 as we know, you know, we've changed the way which
18 care is delivered during the COVID pandemic. And,
19 so providing technical assistance to our programs
20 in one component.

21 Another component is providing regular
22 information and updates about COVID-19 to our
23 contracted providers on a regular basis.

24 And, then, we'll also here available to them
25 as they experience barriers in providing care.

2 Uhm, for... We're always here for them as a
3 support, uhm, to help troubleshoot those barriers.

4 CHAIRPERSON LOUIS: And, what I'm grateful
5 about is that your agency, and several agencies,
6 were able to utilize tech as an opportunity to
7 pivot during the pandemic, uhm, shifting to a
8 virtual or telehealth platform.

9 Uhm, do you... Do you know if the city plans
10 to bring back services in person? And, does the
11 city plan to keep any of the virtual components,
12 uhm, that have been helpful? And, how are you
13 going to measure that effectiveness?

14 DR. CUNNINGHAM: Uhm, sorry, just to clarify,
15 are you referring to the, our, like, contracted
16 providers in terms of it, uhm, using technology?

17 CHAIRPERSON LOUIS: It could be the providers,
18 it could be the agency directly, uhm, even... You
19 have NYC Well, which has the text and chat, phone,
20 uhm, but, then you also had services before the
21 pandemic that were in person.

22 So, for those programs that you utilized that
23 went vert... that were virtual, uhm, are you
24 gonna keep the virtual components? Are you gonna
25 go back in person? Are you gonna do a hybrid?

2 And, how are you gonna measure the effectiveness
3 if something that you're utilizing now works, uhm,
4 and you may keep it that way? What is that gonna
5 look like moving forward?

6 DR. CUNNINGHAM: Uhm, so that's a great
7 question, Chair Louis. And, because we have
8 hundreds of contracted providers that we work
9 with, we would work with them to see what works
10 best for them and their clients.

11 Uhm, I also just want to say that a lot of
12 the, uhm, regulations around using technology, are
13 at a state or a federal level in terms of, uhm,
14 ,you know, what... what... what's allowable.
15 But, certainly, we will advocate to try and
16 improve access to care in every way possible, uhm,
17 for New Yorkers to really access uhm, behavioral
18 health services.

19 CHAIRPERSON LOUIS: And, is there any way to
20 hold, uhm , those organizations, uhm, accountable
21 just to make sure that they're collecting data on
22 how women are being, uhm, provided these serves?

23 And... Yeah, is there any way to keep them
24 accountable to that? To make sure that we get that
25 information?

2 DR. CUNNINGHAM: Uhm, on a regular basis, we
3 collect programmatic information from our
4 contracted providers.

5 And, so that, uhm, you know, is definitely
6 used to help, uhm, you know, guide programmatic
7 decisions.

8 CHAIRPERSON LOUIS: That's all the questions I
9 have. I gonna turn it to our moderator, Chloë, to
10 see if there's any council members that have any
11 additional questions.

12 Thank you so much.

13 MODERATOR: Thank you, Chair Louis.

14 Before I turn, uh, and ask council members if
15 they have questions, I believe Chair Diaz has
16 additional questions?

17 CHAIRPERSON DIAZ: I... I'd like to go back
18 to advertising... Advertisement of your services.
19 As Chair Louis eloquently shared with us,
20 there's... There seems to be a disconnect in
21 advertisement of mental health services in
22 comparison to COVID testing and also vaccination.

23 Do you agree that we could do... that the
24 administration could do better at advertising?
25

2 I'd like to know if you have any idea of what
3 your advertisement budget is?

4 DR. CUNNINGHAM: Uh, let... Oh, you go...
5 (CROSS-TALK)

6 EXECUTIVE DIRECTOR EBANKS: You know, I just
7 want to say that we are always in a position to
8 identify ways that we can do better and we want to
9 do better.

10 Uhm, anybody who is unaware of the plethora of
11 services we offer, that's a shortfall for us.
12 And, we can't be as impactful as we want to be.

13 So, yes, we definitely want to strengthen the
14 way we communicate. We want to ensure that we're
15 communicating about all of our services, uh,
16 because they're many. And, uhm, we do have
17 several resources that people should access.

18 So, we definitely do want to improve that.
19 So, and as, uh, Dr. Cunningham said earlier, you
20 know, welcome your partnership and your
21 suggestions about how we can and should do that,
22 uhm, increased communication.

