Testimony

of

Roger Platt, MD
Assistant Commissioner
Office of School Health

New York City Department of Health and Mental Hygiene and
New York City Department of Education

before the

New York City Council Committee on Youth

and

Committee on Mental Health, Developmental Disability, Alcoholism, Drug Abuse and Disability Services

on

Oversight: Youth Suicide

April 6th, 2017
Council Chambers, City Hall
New York City

Good afternoon Chairpersons Eugene and Cohen, and members of the Committees. I am Roger Platt, Assistant Commissioner for the Office of School Health, a joint program of the Departments of Health and Mental Hygiene (DOHMH) and Education (DOE). I am joined today by colleagues from the DOE Office of Safety and Youth Development and the DOHMH Bureau of Children, Youth, and Families. On behalf of Chancellor Farina and Commissioner Bassett, thank you for the opportunity to discuss the serious problem of suicide among our City's youth.

Under ThriveNYC, this Administration has made unprecedented investments to improve the mental health and well-being of all New Yorkers. ThriveNYC builds on and expands the City's existing capacity by changing the culture, acting early, closing treatment gaps, partnering with communities, and using data to strengthen government's ability to lead. I look forward to sharing with you today some of the steps we are taking to promote resilience and emotional wellbeing among New York City youth and provide public health initiatives in order to prevent suicide.

Nationally, suicide is the second leading cause of death in 15- to 19-year-olds and the third leading cause of death in 10- to 14-year-olds. There are many risk factors that drive suicide among young people. Young people face an increased risk of suicidal thoughts and behaviors if they have mental illness, substance use, a history of physical or sexual abuse, or a family history of suicide or attempted suicides. Social and environmental factors also increase risk of suicide; these include bullying, homelessness, placement in correctional facility or group home, social isolation, barriers to health care, and stressful life events such as conflicts with parents or romantic partners. Additionally, youth who identify as lesbian, gay, bisexual, transgender, or questioning experience higher rates of suicidal ideation and attempt, which is associated with the social stigma and discrimination they experience.

Just as many different factors influence suicide, there is no single approach to reducing its risk. Therefore, a comprehensive approach is needed. The City provides an array of programs and services to improve the mental and emotional wellbeing of New York City youth. I will first discuss the prevalence of suicidal ideation and attempts among New York City youth and then describe key interventions offered by the City.

Data Overview

The number of suicides among New York City youth ages 5 to 24 are small, but remain concerning. In 2015, the last year for which we have published data, there were 68 suicides in that age group, 21 females and 47 males. While suicide figures are low among young New Yorkers, suicidal self-injurious behavior takes—and reflects—a wider emotional burden among youth. In 2016, hospital surveillance shows that there were 4,323 emergency department visits associated with a suicide attempt, suicide ideation, or self-harm for youth between the ages of 5-24.

Additionally, data from the biennial Youth Risk Behavior Survey (YRBS) provides important information on the prevalence of health experiences and behaviors among the City's public high school students. In the 2015 survey, 13.7 percent of respondents reported having seriously considered attempting suicide, 13.9 percent reported purposely harming themselves, and 8.3 percent reported attempting suicide. In line with national prevalence data, the YRBS found that when compared to non-LGBTQ youth, LGBTQ youth reported a higher prevalence of suicidal ideation, self-harm, and suicide attempts. In 2015, more than 20 percent of LGBTQ youth in New York City reported attempting suicide compared to just over 6 percent of non-LGBTQ youth.

I will now discuss some of what we are doing to address suicide, and more broadly, mental health for New York City youth.

Mental Health Services in Schools

The Office of School Health provides a variety of programs that promote healthy social, emotional, and behavioral development for all New York City students. Each of our initiatives aims to reduce known risk factors that contribute to suicide ideation and attempt. Access to school mental health programs is correlated with significant reductions in high risk behaviors - such as suicide attempts, violence, and substance use - , emergency department visits, absenteeism, referrals to special education, and stigma. These programs also correlate with important increases in academic achievement, staff and community knowledge of mental health issues, and overall child health. Research has shown that these programs also increase parent engagement, improve school climate and build stronger connections to community resources.

Through ThriveNYC, the City has committed to significantly expand and enhance mental health services and connectivity throughout the school system. To do this, we are using the three-tiered model to assess and address youth mental health needs. This approach delivers services according to need - implementing universal programs that promote mental health for all students, more intensive prevention services for students who are at higher risk, and targeted crucial services for students with identified mental health conditions – all while building mental health competency in school staff.

The range of mental health services offered in DOE schools varies depending on school size and available community health resources. I'll speak more specifically to the many programs within that range momentarily. Some schools are equipped with full service School Based Mental Health Clinics, where a mental health professional offers services on site. Other schools provide mental health services through their School Based Health Clinic, which also provides primary care. Some schools contract with a community-based mental health provider to provide counseling, intervention, and support services. All of our schools continue to build capacity for screening, counseling, and referrals through training and utilizing existing staff, including school counselors, nurses, and teachers.

More specifically,

- 780 schools have a Mental Health Consultant - trained Masters level staff who provides mental health needs assessments and technical assistance. At full scale, 103 consultants will serve 970 schools across the city. The consultants link schools with staff trainings and community-based providers to increase capacity to provide mental health support and services.

- Additionally, in order to address particular mental health needs and elevated risk of suicide among LGBTQ youth, we have partnered with the Hetrick-Martin Institute, a City Council initiative, to provide staff of the School Based Mental Health Clinics and the Mental Health Consultant program with training, capacity building, and technical assistance, targeting first those schools identified as having faced challenges with serving LGBTQ youth.

- Furthermore, 285 schools have School Based Mental Health Clinics, which provide on-site mental health services to students and their families, including individual and group therapies, crisis and psychiatric assessments, case management, school community outreach, and 24-hour crisis coverage for students under clinic care. An additional 251 schools have School Based Health Clinics that offer primary care with enhanced mental health services.

- Through the Community Schools Initiative, 130 Community Schools are now equipped with mental health services. School Mental Health Managers assist schools and partner with community-based mental health providers to assess the mental health service needs at each school. Based on this assessment, schools are outfitted with universal, selective or targeted services.

- School Response Teams are present at 40 middle schools, where they offer mental health assessment, crisis intervention, referral and linkage, and training consultation to school staff and families.

- And starting in Fall 2017, the School Mental Health Prevention and Intervention Program will begin providing services in 49 schools with particularly high mental health needs.

All schools with mental health support services can assess a student for suicidal ideation, provide crisis de-escalation, and offer or arrange provision of enhanced counseling services for the student body in the case of a suicide. In addition, health professionals, teachers, guidance counselors, and other school staff are offered training that include instruction on addressing suicide and psychological crisis in schools. These trainings include:

- Three evidence-based universal training modules that are available to all school staff through the Universal Prevention Trainings initiative. These trainings are: Kognito "At-Risk," Making Educators Partners, and Youth Mental Health First Aid. These build staff competency for identifying, assessing, and referring mental health issues, as well as addressing students in crisis. Staff trained include school nurses, teachers, and guidance counselors.

- In addition – Screening the At Risk Students (STARS) training is available for middle school and high school nurses, and enables them to identify children who may need additional mental health services and support. Nurses are trained how to identify students who are previously undiagnosed or have depression and are at risk for suicide or other harmful behaviors.

Additional Mental Health Services for Youth

The City also provides a suite of behavioral health services and programming for young New Yorkers outside of school settings. Each of these programs contribute to the emotional wellbeing and resiliency of this population. I would like to briefly highlight a few of these now:

- NYC Well provides all New Yorkers with a single point of access to counseling, support services and treatment referral. It is free, confidential, and available 24 hours a day, 7 days a week in over 200 languages. NYC Well clinicians provide an assessment for the needs of clients of all ages who call in. If an individual is in crisis and needs support, clinicians can activate crisis response systems. NYC Well clinicians are trained to respond to youth who experience emotional distress, substance use issues and suicidal ideation. This training also includes specific attention to youth issues, such as bullying, and non-suicidal self-harm.

- The Children's Rapid Access Mobile Crisis Teams work throughout the five boroughs to provide crisis assessment, stabilization, prevention planning and care-giver support to children with behavioral crises at home, in the community, or in school. These teams provide follow-up services to children and their families to assure that needed mental health services are provided. In 2016, the teams received 1,367 referrals, of which 29% were linked to suicidal ideation and 3% were linked to a suicide attempt.

- Children's Crisis Intervention Services provide short-term crisis intervention to youth who present to a hospital, Comprehensive Psychiatric Emergency Program, Emergency Department, or other clinical setting.

- Home-based Crisis Intervention and Intensive Crisis Stabilization and Treatment programs provide longer term crisis stabilization in the home and community.

- Through the Youth Mental Health First Aid initiative, community members throughout New York City can receive free training to recognize the signs and symptoms of mental illness and learn how to help connect young people to help.

- The City provides enhanced mental health services at Runaway and Homeless Youth (RHY) Drop-In Centers, Crisis Shelters, and Transitional Independent Living Programs. These services include a range of counseling, therapeutic and support activities, including psychiatric and psychosocial evaluations. This complements the other comprehensive services that are available for RHY, which develop independent living skills, and strengthen decision making and communication abilities. These services include food and clothing; health care; prevention and referrals for substance misuse; housing assistance; educational and employment services; recreation; legal assistance; and transportation.

Mental health problems and suicidal behavior among young people in our city is a serious public health issue and requires interventions along many fronts. The City is working across multiple agencies to improve mental health for our young people. This is as a preventive strategy to reduce risk of suicide by offering a variety of interventions to youth and families through a variety of school and community based programs. Together, we are building multiple entry points for these needed services.

We are committed to improving the health and mental health of all New Yorkers and will continue to find innovative ways to support our young people so that they can be healthy and successful.

I appreciate the Council's attention to this important issue. We are happy to answer any questions.

CITIZENS' COMMITTEE for CHILDREN
OF NEW YORK INC

Testimony of

Grant Cowles
Senior Policy and Advocacy Associate for Youth Services
Citizens' Committee for Children

Before the
New York City Council
Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services and Committee on Youth Services

Oversight: Youth Suicide

April 6, 2017

Good afternoon. My name is Grant Cowles and I am the Senior Policy and Advocacy Associate for Youth Services at Citizens' Committee for Children of New York (CCC). CCC is a 73-year-old independent, multi-issue child advocacy organization dedicated to ensuring that every New York child is healthy, housed, educated and safe.

I would like to thank City Council Committee Chairs Cohen and Eugene and the members of the City Council Committees on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services and Youth Services for holding today's hearing about youth suicide in New York City. I would also like to thank Council Member Cohen for introducing Res. 1374-2017, which would establish June 8th annually as Teen Mental Health Awareness Day in New York City.

CCC appreciates all of the efforts of the de Blasio administration to destigmatize teen mental health issues, create the 24/7 NYC Well mental health hotline, and provide more services and supports to youth at school and in their communities. We are particularly grateful to the work of the City's First Lady Chirlane McCray, and those who have been working to create and implement the City's Mental Health Roadmap, Thrive NYC.

Youth mental health and youth suicide are critical issues for the City to pay closer to attention to. According to the National Alliance on Mental Health (NAMI) approximately 20% of youth ages 13-18 live with a mental health condition.[1] According to the Centers for Disease Control, suicide is the third leading cause of death for youth ages 10-14 and the 2nd leading cause of death for those ages 15-34 years old.[2] The suicide completion rate for boys is much higher than for girls, but the number of girls committing suicide has tripled since 1999.

Furthermore, suicidal thoughts are becoming more pervasive among adolescents. Nationally, among students in grades 9 through 12 during 2015, 17.7 percent seriously considered attempting suicide, 14.6 percent made a plan about how they would attempt suicide and 8.6 percent attempted suicide one or more times.[3]

In New York City, suicide rates increased among NYC girls ages 5 to 17 from two suicides in 2000 to 8 in 2014, while suicide rates among boys remained approximately steady at 6, according the New York City Department of Health and Mental Hygiene.[4] Latina adolescents are more likely to attempt suicide with suicide rates among Hispanic/Latina girls rising from zero suicides in 2000 to 3 in 2014.[5]

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[1] National Alliance on Mental Illness. "Mental Health Facts: Children & Teens." Available at http://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf.
[2] Centers for Disease Control and Prevention. "Suicide: Facts at a Glance - 2015." Available at https://www.cdc.gov/violenceprevention/pdf/suicide-datasheet-a.pdf.
[3] Kann L, McManus T, Harris WA, et al. Centers for Disease Control and Prevention. *Youth Risk Behavior Surveillance – United States, 2015.* June 10, 2016. Available at https://www.cdc.gov/mmwr/volumes/65/ss/ss6506a1.htm.
[4] New York City Department of Health and Mental Hygiene. "Epi Data Brief." September 2016. https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief75.pdf
[5] Id.

Mirroring national trends, suicidal thoughts are becoming increasingly common among adolescents with 73,000 NYC adolescents reporting feeling sad or hopeless each month.[6] Additionally, 8 percent of students in NYC public high schools report attempting suicide, with that percentage doubling if a student reports having been bullied on school grounds.[7] This is extremely concerning given that 18 percent of students report having been bullied on school grounds. Adolescents' suicidal thoughts and well-being also affect their likelihood for suicide as an adult,[8] and the number of adults who commit suicide in New York City continues its alarming rise, from 448 total suicides in 2000 to 565 in 2014.[9]

Adolescent health experts hypothesize that these rising numbers may be associated with the use of social media by youth, which exposes them to increased levels of scrutiny and opportunities of cyberbullying away from a parent or teacher's supervision. Social pressures now follow youth throughout their lives, and do not end when a child comes home from school. According to the Cyberbullying Research Center, the lifetime cyberbullying victimization rates rose from 24 percent in 2013 to 34 percent in 2016. [10] As adolescents are already vulnerable due to their developmental stage, the constant scrutiny one faces as a result of engaging in social media serves to exacerbate these insecurities.

In addition, a recent report issued by state Attorney General Eric Schneiderman suggests that the City has been vastly underreporting incidents of bullying. According to the analysis from the 2013-14 school year, 1,257 of 1,792 city schools reported zero incidents of harassment, bullying or discrimination of students that year, and 98 percent of those schools reported 10 or fewer incidents. The report suggests that in addition to underreporting harassment and discrimination, many schools may face confusion or uncertainty in classifying incidents that are reported.[11]

According to the National Alliance on Mental Illness, 90 percent of individuals who die by suicide experience mental illness.[12] The City is taking important steps to combat bullying and youth suicide, mainly by focusing on increasing access to mental health

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[6] New York City Department of Health and Mental Hygiene. *New York City Youth Risk Behavior Survey, 2013,* unpublished raw data. Available at https://www1.nyc.gov/site/doh/data/data-sets/nyc-youth-risk-behavior-survey-public-use-data.page.

[7] Id.

[8] Centers for Disease Control and Prevention. "Suicide: Risk and Protective Factors." https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html.

[9] New York City Department of Health and Mental Hygiene.

[10] Cyberbullying Research Center. "Summary of Our Cyberbullying Research (2004-2016)." November 26, 2016. Available at http://cyberbullying.org/summary-of-our-cyberbullying-research.

[11] New York State Office of the Attorney General. "A.G. Schneiderman and State Education Commissioner Elia Release Guidance and Model Materials to Help School Districts Comply with the Dignity For All Students Act." August 31, 2016. Available at https://ag.ny.gov/press-release/ag-schneiderman-and-state-education-commissioner-elia-release-guidance-and-model.

[12] National Alliance on Mental Illness. "Risk of Suicide." Available at https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Suicide.

services throughout the city as part of ThriveNYC, the City's mental health roadmap. These initiatives include placing mental health clinics in high needs schools, placing mental health services in all community schools, creating a network of mental health consultants for all schools, training school staff in youth suicide prevention, and focusing on suicide awareness and identification. Initiatives also focus on vulnerable youth, ensuring that all family justice centers and runaway and homeless youth shelters have mental health services. The City has also created a more robust phone-based crisis hotline, NYC Support, which not only provides 24-hour access to crisis services, but also provides non-crisis connections to behavioral health services.

RECOMMENDATIONS:

We are confident that the City will continue to make fighting youth suicide a top priority. We respectfully submit the following recommendations to help the City address bullying, mental health, suicidal thoughts, and suicide attempts:

1. **Pass Res. 1374-2017 to Establish a Teen Mental Health Awareness Day in New York City.**

CCC supports the establishment of an annual Teen Mental Health Awareness Day in NYC.

The Resolution would make June 8th the annual day. While CCC fully supports creating this day, the City Council may want to consider choosing a day in May, which is Children's Mental Health Awareness Month, or earlier in the school year when the awareness activities can be better infused into the school curriculum.

2. **Continue to invest and baseline the initiatives associated with ThriveNYC, including increasing treatment capacity.**

CCC appreciates all of the efforts being undertaken as part of the ThriveNYC initiative. We believe these efforts are tremendous steps in helping to address stigma and assess those in need of services. We urge the City to go further by baselining the funds for the various initiatives and also creating additional capacity to address the shortage of treatment capacity, particularly for children and youth.

In 2012, on behalf of the New York City Citywide Children's Committee and NYC Early Childhood Strategic Mental Health Workgroup, CCC sought to estimate the gap between the need for mental health treatment slots and the number of treatment slots available for children throughout New York City. Through an analysis of prevalence data, we found that an estimated 47,407 children ages 0-4 in New York City have a behavioral problem and 268,743 children ages 5-17 in New York City are estimated to have a mental health disorder. [13] While we were unable to identify the citywide unmet need, due to the lack of

[13] Citizens' Committee for Children, *New York City's Children and Mental Health: Prevalence and Gap Analysis of Treatment Capacity*, January 2012. Available at

data for Queens and Manhattan, our analysis of slot capacity for Brooklyn, Bronx and Staten Island suggested that treatment slots exist for only 1 percent of children ages 0-4 and 12 percent of children ages 5-17 who have treatment needs.

We urge the City to invest in the expansion of children's behavioral health services so that all children and youth in NYC with mental health needs can receive the necessary treatment.

3. **Explore ways to enforce the Dignity for All Students Act so that schools are accurately reporting incidents of discrimination and bullying**.

The Dignity for All Students Act was signed into law in 2010 and seeks to provide the State's public elementary and secondary school students with a "safe and supportive environment free from discrimination, intimidation, taunting, harassment, and bullying on school property, a school bus and/or at a school function."[14] Part of the act also requires schools to have procedures in place to maintain records and accurately report material incidents of harassment or bullying to the Commissioner. However, as mentioned previously, incidents of bullying are vastly underreported in schools.

This data is important for schools to get a sense of how prevalent bullying is and whether their prevention efforts are working. It is important for schools to also engage parents and youth in building a community that does not tolerate bullying and sends a unifying message about the culture of the school. Involving youth and their families in this process will help engage students and give them a stake in building a community for themselves and their peers.

This should also include educating and training staff, as well as students and parents, on the Dignity for All Students Act.

We urge the Administration to continue strengthening its anti-bullying efforts by: working with school districts to guarantee that the appointments of Dignity Act Coordinators are filled; ensuring that school districts have access to and are effectively using the materials available to train school employees on their duties under the Dignity Act; and providing language and explanations for defining incidents of bullying or harassment so that schools are aware of what constitutes bullying and can report incidents appropriately.

We urge the Administration to widely distribute the document associated with this Act entitled, "Dignity for All Students Act: Guidance on Investigating, Responding, and Reporting," so that school staff and administrators are appropriately informed.

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http://www.cccnewyork.org/data-and-reports/publications/new-york-cityschildren-and-mental-health-prevalence-and-gap-analysis-of-treatment-slot-capacity/.

[14] New York State Education Department. *The Dignity Act*. Available at http://www.p12.nysed.gov/dignityact/

4. **Work with the State to ensure a smooth transition into Medicaid Managed Care.**

Multiple ongoing Medicaid reforms have placed a heavy workforce and administrative burden on children's behavioral health providers, many of which lack the resources and/or staff capacity to implement key requirements of the transition. Furthermore, the children's behavioral health system was already facing significant fiscal and workforce related challenges. CCC remains concerned about the viability of school-based mental health clinics.

We urge the Administration to work with the State to ensure that children's behavioral health remains a priority in this budget so that children have access to the programs and services that produce positive outcomes. Given the array of negative and costly life outcomes that can be the result of unaddressed health needs, it is imperative that resources are directed towards strengthening the children's behavioral health system.

5. **Work with the New York State Office of Mental Health Suicide Prevention Office to support the plans to advance suicide prevention in New York State.**

The Suicide Prevention Office was created in 2014 to coordinate all OMH-sponsored suicide prevention activities. As part of the plan, the State is working to prevent suicides through targeting communities, which offers opportunities to detect and intervene with high-risk populations that may not be easily reached through the larger health and behavioral healthcare system.[15] This includes working with community coalitions and schools to ensure that all students at risk of suicide can be identified and referred to appropriate services.

The City is already working to ensure that school administrators and teachers are trained in youth suicide prevention, and we urge the City to expand this training to include all NYC public schools. We also urge the City to identify community-based organizations and coalitions targeting suicide prevention and direct resources towards these organizations so that they can effectively combat youth suicide.

We also urge the City to explore other ways to reach youth at risk of suicide, such as through working with the communities that have or will have a Neighborhood Action Center, an initiative through the Center for Health Equity. By targeting resources towards these centers, needed services can be directed towards youth that may otherwise not have access to services.

6. **Consider investing in the creation of a program targeting self-esteem in adolescents as a preventive method to combat suicide.**

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[15] OMH Suicide Prevention Office. *1700 Too Many: New York State's Suicide Prevention Plan 2016-2017.* September 2016. Available at https://www.omh.ny.gov/omhweb/resources/publications/suicde-prevention-plan.pdf.

Many incidents of bullying are related to appearance or self-esteem beliefs, which can especially affect girls. Girls' self-esteem often plummets at age 12 and does not improve until age 20, largely attributed to bodily changes.[16] Girls may develop unhealthy ideals of how they want to look due to narrow media portrayals of beauty. Youth may develop unhealthy behaviors and mental health issues such as eating disorders, alcohol abuse, and smoking. Additionally, youth are often subjected to bullying based on weight, with obese children 63 percent more likely to be bullied.[17]

These cultural norms can be changed by building on initiatives seeking to expand awareness of mental health and self-esteem, challenging narrow standards of beauty or body image, providing a positive message of empowerment and acceptance, and integrating a curriculum into schools promoting healthy eating, positive body image and self-esteem. The City piloted a project focused on building self-esteem in girls in 2013 called the NYC Girls Project.[18] We urge the Administration to revisit this initiative and work to expose more youth to these positive messages.

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We look forward to working with the Administration and the Council to continue addressing youth suicide and assisting youth who may be struggling with suicidal thoughts by ensuring youth have access to the preventive services necessary for the chance to live healthy, productive lives.

Thank you for this opportunity to testify.

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[16] Baldwin, S.A. & Hoffmann, J.P. *The Dynamics of Self-Esteem: A Growth-Curve Analysis.* Journal of Youth and Adolescence, Vol. 31, Issue 2, p. 101-113. April 2002. Abstract available at https://link.springer.com/article/10.1023/A:1014065825598.

[17] Puhl, Rebecca M., Jamie Lee Petersen, and Joerg Luedicke. *Weight-Based Victimization: Bullying Experiences of Weight Loss Treatment–Seeking Youth*. Pediatrics, Vol. 131, Issue 1. January 2013. Available at http://pediatrics.aappublications.org/content/131/1/e1?sid=fc5b80c8-5518-4e81-890a-4663f645b4a2.

[18] The City of New York., NYC Girls Project. "The Issues." Available at http://www.nyc.gov/html/girls/html/issues/issues.shtml.

TESTIMONY OF THE COALITION FOR BEHAVIORAL HEALTH, INC.
Before the New York City Council
Christy Parque, MSW
President & CEO

Before the New York City Council
Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services

Honorable Andrew Cohen, Chair

April 6, 2017

Thank you, Chairperson Cohen and members of the committee for convening today's Youth Suicide Trends in New York City and allowing The Coalition for Behavioral Health to offer our thoughts on the needs and infrastructure necessary to adequately address this issue.

The Coalition for Behavioral Health, Inc. (The Coalition) is the umbrella advocacy and training organization of New York's behavioral health community, representing over 140 non-profit community-based agencies that serve more than 500,000 consumers. Our members provide the entire continuum of behavioral health care in every neighborhood of New York City. Coalition members provide access to the range of outpatient mental health and substance use services, supportive housing, crisis intervention, peer support services, employment readiness, Personalized Recovery Oriented Services (PROS), Club Houses, education and nutritional services, as well as many other supports that promote recovery. The Coalition also trains on average 175 human services providers monthly on cutting edge and proven clinical and best business practices through generous support from the New York City Council, New York City Department of Health and Mental Hygiene (DOHMH), New York State Office of Mental Health OMH), and in conjunction with foundations and leaders from the behavioral health sector.

We will be presenting on the need to ensure that vulnerable populations of young people have the necessary resources to access and use the services they deserve to grow and lead fulfilling lives. You will also hear from a number of our members, including Comunilife, The Mental Health of New York City (MHA) and Samaritans, who will provide detailed information and testimony about their experiences serving at risk youth.

The Coalition for Behavioral Health, Inc. 123 William Street, Suite 1901 NY, NY 10038 212.742.1600 www.coalitionny.org

It is important to acknowledge the diversity among young people and that many subpopulations of youth and adolescents are at risk for suicide and suicide ideation. We have, however, decided to focus our comments on two populations whose risk are well documented and merit special attention – Latina youth and LGBTQ youth. While I am presenting, the testimony is that of our President and CEO Christy Parque, who was recently appointed as the Chair of the LGBTQ committee of the Regional Planning Consortium, and has special concern for LGBTQ youth based in part on recent discussions within the committee and its members.

National Scope

The national Youth Risk Behavior Survey (YRBS) is a yearly survey produced by the Center for Disease Control, which monitors priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. The national YRBS is conducted every two years during the spring semester and provides data representative of 9th through 12th grade students in public and private schools throughout the United States. In 2015, 17.7% of young people surveyed considered attempting suicide, 14.6% made a plan on how to attempt suicide, 8.6% attempted suicide and 2.8% attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse[1].

New York

The third leading cause of death[2] for individuals between the ages of 15 and 24 years old is suicide. About 30% of New York City's public high school students experience depression annually and 10% report a suicide attempt[3]. Girls are twice as likely to have reported considering suicide as boys (20% vs. 10%). Girls are also more likely to attempt suicide than boys (12% vs. 7%)[4]. Undiagnosed and untreated mental illness in youth continues into adulthood. Suicide rates among women in the city are growing, as opposed to a decline in males. A 2014 study found that women died by suicide at an increasing rate over the 14-year period examined by the Health Department, from a rate of 2.3 in 2000 to 3.9 deaths per 100,000 individuals in 2014[5].

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[1] Center for Disease Control – Youth Risk Behavior Survey
http://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/2015_us_suicide_trend_yrbs.pdf
[2] http://chapterland.org/wp-content/uploads/sites/10/2016/03/New-York-Facts-2017.pdf
[3] The Samaritans of New York.
http://samaritansnyc.org/wp-content/uploads/2016/06/Resource-Guide-2016-color-online-active-links.pdf
[4] New York City Department of Health and Mental Hygiene
https://www1.nyc.gov/assets/doh/downloads/pdf/survey/survey-2008youthmh.pdf
[5] New York City Department of Health and Mental Hygiene
https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief75.pdf

Latina Youth

Of particular concern to researchers, educators, human services providers and our members is the increase in suicide and suicide ideation by young Latinas.

Dr. Rosa Gil, President of Comunilife, a highly respected provider and member of The Coalition has stated, "The two-year period between 2013 and 2015 saw the largest increase of Latina teens who seriously considered suicide," further noting that in particular, "A surge of 34 percent was registered in the Bronx, from 13.7 percent in 2013 to 18.3 percent in 2015",[6]

- Persistent sadness is reported more often among Hispanic girls than girls of other racial/ethnic groups (46% vs. less than 40%)[7].
- Latina teens have alarmingly high rates of seriously considering or attempting suicide. "In New York, 18.5 percent of all Hispanic, female high school students have seriously considered suicide. The most worrisome part is that 13.2 percent of all 10- to 14-year-old girls have already attempted to take their lives, while 15.7 percent of them have thought about how they could do it"[8].
- According to the U.S. Center for Disease Control and Prevention's Youth High Risk Behavior Survey, in 2015, 15.1% of Latina adolescents in the United States tried to take their own lives one or more times. In New York City, the number for the same group was 13.2%; in Brooklyn 10.2%, Bronx 15.1%, Manhattan 12%, Queens 13.2% and Staten Island 18.8%. Latina teens attempt suicide at rates far greater than their non-Hispanic counterparts – more than twice the rate of white youth in New York City (13.2% vs. 7.8%)[9].

LGBTQ Youth

Although only approximately 9% of U.S. youth identify as lesbian, gay, bisexual, transgender or questioning teens, their rates of suicide and suicidal ideation are significantly greater than the overall youth population.[10] The rate of suicide attempts is 4 times greater for LGBQT youth and 2 times greater for questioning youth than that of straight youth[11].

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[6] https://voicesofny.org/2016/09/why-are-our-girls-taking-their-own-lives/
[7] New York City Department of Health and Mental Hygiene
https://www1.nyc.gov/assets/doh/downloads/pdf/survey/survey-2008youthmh.pdf
[8] https://voicesofny.org/2016/09/why-are-our-girls-taking-their-own-lives/
[9] Comunilife
http://comunilife.org/life-is-precious/
[10] http://www.yspp.org/about_suicide/gay_lesbian_FAQs.htm#seven
[11] http://www.thetrevorproject.org/pages/facts-about-suicide

- 1 in 3 transgender youth in New York City have seriously thought about taking their lives, and 2 in 5 report having made a suicide attempt in the past 12 months.[12]

Homeless Youth

Furthermore, it has been noted that New York City is a hub for runaway and throwaway youth who gravitate to the city where they end up in the homeless population. We include them because their status as runaways or throwaway youth is often due to their sexual identity or orientation as noted above.