23 DR. CUNNINGHAM: And, I would just add to
24 that, uhm, ,you know, we, uhm, we appreciate that
25 feedback, and, uhm, absolutely are committed to

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 79

2 ensuring that New Yorkers are aware of all the
3 services that we provide and have access to those.
4 Uhm, we don't have the... I don't have the budget
5 numbers with me today, but we can get, uh, that,
6 uhm, to you after this hearing.

7 CHAIRPERSON DIAZ: Thank you.

8 I just have... I have a testimony... I
9 have... There are extremely alarming emails here.
10 I... I won't go in to extreme details. But,
11 going back to our first, uhm, our first
12 responders.

13 According to the email that I have received,
14 we have to do a better job. Our first responders
15 are in crisis. We have broken homes. Folks are
16 trying to get back to work.

17 So, I... What I do know, uhm, the focus and
18 the gear for today's conversation is women, but we
19 should also try to identify who else is in need of
20 mental health services.

21 We should have... I should not be receiving
22 an email here from a city employee whose marriage
23 fell apart -- was looking for mental health
24 resources, and none were made available.

25 That's... That's... That's really, uh, a sad

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 80

2 moment to see. You know, I put my head down, and
3 that's what I'm looking at.

4 And, with that, it'll bring me to my closing
5 statements.

6 While I appreciate the work of the panelist,
7 the fact that you worked well on getting yourself
8 together and preparing, I think we can admit that
9 we have to do better. It's great to have services
10 available, but if the everyday person doesn't
11 know, then we're failing.

12 I suggest that we move forward and learn from
13 other agencies, and to see how we can advertise
14 the services that we do have. If it means you
15 have to collaborate -- use interagency
16 opportunities -- then we should begin to do that.
17 This email is really distressful for me to know
18 that we've failed, uh, a fellow responder.

19 Before we go in to public testimonies, I'd
20 like to thank Teri Coaxum (sp?), my leg director,
21 the Sergeant At Arms, my staff, who worked on
22 putting this hearing together.

23 Chloë, the committee, Senior Policy Analyst,
24 thank you for working diligently with me
25 yesterday; a late evening, and an early morning, I

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 81

2 thank you for going the extra mile in preparing me
3 for today.

4 Eisha Wright, Finance Unit Head, thank you
5 very much.

6 And, to Brenda, who is not with us, you're
7 missed, and looking forward to see the wonderful
8 pictures of your baby boy... or your twins.

9 Thank you, Chloë, turning it back to you.

10 MODERATOR: Thank you, Chair Diaz.

11 We have concluded the administration's
12 testimony, and will now turn to public testimony.

13 First, I'd like to remind everyone that I will
14 call up individuals and panels. Once your name is
15 called, a member of the staff will unmute you, and
16 you will begin your testimony once the Sergeant At
17 Arms sets the clock and gives you the cue.

18 All testimony will be limited to three
19 minutes. Remember there is a few second delay
20 when you are unmuted before we can hear you. Uh,
21 please wait for the Sergeant At Arms to announce
22 that you may begin before starting your testimony.

23 Now, unfortunately, most of the people we were
24 expecting to testify, have logged out. So, if I
25 have missed anyone, when I call the witness

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 82

2 present, please you the raise hand function in
3 Zoom, so, that we can call on you next.

4 For the first panel of public testimony, we
5 will have Dana Hanuszcak Uhm, I apologize for
6 mispronunciation.

7 Uh, you may begin your testimony once unmuted.

8 SERGEANT AT ARMS: Time starts now.

9 DANA HANUSZCZAK: Hi, I'm here to talk about,
10 uhm, mental health and what's going in the
11 community, as I work as an organizer for Voices of
12 Women. And, I work with so many different ranges
13 of survivors who deal with different issues
14 individually, but it's all kind of the same.

15 You know, when you deal with an abuser, who
16 keeps you held hostage in your house, obviously
17 you're gonna come out with some scars and bruises.

18 And, the number one thing that happens, is we
19 get mental illness, and we're told we're "crazy",
20 because we've lived within this abuse. And, then
21 we come out and search for help, ,you know, and it
22 makes it hard if we can't find it; if we don't
23 know what's there; if we don't have childcare, or
24 if we're afraid of losing our kids, or maybe we
25

don't have insurance. You know, a lot of times
the stigma goes on and on and on.

And, I just want to know that we can finally
come to a head, and help these survivors get away
and deal with posttraumatic stress disorder
without making women feel "crazy" for dealing
with, uhm, a person who was supposed to love them
for the rest of their life, who now says they want
to kill them.

I just pray that, as I can see, my work as an
organizer, I can bring light to the many of women
who are afraid to come forward, who can't call 9-
1-1, because we live in low, impoverished areas.
And, if I call 9-1-1, the drug dealers are gonna
be mad at me. So, we don't call the cops and
bring them to our neighborhood.