- Nearly 40%[13] of New York's LGBTQ homeless youth cite familial rejection as the primary cause of their homelessness.
- 32% of the homeless youth in general have attempted suicide, nationally.[14]
- Mental health problems are seen at a higher rate for homeless youth compared to other youth.[15]

Other Issues Impacting Youth

We would also like to mention the effects of bullying and cyber bullying as well as eating disorders that are more often associated, and more likely to affect, young women and LGBTQ youth.

- In 2009 a research study showed that "...the effect of bullying on suicide attempt was strongest among non-Hispanic sexual minority male youths[16]."
- The rate of attempted suicide was 32% among NYC youth who have been bullied on school grounds in the past 12 months and identified as lesbian, gay, bisexual or were not sure of their sexual identity[17].
- Adolescents who report disordered eating are more than 3 times as likely to report attempting suicide as those who do not (24% vs. 7%)[18].

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[12] Department of Health
https://www1.nyc.gov/site/doh/health/health-topics/lgbtq-youth-suicide.page
[13] NYC Coalition on the Continuum of Care Youth Survey
http://www.nychomeless.com/html/home.html
[14] National Network for Youth
https://www.nn4youth.org/wp-content/uploads/IssueBrief_Youth_Homelessness.pdf
[15] Saddichha S, Linden I, Krausz MR. (2014)Physical and Mental Health Issues among Homeless Youth in British Columbia, Canada: Are they Different from Older Homeless Adults? Journal of the Canadian Academy of Child and Adolescent Psychiatry. 2;23(3):200-206.
[16] LeVasseur, M. T., Kelvin, E. A., & Grosskopf, N. A. (2013). Intersecting identities and the association between bullying and suicide attempt among New York City youths: Results from a 2009 New York City youth risk behavior survey. American Journal of Public Health, e1-e6.
[17] https://www1.nyc.gov/site/doh/health/health-topics/lgbtq-youth-suicide.page

Solutions

Impulsive risk-taking, self-harming and self-destructive behaviors sometimes precede a suicide attempt, and these are signals to the vulnerability and fragility of these adolescents that must be heeded and addressed. Across the board, we need to identify and reach out to young people at risk before their despair escalates into a desperate attempt to end their life.

Young people are more likely to attempt suicide than die by suicide, however, an attempt is evidence enough that the young person is in severe distress. Additionally, unaddressed and undiagnosed mental health and substance use issues in youth will follow them into adulthood and become more difficult to treat.

Prevention and intervention are both needed. While critical intervention is essential to prevent a suicide that is imminent, prevention should be ongoing. Whereby, young people at risk are identified and offered appropriate services. For example, 200 school based mental health programs are currently doing this commendable work, many of which are operated by member agencies of The Coalition.

In attempting to deal with a problem, we know that the more points of access to services that are available, the more likely our efforts will be successful. Yet, the full outcome of our prevention efforts may never be completely quantified. We need to mindful of this when earmarking funding for prevention. Services must be accessible to at risk youth, including in shelters, at schools, via street outreach or any place where youth hangout. Prevention efforts undertaken with a young person early on may also prevent a later suicide attempt or death.

We need to work on de-stigmatizing vulnerability and fragility in our society and continue our efforts in making feel that it is acceptable to seek help. With a city as diverse as ours, we commend the NYC Department of Health and Mental Hygiene (DOHMH) and ThriveNYC on their commitment to address the shame of stigma by ensuring that resources via NYC Well, 311 and materials are both culturally and linguistically appropriate to ensure maximum outreach impact.

Prevention

Conceptualizing the causes of suicide can sometimes be difficult to grasp. In the attempt to understand this, research on the different characteristics and the trends that follow this cause of death can be imperative in unlocking the code on how to prevent it.

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[18] New York City Department of Health and Mental Hygiene
https://www1.nyc.gov/assets/doh/downloads/pdf/survey/survey-2008youthmh.pdf

Beacon Health Options' recent white paper, "We Need to Talk about Suicide," [19] promotes the Zero Suicide model as the best approach to shift how we think about and treat suicide. Risk of suicide or suicidal behavior is a condition that can be prevented and treated, similar to other mental or physical conditions. This fundamental shift in thinking alters the range of services for people at risk of suicide. Proactive identification of individuals with suicidal behavior disorder and then treating those individuals with evidence based practices will deliver the most impact. The Zero Suicide framework, developed by the Suicide Prevention Resource Center and the National Action Alliance for suicide prevention, offer an excellent approach for doing so.

Another resource and potential model is the CUNY mental health digital platform[20] which provides students with high quality, low cost mental health services and self-care resources in a way that is familiar and comfortable for them to use. Students can access information and resources online and from their phone or mobile devices, and can download vetted applications related to mental health, health insurance, food security and reproductive health. This approach aims to reduce the stigma of getting help for mental health problems and encourages young people with mental health concerns to take action. Digital solutions are increasingly proving helpful to individuals who reject conventional service modalities, but are familiar electronic platforms.

Conclusion

We are fortunate for the investment of the de Blasio administration in ThriveNYC, and the companion investments in HealingNYC and NYC Well, the first initiatives of their kind in New York City and a model for other localities. This far reaching vision to address the mental health and substance use issues of New Yorkers goes a long way but we must remain committed to the highest at risk communities, including the LGBTQ youth and Latina youth communities. Both initiatives shine a light on the incidence of behavioral health concerns and provide a focus on the factors of stigma and ignorance which hinder individuals from accessing needed assistance. The first step in recovery is self-recognition, and for every young person who does not succumb to suicidal ideation, our society stands to gain a resourceful, thriving member of our community. We urge New York City to broaden its scope and depth, and use the vehicles provided by ThriveNYC and HealingNYC to prioritize those at higher risk and target resources to our young people.

Thank you for the opportunity to testify and your good work on behalf of the City of New York.

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[19] Staff Writer, "Shifts in How We Think About Suicide Prevention Needed," Behavioral Health News, March, 2017

[20] Thrive NYC
https://thrivenyc.cityofnewyork.us/wp-content/uploads/2017/02/Thrive_Year_End_Updated.pdf

Skakel McCooey
Mental Health Matters
mhm.nyc

Testimony Delivered to a Joint Meeting of the The Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services and The Committee on Youth Services
On April 6, 2017

Good afternoon. I would like to thank the The Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services and The Committee on Youth Services for allowing us to testify today. I would especially like to thank Chair Andrew Cohen for introducing this resolution and for being extremely receptive to our organization since our first meeting last fall. My name is Skakel McCooey and I co-founded Mental Health Matters, along with John Timony, 15 months ago. It is an honor to be able to speak on this pressing issue in front of these two committees, today.

I would like to preface my testimony by stating the obvious: neither John nor I are experts in the field of mental health. Neither of us is a psychiatrist or psychologist. We are simply students going to high school in the 4th District of New York City. Despite our age and our lack of an advanced degree, however, I still assert that our voice--the voice of teenagers--is fundamental to consider, especially regarding the issue of *teenage* mental health. And I thank you for giving us this opportunity to speak on our own behalf in support of this resolution.

At its core, that is what Mental Health Matters is: a self-advocacy group. We are a group of high school students grades 10 through 12, who attend various public, Catholic, and private schools who deeply care about advocating for other high school students and, more generally, teenagers suffering from mental health issues in New York City. We have found that this self-advocacy, however, is not as commonplace as one could intuitively expect. More often than not, adults--not teenagers--spearhead campaigns to fight for teenage mental health issues. We hope that creating a Teenage Mental Health Awareness Day on June 8th will prompt difficult conversations and will work to end the debilitating stigma surrounding mental health in our city and across our country.

In order to speak about exactly what type of self-advocacy we practice, I would now like to briefly recount our group's efforts since its inception. We began by speaking to an advising psychiatrist to start a conversation about warning signs surrounding mental health, potential ways to begin to make an impact on the stigma surrounding mental health, and ways to properly and effectively spread our message. We soon thereafter established a social-media presence

posting interviews, pertinent news stories, and selected quotations for our followers on Facebook and on our website.

More recently, we have begun to survey New Yorkers in a series of impromptu, non-scientific questionnaires. It is from these conversations that I have learned a lot about how people perceive mental health in this city. I would like to briefly share the summary of some of these conversations. Almost everyone we have talked to has said that they have encountered mental health issues--either in their own lives or in the lives of loved one. Given statistics from ThriveNYC saying that one in five New Yorkers experience a mental health disorder in a given year, it is not hard to see why. Most interesting to our group, however, and indeed one of the reasons we have encouraged this resolution is this common theme from our discussions. While everyone, to a person, considers mental health issues "extremely important," very few were aware of the tremendous steps both the city and state have made in addressing them. An awareness day would start to amend that gap in knowledge. It would allow people to seek out information given by ThriveNYC and a variety of other organizations.

One of my favorite conversations was with a woman we met on the Bridal Path in Central Park who said she had dealt with issues of mental health in her childhood. She said, "discussing mental health is tough. But it really *needs* to happen." Simply, these discussions--surrounding mental health and teenage mental health--are a necessary hardship. I applaud and celebrate the strides made by those at ThriveNYC and indeed in this committee. This resolution is the next stride to take.

Therefore, it is based on our past experiences, our discussions inside our organization, and our impromptu conversations with other New Yorkers that we strongly support the resolution introduced by Chair Cohen. Teenage mental health is a pressing issue. Conversations must be had and action must be inspired.

I would like to thank all the councilmembers for their time. It is truly my privilege and responsibility to speak here today. Thank you.

John Timony
Mental Health Matters
mhm.nyc

Testimony Delivered to a Joint Meeting of the The Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services and The Committee on Youth Services
On April 6, 2017

Good afternoon. My name is John Timony, and I, along with Skakel McCooey, co-founded Mental Health Matters NYC, a teen mental health awareness group. I am honored to have the opportunity to address the Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse, and Disability Services jointly with the Committee on Youth Services here today and discuss mental health— an issue of great importance to all New Yorkers, especially teens.

What Skakel and I have to say can be broken up into two parts. I will cover the experiences that inspired us to found Mental Health Matters NYC and Skakel will discuss the subsequent efforts undertaken since the group's founding last year.

It goes without saying that mental health—especially mental illness—is a difficult issue. For years, I never spoke of it with my closest of friends or even family members. It occupied the position of the ultimate societal taboo. I did not begin to understand this reality firsthand until my freshman year of high school. My family loves to tell stories about loved ones, but there was one person whom I never heard about—my grandmother was truly a mystery to me. One night I was determined to learn more, asking my mom, "How come you never tell me about grandma?" At that time I was very naive, with no knowledge of the chronic depression that eventually caused my grandmother to take her own life.

Only later did I realize how much of a loaded question I had asked, for it required my mom to address a largely unanswered dilemma: Why does stigma surround mental illness, leaving victims and the underlying issues suppressed until tragedy strikes again?

I only bring up this family experience because I think it tells a larger story about the perceptions and stigma that continue to surround mental health to this day. I now know that my grandmother was not alone in her suffering. But back then, I found myself in denial, convinced that my grandmother's case was an outlier. Deep down I knew this was false. Yet I still found myself reverting to the same failed formula—hear about a mental health related tragedy but do everything in my power to erase in from memory, act as if everything is okay. This approach was comfortable, it felt safe.

The tragic reality is that while this approach may appear to work in the short-term, in the end this simplistic understanding of mental health tends to collapse in on itself. At least it did for me. Last January, during my junior year of high school, news surfaced that my former classmate had taken his life. What made it all the more painful was the divide between appearances and reality: we served on student government together and always offered a smile to one another in the hallway. That there could be so much pain underlying a warm smile made me seek answers.

I attend high school in New York City and following the tragedy, there were an abundance of resources made available to students—everything from expanded office hours for guidance counselors to reflective homeroom discussions, where things could be explored in a safe environment. I eagerly applauded these efforts made by my school. However, within two weeks, I began to notice the inevitable return to the status quo. The morning conversations with friends ended and it seemed as though any progress made in the immediate aftermath of the tragedy was beginning to fade. In order to tackle a difficult issue like mental health, though, there are always more discussions to be had.

The need to acknowledge this issue and respond in an active way soon became clear. Change had to be a continuous effort, not a transient gesture. Skakel and I were determined to put our abstract vision of eradicating the stigma surrounding mental illness into action. Skakel will address these steps in greater detail later in the testimony but as a brief preface, we decided to tackle our goals with a three step approach: First, create a teen committee to serve as a forum for starting discourse on these issues; Second, start an active social media campaign to get people inspired about mental health; Third, partner with local government officials to help develop public policy solutions for increased awareness.

I would like to thank all of the councilmembers for their time. It was truly a privilege to speak before you today on such an important issue confronting New Yorkers. Thank you and please support a NYC Teen Mental Health Awareness Day!

Scudder Intervention Services Foundation, Inc.
The Suicide Institute and Suicide Center

4446 Wilder Avenue, Bronx, NY, 10466 | (917) 651-1889 | Ask@sisfi.org | sisfi.org

Your Mental/Behavioral Health and Emotional Wellness Intelligence
Services, Support, Training and Resources Provider
~24/7's Abuse and Suicide Crisis Intervention and Prevention Support Lifeline~

Good day,

Thank you for the opportunity to share my insight on this topic of suicide. My name is Brett A. Scudder and I am the Executive Director and Behavioral Crisis Response Director and Trainer at SISFI and the Suicide Institute and Chairman of the NYC Suicide Council. Over the past 12yrs I have been actively engaged in the national research, developments, studying global trends and community awareness of emotional wellness, emotional pain, depression and suicide in NYC on various levels with various organizations and groups. As someone who lived with depression, PTSD and physical and emotional trauma for many years, my personal experiences started my journey of looking deeper into this human condition to understand why and how it happens, and how it can change your life knowing and unknowingly without you having any control over it. As a survivor of suicide attempts, and someone who embraces suicide in my life, this work is very personal, passionate and dear to my heart and so my approach in working with people is very intimate in the moment meeting them where they are to humanize and share their moments of darkness and pain to better understand how they are feeling to help relieve their pain, and teach them the life skills needed to live a happy and healthy life. This is a very specialized work and skillset that needs to be taught in order for someone to safely and effectively help someone in emotional crisis and distress thinking about self-harm to ease their pain.

What I have seen, heard and experienced over the years is that everyone hurts in different ways and on different levels, and in working with someone experiencing an emotional crisis must be handled on an individual basis. Sometimes we think that age makes experiences of emotional pain more because of length of life, but my work has shown me that many of our youth are experiencing far more and deeper pain in their young and shorter lifespan than most adults. This is because of how times have changed and in many ways and the fundamental core factors of quality of life are not accessible or available to youth today as many are struggling on their own to meet life's challenging demands. Often I hear adults say, my God, I never experienced that as child so I can't imagine when they are going through, or, when I was their age I didn't do this or that, or, what does a child at 16 know about Love. Everyone's level of experiences with pain and the availability of effective resources and support is different so while we hear them talk about giving up and wanting to die, we must understand that we have to see things through their eyes and feel through their heart to understand the experiences that have led them to this state of mind, and from that, we will have a better understanding of how to help them effectively.

What I have seen and heard in the past 5yrs is a drastic increase in the number of youth experiencing emotional challenges from broken relationships, abuse in home from parents, lack of parent involvement in their life, sexual abuse/trauma from a parent or loved one, sexuality and sexual identity, hopelessness from not seeing a future, fears of what society has in store for them,

increase in violence and lack of interest in school self and life. Many of them experienced such traumatizing things that they have never shared with a parent or anyone because they feared how they would have been looked at or that they would be required to report the incident which would then lead to something more or greater than what they think happened or is needed to address it.

Many were kicked out of homes and disowned by family because they came out as LGBTQ and the family couldn't handle it for many reasons and so the youth is left without a home, Love, and support to fend for themselves. Sometimes the release of energy from finally talking about it and relieving their heart and mind of the weight of their experiences leads to tears, anger and many hard questions they need answered in order to make sense of why it happened, why the person who said they Love them did it and why did it have to happen to them. All that most of our youth is asking, crying and hurting for is acceptance. Acceptance in a time where entitlement is a major part of who they are and what they feel they deserve. There is a strong sense of entitlement so much so that if they don't have it some lose hope, get depressed and kill themselves.

When a child is sexually molested by a parent and have no one to tell or talk with about it, or tells a parent who then accuses him/her of lying or seeking attention while overlooking what the child is really telling them, it can be a very disabling, frustrating, traumatizing and heavy weight and so many turn to self-harm as a way of coping and relieving the pain.

When youths are involved in sexually active intimate relationships at young age because of peer pressure and emotions they feel, and experiences cheating, sexual trauma, contracting sexually transmitted infections or diseases, and being dumped by someone they think so highly of and is in Love with it's not a simple issue of just getting over it and moving on, it's a deep hurt, betrayal and unforgivable act that leaves them feeling unworthy, scarred and lost in translating emotions beyond their control without anyone able to listen and understand how they are feeling and so many turn to virtual resources for help and support.

Unfortunately, we live in a world where many people hide behind online identities masking who they truly are so in many cases, the innocent of a Youth in crisis seeking help becomes a victim of abuse, bullying, revictimization, retraumatization and shaming on many levels. While their innocent is very naïve at times of feeling broken, the responses from online resources like social media can have immediate and long lasting deep painful effects of depression leading to completion of suicide. It is obvious and very apparent that they are seeking help, but have to seek it in such a way of hiding their identity because they don't want anyone know who they are, just that they are hurting and in need of some help and support.

Our healthcare systems are challenged with youth seeking help but are being diagnosed with

mental health conditions and being treated with pharmaceuticals that are not effectively healing the hurt and pain in their soul. This sheds a bright light on how we as a society are treating the increasing levels of youth at risk of self-harm and suicide ideations from their experiences with a one size fits all model that doesn't work for everyone. Calling 911 for a youth in crisis and shipping them off to the emergency room isn't always the best way to address the behavior they are exhibiting as a result of the emotional pain they are experiencing. The process of the call to 911, the response from EMT and being in the emergency room can add to the trauma being experienced in such a delicate and sensitive time of emotional chaos. We have seen an increase in youth saying straight up that if you are going to call 911 I'd rather not seek the help or I'll just kill myself. They fear 911 or police involvement in their lives that they would rather kill themselves or self-medicate than go through the process of the systems methods and treatment of care. See have seen research that proves that a very high percentage of youth suicide cases found the emergency room experience to be bad.

Our education system is focused on academics while youth struggle with emotional distress that affects their ability to stay focused or manage learning to maintain their grades and absenteeism. We cannot expect them to shut down their emotions and impacts of trauma when they get to school and be able to focus on their studies and grades while hurting and lost in their experiences. Every child learns differently, and we need to provide alternative levels of educational structure for youth experiencing unmanageable trauma and emotional challenges. Many of our youth experience violence in their homes and community the night before and still have to come to school and work. Many live in unstable and uncomfortable homes without proper food and sleep needed to maintain healthy mind and body. Being in school or work adds a lot of other factors to their distress that exacerbates and compounds the ways they feel. While we want what's best for our children and youth, too often we don't listen to them to try and understand things from their perspectives and so many suffer in silence repeatedly saying "no one understands how I feel and doesn't listen to me."

Many of these youth were referred to us for support services because they were engaging in self-harming behaviors such as cutting, drinking alcohol, running away, smoking various drugs and narcotics, and promiscuous sexual acts with multiple people as they try to identify self and why they feel the ways they do, and their violent and aggressive towards parents, family and loved ones. In working with them, over 90% expressed their pain came from basic human needs of Love from parents or the abuse and victimization of a parent, or a broken heart from an intimate relationship. Their pain led to depression, violence and ideations of suicide. When asked why they go to such extremes to address their pain, most answer that at the time they felt unworthy, unloved, hopeless, helpless and just didn't care about anything else, they just wanted to die.

Sadly, this is a growing trend we are seeing in younger children as well where we have started

seeing children as young as 4yrs old with depression and suicide ideations. Some have even attempted to kill themselves as a result of what they are experiencing and so it adds to a much deeper concern and dialog as to what experiences are our children and youth going through that causes such hopelessness and pain that they want to die rather than live a life of possibilities. In a time where we are more technologically connected to each other than emotionally, many of our youth seek comfort, support and guidance through the use of technology in texting, social media and online resources. Too often we see the quality time and need for Love from a parent being replaced by material things and gifts that are used to replace the busy schedule parents have in trying to maintain quality of life for their child, or, just neglect of the child for so many reasons. Yet, too often we hear youth say that they don't mind having the gifts and gadgets but, it shouldn't replace the quality time and trust needed with parents.

Many are self-diagnosing because of some familiarity with signs and symptoms of depression and bi-polar and seeking ways to self-medicate. Their use of unapproved and non-prescribed substances, opioids, heroin, cocaine and alcohol have led to many overdoses and sometimes completed suicides. This is a much larger challenge as these drugs are available in their schools and on their community streets making it easily accessible in times of need.

What we are seeing as increase in use of narcotics and opioids in NYC isn't by chance, it's a direct result of many people, mostly youth, who are hurting, struggling and suffering from life challenges and pains they have no control over but have to face and so finding ways to ease or end the pain is a viable option in their eyes. The suicide rates are much more than we realize because as a society we look at suicide as end of life but it is much more than that, it's a process. A process of how someone experiences a disruption in their quality of life and starts the downward spiral of hurt, pain, hopelessness, anger and unbearable challenges that can ultimately end with death. We talk about suicide as if it's "their problem" when in reality, it is our problem, a public health crisis we desperately need to address but we are still afraid to talk about and address in ways to remove stigmas, myth and opens doors to real dialog and creating safe places in communities for people to get help and support without being retraumatized, dehumanized, demoralized and revictimized. So until we start understanding this model and mindset we will not be effective in helping people in emotional pain prevent them from completing their ideations to end their pain.

At SISFI and The Suicide Institute, we provide a very specialized humanize approach to suicide intervention by meeting the person in crisis where they are. We are in schools and the community responding to crisis calls and doing diversions from the emergency room while addressing the pain. We run a 24/7s crisis lifeline that is available via phone, text and social media. Our engagement with youth in crisis is a representation of an alternative to self-harm because we lived the experience and can relate on many levels to how they are feeling and validate why suicide is an

option, but not the best or only one. Sometimes we arrange family meetings to help families understand the emotional pain and impacts on their child so they can be more understanding and supportive of the child rather than push them away. Having family involvement in the care, support and healing of our youth is critical to successfully healing and creating a happier, healthier and safer life for them.

So, how do we solve these challenges to reduce suicide ideations and self-harm.

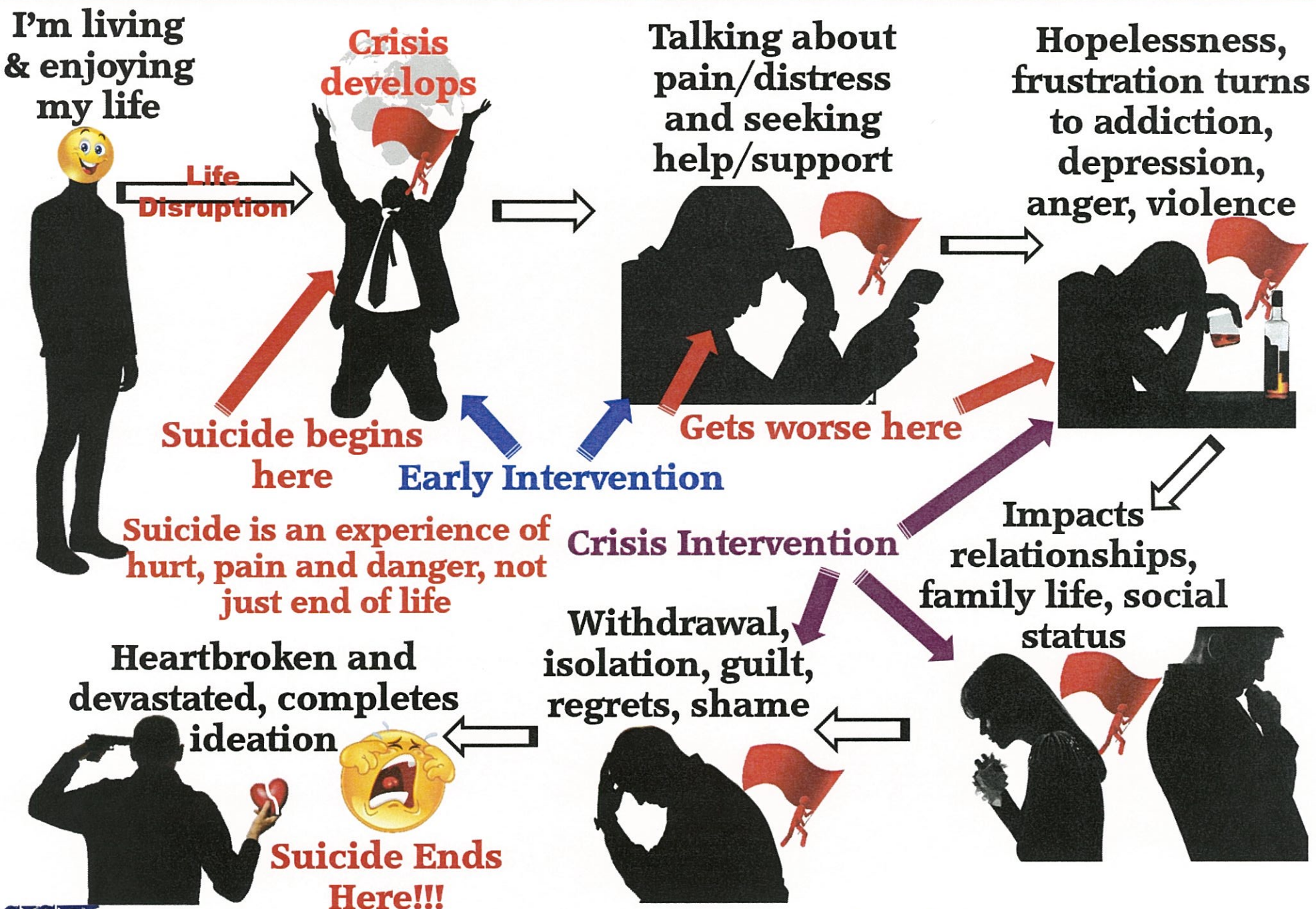
- ✓ Begin more public open community dialogs specifically focused on suicide so people can know it's ok to express their thoughts, feelings and experiences with it and not be ashamed, judged or labeled. A safe community will mitigate many mental health challenges for everyone
- ✓ Create safe spaces in schools where youth can find comfort in solace with someone who will listen and give them the time to talk about their experiences, and not rush to call in emergency services without proper understanding of their pain
- ✓ Change polices in schools to accommodate emotional wellness and life skills in curriculum so youth can have better understanding and support of how to manage life, conflicts, challenges and emotions
- ✓ Have people trained in specialized support of suicide, the ideations, the language, the experiences and how to engage youth in crisis
- ✓ Provide alternatives to treatment and diversion from emergency rooms
- ✓ Emergency room discharge of youth must be in care of a local practitioner right there in the room with them to go over safety plan after leaving the hospital
- ✓ Not all treatment should be drugs or institutionalized

This is a good start for us as a community that will help to minimize the distress and pain our youth and families are experiencing.

Thank You, and have a beautiful day one breath at a time.

~Brett A. Scudder

~The Path of Suicide from Ideation to Completion



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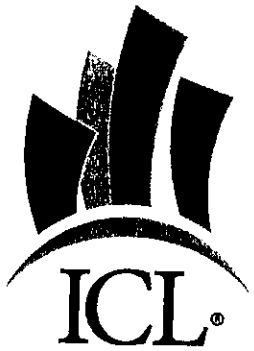

Testimony of
Nicole Robinson-Etienne
Associate Vice-President, ICL

At the Hearing on
Oversight: Youth Suicide

Committee on Youth Services
Jointly with the Committee on Mental Health, Substance Abuse and Disability Services

Hon. Mathieu Eugene, Youth Chair
Hon. Andrew Cohen, Mental Health Chair
Hon. Annabel Palma
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Hon. Margaret S. Chin
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Hon. Elizabeth S. Crowley
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Hon. Corey D. Johnson
Hon. Paul A. Vallone
Hon. Barry S. Grodenchik
Hon. Joseph C. Borelli

April 6, 2017

Good afternoon, I'm Nicole Robinson-Etienne, Associate Vice President for Government and Community Relations at ICL.

I'd like to thank the Councilmembers for providing this opportunity to testify.

ICL is a not-for-profit human services agency providing trauma-informed, recovery-oriented, integrated, and person-centered care via supportive and transitional housing, counseling with individualized therapies, rehabilitation, and other support services for adults, veterans, children, and families diagnosed with serious mental illness, substance abuse, or developmental disabilities throughout New York City. We serve nearly 10,000 people each year and have 2,300 individuals sleeping under an ICL roof every night.

We serve a number of families with adolescents and transition age youth at our residential services at Livonia, Coney Island and Linden, and at our clinics at Highland Park in Brownsville and Rockaway Parkway in Canarsie, where we insure access to a full range of mental health and social services to the residents and clients.