Although, I am Caucasian, I don't consider
myself Caucasian. I consider myself a woman who
lived in the hood, and who now rised (sic) up and
became an Organizer, because I was sick and tired
of being sick and tired.

So, I just want to say thank you to everyone
who's continuously working on these issues.

2 Know that there is a correlation to drug
3 abuse, because you have to do something to get out
4 of your head.

5 Whether you have mental illness or not, living
6 with an abuser and being oppressed, you're going
7 to have some type of mental abuse -- mental
8 illness, because of what you've lived through --
9 because of your survivorship, or because of the
10 neighborhood you live in. You know, I walk down
11 the street, and don't just worry about my abuser,
12 I worry about getting hit by a stray bullet. I
13 worry about the cops pulling me over. You know,
14 there's so many correlations to all of this, and
15 it didn't matter that I had fair skin and light
16 eyes. I lived in the hood, so I got stopped by
17 the cops just as much as everyone else. And, for
18 me, with PTSD, I tend to freak out when I have
19 police contact, because my abuser has tried to get
20 me arrested saying I was the provoker; I was the
21 "crazy" one.

22 So, just take all of this into consideration,
23 and what a women actually goes through to get
24 out... (CROSS-TALK)

25 SERGEANT AT ARMS: Time.

2 DANA HANUSZCZAK: to get help.

3 Thank you.

4 CHAIRPERSON DIAZ: Miss Donna (sic), thank you
5 for... for your testimony. Uh, as I have shared
6 often, uhm, I'm a DV survivor, so, I... And, as
7 I... I move along, I made it my business and a
8 priority to extend myself and to figure out a
9 better way to serve anyone that, whether it's drug
10 addiction, domestic violence, you know, or just
11 knowing that there's social violences (sic). You
12 know, I'm... I'm here, uh, my ears open, my brain
13 is also a sponge.

14 And, I thank... I thank you for standing up
15 for the underdog, and for you... And, I
16 appreciate the fact that you have found the will
17 to advocate for others.

18 Thank you.

19 MODERATOR: Thank you, Chair Diaz.

20 Seeing no hands raised in Zoom for additional
21 witnesses to testify, we will turn to closing
22 remarks.

23 Chair Diaz?

24 CHAIRPERSON DIAZ: My closing remarks are
25 going to be plain and simple.

2 New York City needs, we have to make it our
3 business and our first priority, as we recognize
4 inequity, for everyone, that we also show that
5 mental health is... the standards have to be
6 brought up.

7 We've learned here that we have amazing
8 services, but the average New Yorker doesn't know
9 they can call 3-1-1 for services that'll have the
10 1-800 number.

11 Again, thank you all for participating, thank
12 you to my colleagues for staying on.

13 Chair Louis, I turn it over to you. Thank
14 you. Thank you for hard asked questions.

15 CHAIRPERSON LOUIS: Thank you so much, uh,
16 Chair Diaz.

17 I want to thank Dana for her testimony, uhm,
18 for being vulnerable and for sharing her
19 experience. I, too, am domestic violence
20 survivor, uhm, and I'm sorry that you're going
21 through what you're going through. You'll be in
22 my thoughts and my prayers. And, we will do our
23 due diligence as elected officials to ensure
24 whatever you support need, we're there to provide
25 it. So, thank you for making time to share, uhm,

1 The Committee on Women and Gender Equity, Joint with the
Committee on Mental Health Disabilities and Addiction 87

2 what you're going through, and the needs of your
3 community, uhm, as an advocate.

4 Thank you, Chair Diaz for partnering on this
5 hearing, uhm, and for having this very important
6 conversation. Uhm, I don't think it happens often.
7 So, I want thank you so much, uh, for spearheading
8 this.

9 And, I want to thank all panelist,
10 Commissioner Ebanks, and Dr. Cunningham for making
11 time to talk with us today. But, I more so look
12 forward to working with all of you, so that we
13 could support women, caregivers, and make sure
14 that we're providing effective programing for,
15 uhm, all New Yorkers in the city and of New York,
16 particularly women and essential workers.

17 So, thank you so much. I'll now turn it to,
18 uh, the moderator, Chloë.

19 Thank you.

20 MODERATOR: Thank you, Chair Louis, uh, Chair
21 Diaz, you may gavel out.

22 UNKNOWN: Okay, thank you everyone, we've ended
23 the live.

24 CHAIRPERSON LOUIS: Thank you, everyone.

25 (End of Hearing)

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 November 4, 2021