Our Family Resource Center, based in Brownsville, Brooklyn, provides services to youth and families in seven high needs areas in the borough and provides family and peer to peer support and advocacy, helping families access community resources and interface with other government agencies such as ACS, Family Court and the Department of Education. We provide psychoeducation, anger management, group therapy and care coordination. More recently, we forged a partnership with Kings County Hospital offering a focused case management program that assists with housing referrals and community service linkages for people at-risk for homelessness who are ready for discharge from Kings County Hospital's inpatient psychiatric unit or crisis residence.

In our work with adolescents, it is very common for us to encounter some level of suicidal ideation. When suicidal thoughts are so much as expressed, it is revealing of a deep sense of helplessness that we can assist young people to address and help them find concrete steps to coping, healing and improving their situation. If not addressed, the consequences of suicidal ideation can be ultimately tragic, as I'm sure you are aware, but also in the case of failed attempts that are not properly addressed, can lead to cycles of depression and self-destructive behavior that can persist throughout life. In contrast, empowering youth to find their inner resources at this critical juncture can be a transformative moment that they can draw from throughout their life.

One case in particular, where ideation went beyond thoughts to attempts was a 17 year old woman referred to us through our partnership with Kings County Hospital after a suicide attempt who was struggling with acculturation issues after recently arriving from the West Indies and a lack of stability being shuttled between her mother's and aunt's homes, each dealing with their own challenges. She had a serious history of multiple hospitalizations and suicide attempts and other community residences felt they were unqualified to accept her into their programs. She was placed in our Coney Island Residence which at the time was focused

THE CENTER

Testimony of

Peter Karys

Director of Youth Counseling and Support

The Lesbian, Gay, Bisexual & Transgender Community Center

In response to the

New York City Council's Committees on Youth Services and

Mental Health Joint Hearing

On Youth Suicide

Submitted on April 6, 2017

To the

New York City Council

Committee on Mental Health

250 Broadway, Committee Room

New York, NY 10007

THE CENTER

Thank you for the opportunity to provide testimony on the incredibly important issue of youth suicide. My name is Peter Karys and I am the Director of Youth Counseling and Support at The Lesbian, Gay, Bisexual, and Transgender Community Center (commonly known as The Center). The Center was founded in 1983 and is visited each week by 6,000 unique individuals from across all five boroughs.

The Center began providing youth services in 1989 with the Youth Enrichment Services program (YES), which has developed ground-breaking programming for LGBT young people in a positive, healthy, alcohol- and drug-free community environment for more than 25 years. In 2013, as a result of strategic planning and branding, YES was renamed as "Center Youth." Open to young people between the ages of 13-22, The Center Youth program builds self-esteem and helps ready young people for various life stages.

Youth suicide, like many difficult issues that young people face, unfortunately disproportionately affects the lesbian, gay, bisexual and transgender (LGBT) population. The statistics are staggering. A Centers for Disease Control and Prevention (CDC) Report issued in 2016 revealed that nationwide, nearly 43% of LGB students had considered attempting suicide during the 12 months before the survey, illustrating the prevalence of suicidal ideations for so many of our community's students between the 9th and 12th grade[1].

These numbers are especially stark when compared to heterosexual students. While the study found that 6.4% of the straight students questioned had attempted suicide,

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[1] Citation: *Sexual Identity, Sex of Sexual Contacts, and Health-Related Behaviors Among Students in Grades 9-12 – United States and Selected Sites, 2015*

that number rises to over a quarter (29.4%) of gay students.

Given our experience with youth, The Center identified two main issues of particular importance when we discuss LGBT youth suicide: access to both identity-affirming care and safe spaces.

Identity-affirming care

Identify-affirming care includes elements of cultural sensitivity, awareness and positive regard when providing services to LGBT individuals who seek help and support. To facilitate comfort and compliance with any form of treatment, we believe it is paramount that the person an LGBT youth connects with is able to provide this level of care. Those delivering it can include guidance counselors, doctors, teachers and family members.

Despite increasing social acceptance, many LGBT young people today still are met with negative experiences. It has been reported that 9 out of 10 LGBT[2] young people have experienced harassment at school, and many are unfortunately met with similarly unsupportive experiences at home. These factors leads to despair and isolation, which explains why they are 190% more likely to abuse substances.

There is, of course, no inherent predisposition to suicide or suicidal feelings within the LGBT community. Rather, this is a symptom, like so many others that we see, of the isolation and fear that our youth have to live with based on the way they are treated.

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[2] Citation: The 2007 National School Climate Survey, GLSEN

At The Center, counselors have recounted stories about LGBT young people who have sought care from a trusted adult - a guidance counselor, teacher, or family member - about their desire to kill themselves, but as a result felt dismissed, minimized, or had their sexuality blamed. This moment of seeking help is known as a "crisis contact" and the response they receive then and there is crucial to their early intervention and treatment. For many young people, this will prove to be the first time they have sought help on their own, and if they feel they are not met with identify-affirming care, they are significantly less likely to seek support in the future.

Safe Spaces

The second issue is the availability of what we call "safe spaces." I believe based on my work with youth in our community that the single most important thing we offer to those who walk through our doors is a safe space. These are environments that promote an understanding and acceptance of all individuals, in which their sexual orientation, gender identity or gender expression is viewed as a positive part of their larger identity. It is important for LGBT youth in particular to have safe spaces they can participate in, in order to build community and have support available to them should they find themselves in crisis.

Our drop-in space and the presence of peer leaders creates an environment in which young people can explore their identities while building support systems which can be integral if they face crises or challenging situations. All Center Youth members complete an intake and assessment with Center staff who are qualified mental health professionals factoring in whatever unique experiences that young person has had and identifying any immediate safety needs. Intake includes asking questions without presumption about things like who in their life, if anyone, youth currently share their feelings with, if they currently feel safe where they live, and if they have sought any

sort of mental health or psychiatric care in the past. Based on this information we can provide the appropriate affirming support to these youth or make connections to other culturally competent providers as needed to ensure they receive the quality and level of care that they both need and deserve.

The Center would like to thank the City Council for taking the time to focus on the important issue of youth suicide, and encourage a closer look at how LGBT youth, in particular, are affected. The Center would be honored to continue to provide guidance and expertise to the Council on these issues.

NYC City Council Written Remarks
Jennifer Humensky, PhD
Columbia University
April 6, 2017

Since the program started in 2008, we have obtained data for 215 Latina teenagers [ages 12-18] who have participated in LIP. First and foremost, there have been no reported suicide attempts among program participants in the past year. Given that about 13% of Latina adolescents in New York City reported attempting suicide in the past year, according to the Centers for Disease Control and Prevention (CDC) in 2015, we would have expected higher attempt rates among this high-risk group of adolescents. Moreover, they are doing well academically. Prior to joining the program, 31% had repeated a grade in school. In the past year, all students were promoted to the next grade, 84% showed academic improvement through a review of report cards, and nine participants are graduating high school and making plans for their future.

Moreover, we have found statistically significant reductions in suicidal ideation and depressed mood over the course of program participation. Suicidal ideation decreases by about 1 point per year of enrollment, as measured by the Suicidal Ideation Questionnaire (SIQ) ($p<0.01$). Participants who report a history of sexual abuse or tobacco use at baseline have even greater decreases in suicidal ideation: about 3 points and 5 points per year, respectively ($p<0.01$). Depressive symptoms also decrease over the period of program enrollment, as measured by the Reynolds Adolescent Depression Scale (about two and a half points per year) ($p<0.01$) and the Trauma Symptom Checklist for Children (about four-fifths of a point per year) ($p<0.01$). The Trauma Symptom Checklist for Children also measured reductions in anxiety, anger, and post-traumatic stress, each at a rate of just over one point per year ($p<0.01$).

We should note that previous studies have experienced great difficulty in demonstrating significant changes in mood symptoms. According to a SAMHSA study (SAMHSA, 2015b), of the 44 trials of suicide prevention programs serving youth from the 1980s to the present, only three showed any decrease in suicidal thoughts, and none of these specifically targeted Latinas. Although the effect sizes we are

seeing to date are modest, they are statistically significant, and are registered in multiple assessment tools. It should be noted that we do not have a comparison group at this time and we only examine individuals while they are in the program. However, we did a study of those who left the program last year; while we did not have valid contact information for a majority of them, we did not learn of any suicide attempts or completed suicides among those we were able to contact.

In addition to the quantitative analysis, we conducted both focus groups and individual interviews with LIP participants and their mothers, to learn how they feel that LIP is helping to address the risk factors leading to suicidal behavior. Participants stated that LIP helps adolescents and parents to improve communication and understanding by giving them tools for conflict resolution, for example, when upset, count to three before speaking, and helping them understand the other person's motives, for example, if your mom is upset, maybe she had a bad day at work and is tired. Participants and mothers stated that LIP activities helped promote bonding; for example, through intergenerational trips to Central Park or a farm, and activities such as cooking. As one mother said "My daughter and I could never talk, but in the kitchen, we talk".

LIP helps to foster positive peer relationships, which can, in turn, result in improved peer relationships in other settings. One participant said, "I realized if I can talk to people at LIP, I can talk to people at school". LIP also provides a creative outlet through art, music, and dance therapy, with licensed therapists. It helps foster academic improvement through supported education services, including access to tutoring, assistance with high school and college applications, and serving as a liaison with school officials to resolve conflicts or address issues, for example, meeting with school officials to address the bullying of a participant. The focus group participants all pointed to specific ways in which LIP activities are helping to address the risk factors that have been identified as affecting Latina adolescents.

Community Healthcare Network

FOR THE RECORD

Testimony of Diana Christian
Chief Policy Advisor
Community Healthcare Network
Hearing before the New York City Council Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services
Jointly with the Committee on Youth Services
RE: T2017-5508 Oversight – Youth Suicide
New York City Council Chambers
Thursday, April 6, 2017

Thank you Chairperson Cohen, Chairperson Eugene, and members of both Committees for the opportunity to speak this afternoon about the urgent issue of youth suicide. My name is Diana Christian and I am the Chief Policy Advisor at Community Healthcare Network. CHN is a network of 11 Federally Qualified Health Centers, plus two mobile medical vans and two school-based health centers. We provide affordable primary care, dental, behavioral health and social services for 85,000 New Yorkers annually in four boroughs.

We are encouraged by the strides that the city is making to address the needs of young New Yorkers, and urge the Council to recognize the critical role of existing community organizations when considering city-wide physical or mental health plans. At CHN, we provide a range of behavioral health services including ambulatory psychiatric care, one-on-one therapy, depression care management, and substance abuse treatment. As of February 1, we offer specialized adolescent psychiatric services for youth ages 12 to 17.

Suicide is a serious public health problem affecting young New Yorkers. In New York, suicide is the third leading cause of death among teenagers. According to the Centers for Disease Control and Prevention (CDC), 10% of New York City high school students attempted suicide in 2015, and 4% of those students who attempted suicide resulted in an injury, poisoning, or overdose that had to be treated by a health care professional. This sensitive issue is not being adequately addressed. Nobody wants to imagine a young person suffering so much that they would attempt to end their life. Suicide is preventable, but current resources are lacking.

There are a few issues I would like to address here, the first being that there are simply not enough behavioral health providers in New York City that specialize in child psychiatry. Specializing in child and adolescent psychiatry requires an additional two years of training on top of adult psychiatric training. Most youth receive psychiatric treatment from their primary care physician. This is appropriate, but these primary care providers often need back up support from experienced mental health professionals. In acute cases, patients are sent to the emergency room for treatment. The current health care system is overwhelmed and unable to properly care for youth who are struggling with thoughts of hopelessness or suicide. Moreover, medical students often lack exposure to child psychiatry due to a lack of child inpatient units at hospitals.

Organizations like ours struggle to identify and hire mental health professionals – and for most community providers, wait lists are often weeks or months before there is an opening for an appointment. There is no shortage of need for services, but neither the city nor the state is creating incentives or support for mental health professionals to go into serving children and adolescents. As a provider of comprehensive health care services in underserved communities for over three decades, CHN has extensive experience serving New Yorkers and their families. In order for us and others to provide better care, there needs to be increased support, with both money and resources, towards training for all providers and healthcare staff in adolescent behavioral health. Few providers have even baseline familiarity with treating mental health issues specific to children and adolescents, much less expertise.

School-based health centers are emerging across the country as an effective way to deliver high quality primary health care and mental health services to children and adolescents, in addition to consulting school personnel and students' families. These health centers are particularly successful in connecting young people to care who may have trouble accessing services elsewhere by working within the existing school community and providing health services when and where students need them. Following the success of our Seward Park school-based health center in the Lower East Side, CHN has opened the Phoenix school-based health center in Washington Heights.

We must also examine how social determinants impact mental health needs. Youth encounter multiple barriers when attempting to access mental health services. Additional factors such as race, sexuality, and

socioeconomic status increase the vulnerability of this population and further restrict access to physical and mental health services. Stigma surrounding mental illness makes it difficult for youth who are struggling with thoughts of hopelessness to speak out or seek help for fear of judgment.

For youth who experience bullying whether in school or at home, having access to mental health services is critical. Those who experience traditional bullying are highly likely to experience cyberbullying as well. Results from the Youth Risk Behavior Surveillance System survey of New York high school students indicates that almost 16% of students were electronically bullied, and over 20% had been bullied on school property in the last year. Moreover, youth who experience both cyberbullying and traditional bullying are four times more likely to report depressive symptoms and five times more likely to report suicidal ideation than victims of either type of bullying. This victimization also has a significant correlation with poor academic performance. School should be a safe place for learning and growth.

Circumstances often have additional layers of complexity for LGBTQ youth. The Centers for Disease Control and Prevention (CDC) recently reported, in the most comprehensive study to date, which does not yet include the option to identify as transgender or non-binary, that 8% of the high-school population identifies as lesbian, gay, or bisexual (LGB). In New York City, that equals 80,000 individuals. It also found staggering statistics on the substantially higher levels of harassment and physical and sexual abuse that LGB youth face compared to those who identify as straight, such as, 42.8% of LGB youth have considered suicide in the last year, compared to 14.8% of straight individuals, and 29.4% of which attempted suicide, compared to 6.4% of straight youth. They also face much higher levels of bullying, skipping school out of fear of safety, being forced to have unwanted sexual intercourse, and sexual violence. According to a NYS transgender discrimination survey, 75% of transgender and gender non-conforming (TGNC) students in grades K-12 reported high rates of harassment, 35% reported physical assault, 12% reported sexual violence, and 14% reported that harassment was so severe it led to their leaving school.

Finally, these services are still too expensive for many young New Yorkers and their families. This results in a community of young people that may not be supported by their parents and cannot afford services. At CHN we have a sliding fee scale for individuals with no health insurance, which allows individuals to pay $40 or $50 out-of-pocket to see one of our providers. This is still a tremendous amount for many individuals, especially for youth without financial support.

In closing, I strongly encourage the New York City Council to take coordinated action with existing community-based organizations to prevent youth suicide.

MHA-NYC
Innovations in Mental Health

FOR THE RECORD

Honorable Andrew Cohen, Chair

Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services jointly with the Committee on Youth Services

New York City Council

Testimony by:
Lisa Furst, LMSW, MPH
Assistant Vice President, Center for Policy, Advocacy and Education
Mental Health Association of New York City, Inc.

April 6, 2017

Good afternoon, Councilman Cohen and members of the Committee. Thank you for the opportunity to testify at this important hearing focused on suicide prevention for youth in New York City. My name is Lisa Furst, and I am Assistant Vice President of the Center for Policy, Advocacy and Education of the Mental Health Association of New York City (MHA-NYC). For more than 50 years, MHA-NYC has provided direct services, public education and advocacy to address the needs of New Yorkers living with behavioral health needs and to prevent suicide in New York City and beyond. MHA-NYC administers the National Suicide Prevention Lifeline, a national network of crisis contact centers funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), which is anticipated to serve more than 1.7 million people this year. In addition, MHA-NYC operates NYC Well, the city's new and comprehensive contact center program that uses state of the art telephone, text and web based technologies to respond to the mental health needs of tens of thousands of New Yorkers, 24 hours a day, 7 days a week.

The statistics on youth suicide continue to be alarming and demonstrate that suicide remains a significant public health issue for children and adolescents. In 2016, the Centers for Disease Control and Prevention (CDC) released a study reporting that from 1999-2014, the national suicide rate for children ages 10 to 14 was 2.1 per 100,000 and, for the first time, surpassed the death rate for traffic accidents for youth in this age group[1]. The same study indicated that boys are particularly at risk for completing suicide, as their rate of death by suicide was significantly higher than that of girls, a dynamic that remains consistent across the life cycle. However, the CDC noted that the increase in suicide rates for girls was three times as high as in

[1] Curtin SC, Warner M, Hedgegaard H. Increase in suicide in the United States, 1999-2014. NCHS data brief, no 241. Hyattsville, MD: National Center for Health Statistics. 2016. https://www.cdc.gov/nchs/data/databriefs/db241.pdf/ Accessed on April 6, 2017.

previous studies, indicating that the risk is escalating for young girls. A data brief released by the New York City Department of Health and Mental Hygiene (DOHMH) in 2016 indicated that the suicide rate for girls aged 5-17 in New York City increased from 2000-2014, while the rate for boys in the same age group remained steady[2]. While the DOHMH noted relatively small numbers of actual suicides in this age group, the increase in the rate of girls' suicides and the lack of a significant decrease in the rate of boys' suicides indicates that we should be doing more to reach younger New Yorkers and their families before tragedy occurs.

New York City can increasingly leverage already existing resources that can be brought to bear on this problem, including the NYC Well program. This multi-lingual program is able to serve individuals of all ages, and with its text and chat options, may be particularly accessible to the youth population. It is critical that young people, their service providers, educational institutions and other youth and family serving systems have an awareness of this program and know that it is available to them when and where they need it. Parents and caregivers, too, should be made aware of this important resource, so they can reach out on behalf of a young person who may be struggling with an unmet mental health need or suicidal thinking.

While youth suicide is not directly attributable to any single factor, it has been demonstrated that bullying exacts a significant toll on the mental and health and emotional well-being of young people, particularly those who are perceived to be "different," such as LGBT youth and youth with disabilities[3]. Research also indicates that the rise of social media has provided a new arena into which bullying behavior can proliferate, and increase the risk for

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[2] Protacio A, Norman C. Suicide in New York City, 2000-2014. Department of Health and Mental Hygiene: Epi Data Brief (75); September 2016. https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief75.pdf. Accessed April 6, 2017.

[3] National Center for Injury Prevention and Control. Division of Violence Protection. The Relationship between Bullying and suicide: What we know and What It Means for Schools. Chamblee, GA: 2014. https://www.cdc.gov/violenceprevention/pdf/bullying-suicide-translation-final-a.pdf. Accessed April 6, 2017.

vulnerable young people[4]. In order to address bullying and its emotional toll, MHA-NYC collaborates with the United Federation of Teachers to operate the BRAVEline, a specialized hotline New York City youth can call if they need support associated with being bullied or if they are engaged in bullying behavior. Staffed by trained crisis counselors who can provide assessment for suicide risk, this hotline is available on weekdays from 2:30 – 9:30pm. Youth who contact the line during off-hours will be connected with a NYC Well crisis counselor to address their mental health and emotional support needs.

In addition, people who provide care for, work with and/or support young people should be trained to identify and address the signs and symptoms of burgeoning or exacerbated mental health crises, as suicide is associated with clinical depression and other treatable mental disorders. Through the ThriveNYC initiative, New York City is already making Youth Mental Health First Aid trainings available, which can help caregivers, educators and service providers intervene early and help connect youth to the services and supports they need to reduce existing symptoms and their risk for suicide. Increased funding for youth-specific suicide prevention public education and training activities can increase awareness and provide valuable resource information for youth and those who work with and care for them.

MHA-NYC is grateful for the Council's leadership and commitment to addressing the mental health needs of New Yorkers of all ages, and is also deeply appreciative to Mayor de Blasio and First Lady McCray for their leadership in developing and implementing the ThriveNYC initiative. MHA-NYC looks forward to continued work with the Council and the

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[4] Kann L, McManus T, Harris WA, et al. Youth Risk Behavior Surveillance – United States, 2015. MMWR Surveillance Summ 2016; 65 (No. 6): 1-180. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2015/ss6506_updated.pdf. Accessed April 6, 2017.

current administration to continue to make New York City a place where the mental health and emotional well-being of all of its residents can flourish.

comunilife

Rosa M. Gil, DSW
President/CEO

TESTIMONY PRESENTED BY

Rosa Cifre, LCSW
Chief Program Officer
Comunilife, Inc.

Public Hearing Sponsored by NYC Council

- Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Committee
- Youth Services Committee

April 6, 2017

214 West 29th Street, 8th Floor, New York, NY 10001 | T. 212-219-1618 F. 212-219-2087

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Good Afternoon, on behalf of Dr. Rosa Gil, Comunilife's President and CEO, I would like to thank Council Member Andrew Cohen, Chair of the Committee on Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services and Council Member Mathieu Eugene Chair of the Committee on Youth Services for holding this public hearing on Oversight – Youth Suicide. We also recognize all Council Members who serve on these committees.

My name is Rosa Cifre, Chief Program Officer of Comunilife, a Human Services Agency founded in 1989. Comunilife provides culturally competent mental health, social services and supportive/affordable housing for persons living with mental illness, HIV/AIDS and other chronic illnesses. Each year more than 3,500 New Yorkers benefit from our programs in Queens, the Bronx, Brooklyn and Manhattan. 95% of who are Hispanic or African-American. Approximately 50% of our clients are Spanish speaking.

Comunilife, a leading provider of suicide prevention services in the City, has stepped in to address this issue head on offering bilingual and culturally competent youth development services to Latina teens and their families through our Life is Precious™ program. This program is the only one of its kind in the country.

The Problem

Latina teen suicide has reached epidemic proportions in New York City with suicide the second leading cause of death for Latina teens in New York State.

We know that there are multiple contributing factors that result in young Latina teens attempting suicide including family conflict - primarily with their mothers - due to different levels of acculturation, stress, domestic/sexual abuse, academic failure, and bullying; coupled with the stigma of mental illness and the lack of culturally competent mental health providers are the major contributing factors*

The latest report issued by the Centers for Disease Control and Prevention – the CDC - in June 2016 stated that 18.5% of Latina teens, in New York City, seriously considered and 13.2% attempted suicide in 2015. Even more disturbing was that 1 in 5 Latina teens in Manhattan, Queens and Staten Island seriously considered suicide in 2015. The CDC reported that the Bronx saw a 33% increase in the number of Latina teens who seriously considered suicide and a 28% increase in the number of Latina teens attempting suicide between 2013 and 2015.

We are grateful to the City Council for supporting of our Life is Precious™ program for the past six years. Your investment in this program has saved the lives of 270 Latina teens in Brooklyn, the Bronx and Queens who have received the help they need and educated countless others through outreach activities. Your willingness to raise awareness of this issue and discuss solutions to prevent Latina adolescent suicide is truly appreciated.

*Dr. Luis Zayas: *Latinas Attempting Suicide: When Cultures, Families, and Daughters Collide* (Oxford, 2011)

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However, there is still a lot of work to do in order to continue saving lives and supporting Latino families. According the 2010 Census our City's Hispanic community continues to grow with

Latinos making up 28.8% of the population. In pure numbers there were 175,000 more Latino New Yorkers than in 2000. According to that same Census there were approximately 626,000 Latino youth – birth through 19 years of age in New York City. This accounted for 35.5% of the total youth population and, by far, the largest demographic group.

Our Response

Comunilife's Life is Precious™ program provides non-clinical suicide prevention activities to Latina teens who have seriously considered or attempted suicide. The girls, who range in age from 12 to 17, are immigrants or first generation Americans and live in some of New York City's lowest-income neighborhoods; all are living with depression or other diagnosed mental illness. LIP has three program locations - the Bronx (2008), Brooklyn (2009) and Queens (2015). In 2016, 189 Latina teens accessed services. To be eligible for Life is Precious™, the teens must be enrolled in and regularly attending school, under the care of a mental health clinician and have their parent's permission.

LIP operates six days a week - after school and Saturdays - providing academic support, wellness activities, and creative arts therapy. All are integral to achieving LIP's program philosophy of **"Survive, Strive and Thrive".** This means that LIP must be a safe place in which to receive support (survive), offer activities that allow the teens to develop their unique voice (strive), and provide tools that help the teens envision and achieve goals (thrive).

270 Latina teens have participated in LIP in the nine years it has been open - not one of whom has completed suicide. LIP's accomplishments are measured by the positive results achieved by the girls. Shortly you will hear from Dr. Jennifer Humensky from the New York State Psychiatric Institute/Columbia University - New York State Center of Excellence for Cultural Competence who will speak about the evaluation activities they are conducting and the wonderful results our program is achieving.

What I can tell you is that LIP is achieving these successful results because the program

1) Community informed and directly addresses the risk factors associated with Latina adolescent suicide
2) Provides culturally competent services that integrate cultural norms into all program development
3) Incorporates the entire family to ameliorate the negative impact of the acculturation process.

In 2016, with funding from the City Council:

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- Every program participant was promoted to the next grade with 84% of the teens showing academic improvement through the review of report cards. These results were achieved because we were able to provide 321 sessions of tutoring and homework assistance.
- 227 nutrition/wellness activities and 138 creative art therapy sessions took place as well as 131 Individual music lessons and 49 group music classes
- 1440 people received information about Latina adolescent suicide and our Life is Precious™ program through outreach activities.

Recommendations

Based on existing research findings and our experience with Life is Precious™, we would like to suggest the following recommendations to help prevent suicide among Latina adolescents;

- First and foremost, it is critical that the City increase capacity of culturally competent mental health services to meet the neglected needs of Latina teens and their families
- Second, mental health clinics should be required to offer family therapy as one of the treatment interventions given the centrality of the family in the Latino culture
- Third, the department of education needs to provide youth suicide prevention training to school personnel – teachers and guidance counselors – and parents that is embedded in the Hispanic cultural norms and values
- Fourth, there continues to be a need for a citywide public awareness and education campaign to prevent suicide among Latina teens
- And lastly, we need to increase the number of Latina teens who have access to the activities provided in Life is Precious™ and the communities they take place.

I thank you again for the opportunity to share Comunilife's experience in responding to this crisis in the Latino community.

2016 At A Glance

comunilife

healthy living in community

We are Community

3,571 people accessed services in **2016**

2,448 nights of Medical and Social Respite Services were provided to **22** people

Nationally known for our Multicultural Relational Approach

We are building...

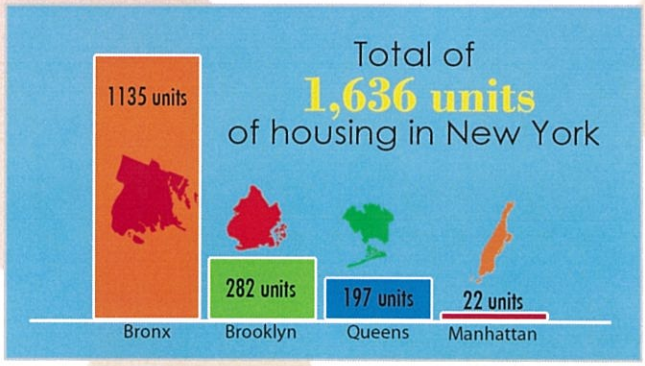
transitional and permanent housing for homeless New Yorkers

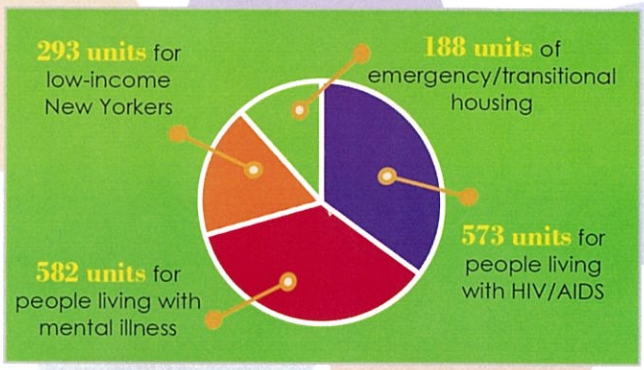
culturally appropriate care for people living with mental illness and HIV/AIDS

services for Latina teens who have seriously considered or attempted suicide

Housing

safe and affordable housing is a human right and a necessity for recovery





An average of **111** nights of Medical and Respite Services were provided to 22 clients

9 residences for homeless New Yorkers living with special needs

293 apartments for low-income New Yorkers

981 scatter site apartments for homeless New Yorkers living with HIV/AIDS or mental illness

2,081 individuals accessed housing

147,835 meals served a year to transitional housing clients

214 West 29th St, 8th Fl., New York, NY 10001 www.comunilife.org 212.219.1618

Vida Guidance Center and Other Mental Health Services

Clinical care to create a healthier tomorrow for people living with mental illness and HIV/AIDS

1,301 people accessed services in **2016**

885 adults (68%) **416** children (32%)

550 distinct people received services monthly

21,202 units of services were provided in **2016**

Life is Precious™ (suicide prevention activities)

Latina teens attempt suicide at rates far greater than their non-Hispanic counterparts

227 wellness activities and **346** tutoring sessions took place

189 Latina teens accessed academic support, wellness activities and creative arts therapy; up 44% in FY16

100% of the teens were promoted to the next grade following the 2015-2016 school year

131 individual and **49** group music lessons were provided

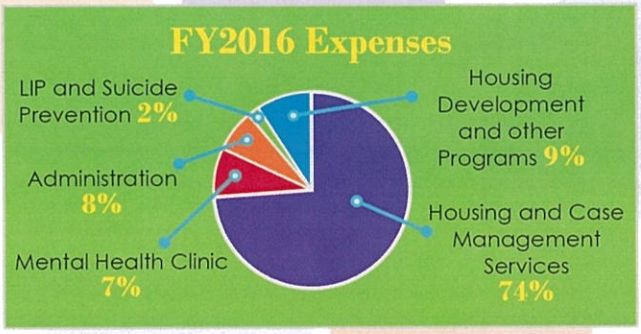
Not one of the more than **270** girls who have participated in LIP since opened in 2008 has completed suicide

56 presentations on Latina adolescent suicide were made to the community

Financials

88% of FY16 $34,742,378 total revenue is from Government Support

92 cents of every dollar raised goes directly to programs



Join us to help others

Comunilife improves the quality of life and creates a healthier tomorrow for New Yorkers with special needs in the Hispanic and broader communities - by providing culturally competent health and human services and a continuum of affordable and supportive housing.

BBB ACCREDITED CHARITY
ny.give.org

Rosa M. Gil, DSW
Founder, President and CEO

To learn more:

214 W. 29th St, 8th Fl., New York, NY 10001
212.219.1618
info@comunilife.org
www.comunilife.org

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healthy living in community

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Rosa M. Gil, DSW
President/CEO

Comunilife, Inc.
Life is Precious™ Program

Program Background:
Comunilife's Life is Precious™ (LIP) program provides non-clinical suicide prevention activities to New York City Latina teens who have seriously considered or attempted suicide. The girls, who range in age from 12 to 17, are immigrants or first generation Americans and live in some of New York City's lowest-income neighborhoods; all are living with depression or other diagnosed mental illness. Opened in 2008, LIP has three program locations - the Bronx (2008), Brooklyn (2009) and Queens (2015). In 2016, 189 Latina teens accessed services. To be eligible for Life is Precious™, the teens must be enrolled in and regularly attending school, under the care of a mental health clinician and have their parent's permission.

Latina adolescent suicide has reached epidemic proportions in New York State and New York City, with suicide the second leading cause of death for Latina teens. The latest report issued by the Centers for Disease Control and Prevention stated that in New York State *22.9% of Latina teens seriously considered and 14.6% attempted suicide in 2015. That same year 18.5% of Latina teens in New York City seriously considered suicide and 13.2% attempted suicide. This problem is most pervasive in the Manhattan, Queens and Staten Island, where more than 19% of Latina teens seriously considered suicide in 2015. The Borough of the Bronx saw a 33% increase in the number of Latina teens seriously considering and a 28% increase in the number of Latina teens attempting suicide between 2013 and 2015

We know that there are multiple contributing factors that result in young Latina teens attempting suicide. Research findings show that family conflict (primarily with their mothers, due to different levels of acculturation), stress, domestic/sexual abuse, academic failure, and bullying; coupled with the stigma of mental illness and the lack of culturally competent mental health providers are the major contributing factors (Dr. Luis Zayas: *Latinas Attempting Suicide: When Cultures, Families, and Daughters Collide* (Oxford, 2011)).

Program Activities
LIP operates after school and Saturdays. Each program activity (academic support, wellness activities, creative arts therapy) is integral to achieving LIP's program philosophy of **"Survive, Strive and Thrive".** This means that LIP must be a safe place in which to receive support (survive), offer activities that allow the teens to develop their unique voice (strive), and provide tools that help the teens envision and achieve goals (thrive).

Program Outcomes
To date, more than 270 Latina teens have participated in LIP not one of whom has completed suicide. LIP's accomplishments are measured by the positive results achieved by the girls. This is validated by an evaluation which has been conducted, since 2013, by the New York State Psychiatric Institute/Columbia University - New York State Center of Excellence for Cultural Competence. The researchers have analyzed 236 participants, who were assessed at program entry and three times a year during participation. Significant statistical reductions in suicidal ideation and depressed mood were found over the course of program participation. Suicidal ideation, as measured by the Suicidal Ideation Questionnaire (SIQ) decreases by about 1 point per year of enrollment ($p<0.01$)

Participants who reported a history of sexual abuse or tobacco use at baseline have even greater decreases in suicidal ideation: about 3 points and 5 points per year, respectively ($p<0.01$). Depressive symptoms also decreased over the period of program enrollment, as measured by the Reynolds Adolescent Depression Scale (about two and a half points per year) ($p<0.01$) and the Trauma Symptom Checklist for Children (TSCC) (about four-fifths of a point per year) ($p<0.01$). The TSCC also measured reductions in anxiety, anger, and post-traumatic stress: about two and a half, half, and seven-tenths of a point per year, respectively ($p<0.01$).

We know that LIP is achieving these successful results for the following reasons:

1) LIP is a community informed program which directly addresses the risk factors associated with Latina adolescent suicide
2) LIP provides culturally competent services that integrate cultural norms into all program development
3) LIP incorporates the entire family to ameliorate the negative impact of the acculturation process.

Recent Accomplishments

Academics

- In June 2016, five Latina teens graduated from high school; all are enrolled in higher education
- For the school year ending June 2016, all of the teens were promoted to the next grade.
- 84% of the teens showed academic improvement through the review of report cards.
- 321 sessions of tutoring and homework assistance were provided

Wellness Activities

- 227 nutrition/wellness activities took place

Creative Arts Therapy

- 138 creative art therapy activities took place
- 131 Individual music lessons and 49 group music classes took place

Contact Information

President and CEO: Rosa M. Gil, DSW – rgil@comunilife.org
More Information: Illyse Kaplan, Senior Director of Development – ikaplan@comunilife.org
Life is Precious™ Director: Michelle Bialeck – mbialeck@comunilife.org

++++++++

	NYC	Brooklyn	Bronx	Manhattan	Queens	Staten Island
Feeling Sad or Hopeless	40.90%	37.00%	41.90%	41.40%	41.20%	43.90%
Seriously Considered Suicide	18.50%	15.10%	18.30%	19.00%	19.90%	20.40%
Attempted Suicide	13.20%	10.20%	15.10%	12.00%	13.20%	18.80%

*CDC High School YRBS (2015)
https://nccd.cdc.gov/youthonline/App/Default.aspx

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PUERTO RICAN/HISPANIC TASK FORCE

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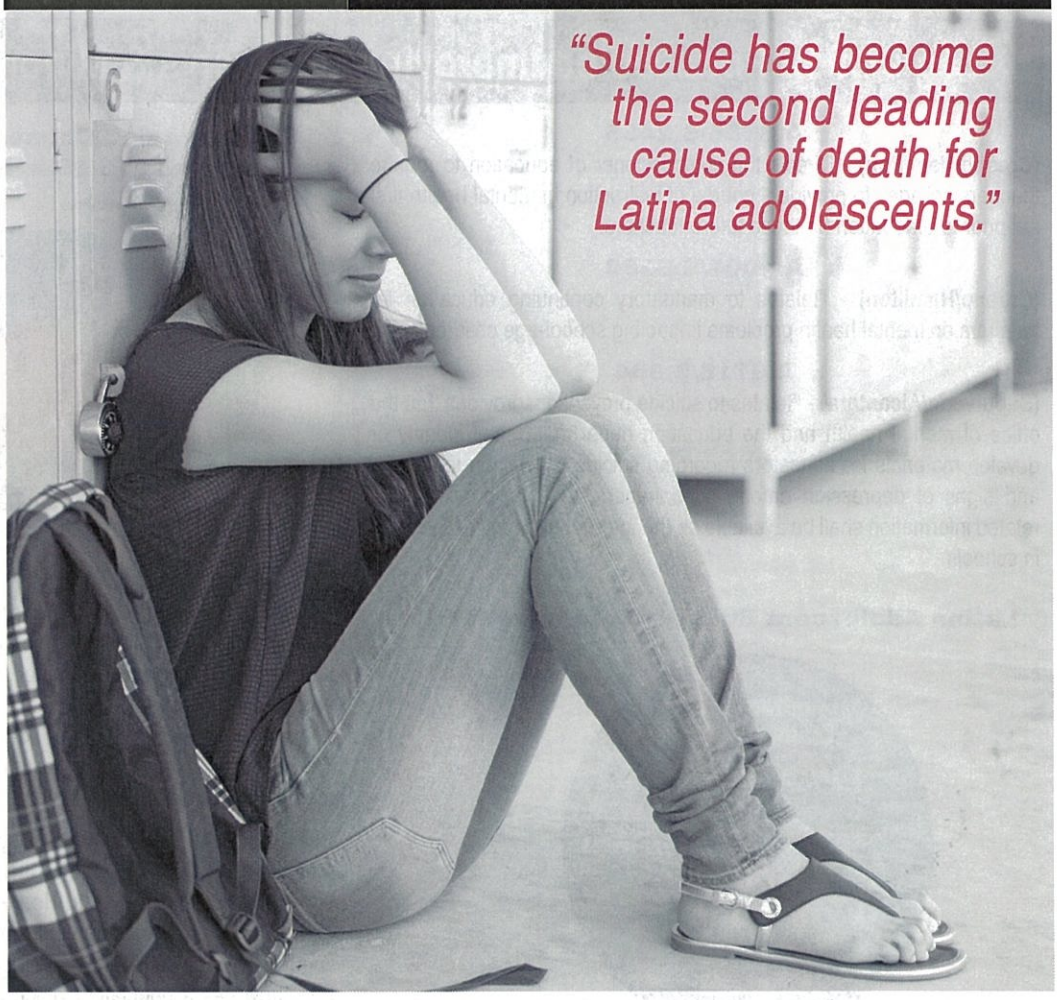
THE LATINA ADOLESCENT SUICIDE CRISIS IN NYS



Chairman Marcos A. Crespo • Carl E. Heastie, Speaker

A Message from the Chairman

Spring 2017

In a world out of balance, where hunger and obesity exist side by side, this dichotomy has desensitized us to the needs of our most vulnerable citizens. This is precisely the case when we examine the alarming rates of Latina teen suicides and suicide contemplation. Suicide has become the second leading cause of death for Latina adolescents. Latina teens also attempt suicide at a higher rate than any other youth group.

A pervasive sadness and sense of hopelessness underlines their high rates of suicides and suicide attempts. Most of these young women are immigrants or U.S. born children of immigrants living in communities that lack the supporting mechanisms to integrate new Americans and their families into the complexities of our society.

The data found in this policy brief must be tempered with the reality that these facts and figures represent a real life and death situation for many young women. New York State needs to do more to address this crisis as its suicide prevention funding is dismally insufficient to combat suicide across all sectors of our society. Addressing the Latina adolescent suicide crisis will involve the allocation of proper state resources and the delivery of suicide prevention services by clinicians who are both culturally and linguistically competent in the delivery of health care services.

To compound this problem, the current national discourse on immigration and new deportation policies by the Trump Administration are now increasing the level of hopelessness and depression in Latino communities. Experts fear that current suicide rates and suicide ideation will increase exponentially and we will lose many more of our children to suicides.

Latino members of the NYS Legislature are working on several fronts to address this problem in efforts described in this policy brief.

Legislation Focused on Improving Children's & Minority Metal Health

A.3686/S.2465

(Crespo/Hamilton) - Directs the commissioner of education to require teachers colleges to provide a course of instruction in mental health first aid prior to graduation for these future teachers.

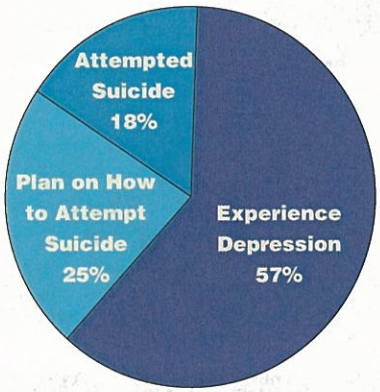
A.4004/S.3550

(Crespo/Hamilton) - Relates to mandatory continuing education for teachers on mental health problems impacting school-age children.

A.6718/S.804

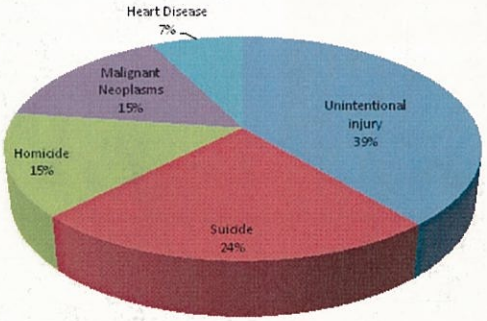
(Sepulveda/Alcantara) - Relates to suicide prevention; provides that the office of mental health and the education department shall identify or develop materials for educators regarding suicide prevention measures and signs of depression among school-aged students; provides that related information shall be available on the Internet and may be included in schools.

Latina Adolescent Suicide Ideation in NYS



Source: http://www.latina.com/lifestyle/news/latina-teen-suicide-rates-rise-depression
Published in 2012

Top 5 Leading Causes of Death for Latinas Ages 15-19 in New York State

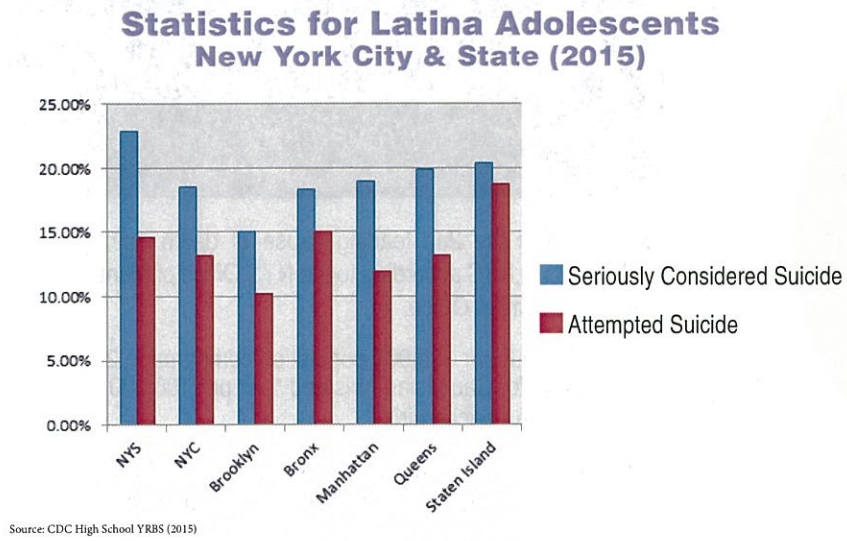


Source: NYS Office of Mental Health

Assemblywoman De La Rosa has drafted legislation which **will require culture awareness and competency training for all medical professionals** as part of their licensing requirements; requires biennial training in the non-discriminatory provision of medical services for physicians, physician assistants, dentists, dental hygienists, registered and licensed practical nurses, podiatrists, and optometrists; authorizes the department of education to develop the training in consultation with the department of health and other experts.

She is also preparing to introduce legislation which will enact the "minority mental health act" **to establish the division of minority mental health within the Office of Mental Health;** such division shall be responsible for assuring that mental health programs and services are culturally and linguistically appropriate to meet the needs of racial and ethnic minorities. NYS now has a population which is almost 50% minorities while NYC is over 65% minorities. Ensuring mental health services are properly designed for this new demographic reality is essential.

The Facts: National, New York State & NYC



Source: CDC High School YRBS (2015)

1. Latina teens currently have the highest rate of suicide attempts among all adolescent groups in the U.S. According to the Center for Disease Control and Prevention's 2015 youth high-risk behavior survey, 15 percent of Latina adolescents in the U.S. have attempted suicide. That's compared to 9.8 percent and 10.2 percent for white and black female teens, respectively. Nearly 26 percent of Latina teens considered suicide.

2. In 2015, some of the highest number of Latina suicide attempts were seen in Hawaii, Idaho, Maine and Montana. In Wyoming, data shows 21.7 percent of Latinas attempted suicide.

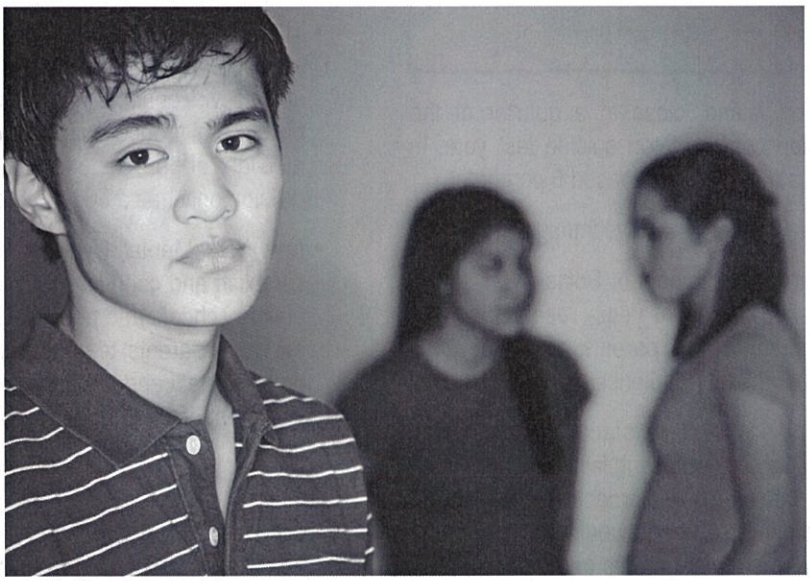
3. Among all genders, 35.3 percent of Latino high school students felt sad or hopeless, compared to 28.6 percent of white and 25.2 percent of black high school students. Almost 19 percent of Latino high school students seriously considered attempting suicide, compared to 17.2 percent of white and 14.5 percent of black high school students. And 11.3 percent of Latino high school students attempted suicide, compared to 8.9 percent of black and 6.8 percent of white high school students.

4. In the Youth Risk Behavior Surveillance Survey, 32.6 percent of Latino teens experienced feelings of depression for two or more weeks, 14.3 percent made a plan of how they would attempt suicide within the last 12 months and 10.2 percent attempted suicide one or more times within the past 12 months.

5. In 2015 for the entire United States, the highest U.S. suicide rate (15.1) was among Whites and the second highest rate (12.6) was among American Indians and Alaska Natives. Much lower and roughly similar rates were found among Hispanics (5.8), Asians and Pacific Islanders (6.4), and Blacks (5.6).

6. Females attempt suicide three times more often than males. As with suicide deaths, rates of attempted suicide vary considerably among demographic groups. While males are 4 times more likely than females to die by suicide, females attempt suicide 3 times as often as males. The ratio of suicide attempts to suicide death in youth is estimated to be about 25:1, compared to about 4:1 in the elderly.

7. In New York City about 6% of adults report clinically significant emotional distress with highest rates seen in women, Hispanics, those with low incomes and chronic diseases like asthma and diabetes.



"Among all genders, 35.3 percent of Latino high school students felt sad or hopeless"

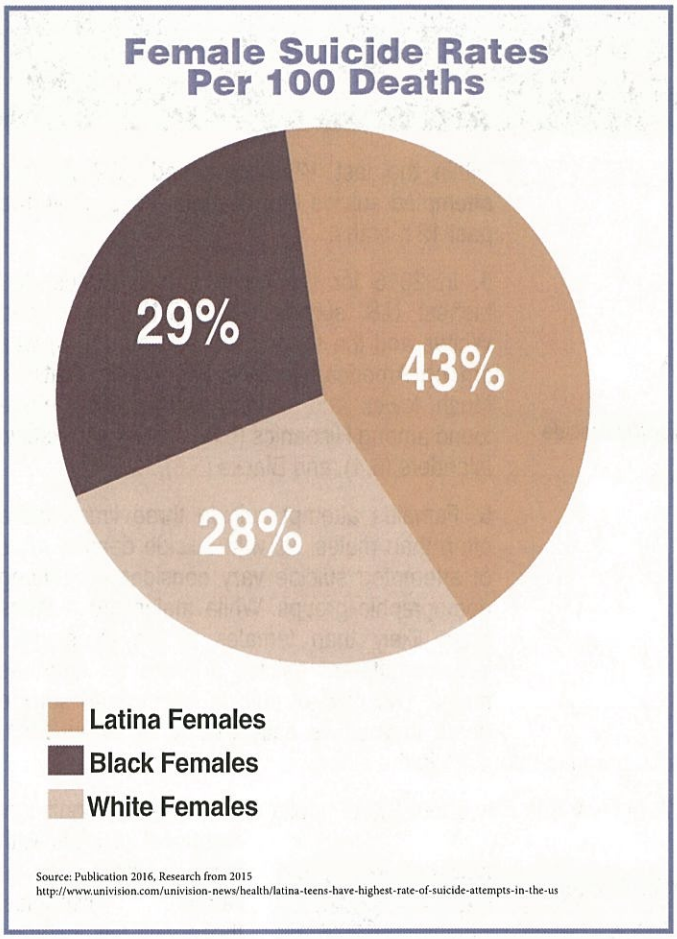
8. Over 50% of NYC suicides are committed by males age 25-54. About 30% of NYC's public high school students experience depression annually, 8.5% report a suicide attempt, 3% attempt that required medical care. Recent trends show increases in attempts by young Latinas, younger and older Asian-American females.

9. An estimated 25.6% of Latina teens in New York State seriously consider suicide, up from 17% in 2011.

10. In New York City, Latina teens attempt suicide at more than twice the rate of white youths (13.3 percent versus 5.9 percent).

11. In New York City, the rate went up 3 percent in only two years. In Queens, that number almost doubled (20 percent) during the same period.

Continued...



12. In Brooklyn and Staten Island, close to a quarter of the Hispanic teenage population contemplated suicide last year. In both boroughs, the suicide attempt rate increased 5 percent.

13. Most of these girls were U.S. born but have immigrant parents.

14. Luis H. Zayas, the dean of the School of Social Work at the University of Texas at Austin, has spent years researching this epidemic and notes that many Latino parents are rigid about traditional gender roles and demand obedience to family needs.

15. Zayas described the disconnected relationships between mothers and daughters as a large contributing factor of Latina teen suicides. Instead of coping with stress with proactive activities and hobbies or diving into studies, these teens would get involved in wishful thinking of how they wish their parents understood where they were coming from.

16. When mothers and daughters were interviewed about their relationships, the study concluded that Latina teens who attempted suicide reported that they were not close with their mothers. Yet mothers of the Latina attempters reported that they were close with their daughters (and even their "best friends"). In contrast, for Latina non-attempters, the mothers and mothers and daughters had similar levels of understanding in their relationship.

"Latina teens currently have the highest rate of suicide attempts among all adolescent groups in the U.S. According to the Center for Disease Control and Prevention"

17. Suicide is the 2nd leading cause of death among Latina adolescents in NYS according to the NYS Office of Mental Health, Suicide Prevention Office.

- Rate of 2.6 per 100,000 population compared to 2.8 per 100,000 for Caucasian girls and 1.47 per 100,000 for African American girls

More information on what the New York State Office of Mental Health is doing to address this crisis can be found at:

- New York's Suicide Prevention Initiative is sponsored by the NYS Office of Mental Health (OMH) and provides consultation, access to best practices, training and education, support for community coalitions, and school-based prevention programs to communities across the state.
- The Suicide Prevention Center of New York State, also sponsored by OMH, advances and supports state and local actions via education, training, consultation and coalition building to reduce suicides and attempts and to promote recovery of persons affected by suicide. Unfortunately, this division only has a $600,000 budget for its state-wide work.
- New York Mental Hygiene law (§41.49) directs OMH to establish and conduct a special grant program for public or private schools and nonprofits to educate the public, and in particular parents, teachers, clergy, health and mental health professionals and adolescents, regarding identification and treatment of youth at-risk for suicide.

Sources

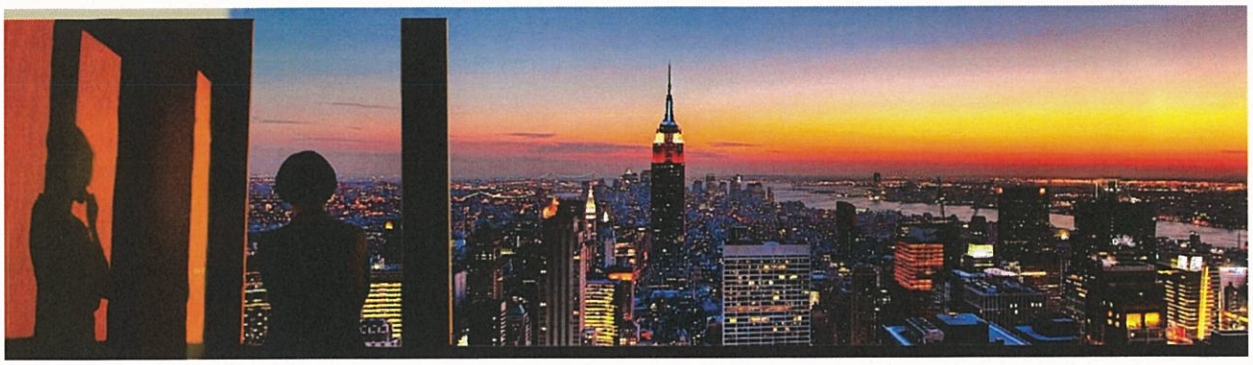
Suicide Statistics: www.asfp.org

http://www.nydailynews.com/opinion/latina-teenagers-suffering-silence-article-1.1889004

https://voicesofny.org/2014/07/suicide-haunts-latina-youth-in-nyc/

Information taken from Office of Mental Health: NYS Suicide Prevention Office

For more information on this or any legislative matter, contact Guillermo Martinez, Legislative & Communications Director for the Assembly Puerto Rican/Hispanic Task Force at 518-455-5514.



The Samaritans **A Safe Place to Turn in Times of Crisis**

Remarks of the Samaritans Suicide Prevention Center to the Committee on Mental Health, Developmental Disabilities, Alcoholism, Substance Abuse and Disability Services jointly with the Committee on Youth Services

submitted April 6, 2017
Fiodhna, O'Grady, Director, Government Relations

My name is Fiodhna O'Grady, and on behalf of Samaritans Suicide Prevention Center of NYC and our Executive Director, Alan Ross, who regrets that he is unable to attend today's hearing, I want to thank the Committee Members and their staff for the opportunity to speak today about youth suicide.

As you know, suicide is a public health problem that impacts people of every age, sexual identity, race, culture and socio-economic standing. So when we address youth suicide, we remind ourselves it should be in the context of the family and community—the young people's parents and grandparents, siblings and extended family who are often as high risk, if not higher, than they are.

The statistics bear this out. Suicide is the 3rd leading cause of death in NYC for 15-24 year olds, over 25,000 of our high school students attempt suicide annually and 6% of NYC adults report experiencing clinically significant emotional distress annually (a significant risk factor for suicide). The most important statistic though is probably the fact that somewhere between 40 and 60% of youth who experience psychological disorders never receive care.

From over 60 years of experience operating suicide prevention and crisis response centers in 42 countries around the world, Samaritans believes much of this is tied to the pervasive social and cultural stigma associated with mental health, concerns about privacy and the fears many people in distress have about accessing help; especially in this political climate.

The military, which as you know, has its own significant concerns about suicide, came to some of the same conclusions and developed, and continues to develop, broad-based, cross-cultural, anti-stigma campaigns to help change the culture.

Recognizing the resistance of soldiers—active and veterans—to seek help for emotional distress (which they perceived as a sign of weakness or something that would negatively impact their careers), the military developed messaging, education programs and anti-stigma campaigns to re-shape the conversation.

"I Am Strong!" "It Takes Courage and Strength to Ask for Help!" "Not All Wounds Are Visible!" and *"Finding Strength and Hope Together!"* are just some of the messaging that has come out of an over-10-year education and awareness campaign designed to impact the perceived image soldiers have about suicide and mental health.

This is an example we can learn from.

Samaritans has worked with the National Council for Suicide Prevention in advancing effective anti-stigma, most notably SAMHSA's "Changing the Conversation" campaigns, education and support programs. We have worked closely with the City Council to advance community suicide prevention and, with your support, will continue to do so in the future.

For there is much work to be done! And it is not just in developing new programs, services and technologies to increase access. We have to get to The Heart of the Matter. So many people—especially our young (though they get a lot of their fears and reticence from their parents and elders)—are resistant to seeking help, or even admitting they have a problem.

This is where we have to start. As a great Eastern philosopher said, "Acceptance brings relief from pain." It is our job to make that message loud and clear.

Thank you.

Samaritans
SUICIDE PREVENTION CENTER

presents a
special professional
development training

WE CAN HELP!!!

Addressing the challenges in providing care and support to at-risk populations

Manhattan - Wednesday, April 5, 2017
Brooklyn - Tuesday, April 25, 2017
Staten Island - Thursday, May 11, 2017
Bronx - Wednesday, May 24, 2017
Queens - Wednesday, May 31, 2017

Registration, Free Continental Breakfast 8:45–9:15 am
Training Program and Resource Table 9:30 am–12:30 pm

How do we *really* help someone who is in distress or experiencing a crisis? What are the keys to being effective? How do we get in our own way? How do we maximize our abilities?

Program: This free, half-day professional development workshop will address many of the concerns and challenges health care providers face when responding to those who are in distress, depressed, experiencing trauma, abuse, self-harming and suicidal behavior. This includes everything from our personal agenda, communications skills and time constraints to approaches and methodologies that have proved effective.

Benefits: By acknowledging the concerns and challenges caregivers face and providing a forum to address them, this workshop will enhance participants' skills, tools and ability to access resources as well as their comfort and confidence when responding to those at risk, which will, in turn, improve the quality of their job performance and reduce burnout. *For everyone who works on the frontlines with at-risk populations.*

Timeliness: Violence, self-harming and suicidal behavior continue to increase, both nationally and in NYC. Suicide is now the 2nd leading cause of death of youth in the US, with the CDC estimating a 100% increase in suicides amongst 10-14 years olds over the past 10 years. And research shows that the manner in which children are responded to when they are in distress shapes how they react to crises as they get older.

This free workshop is presented by the Samaritans of New York, with major funding from NYC Council Members Daniel Garodnick, Ben Kallos and Rosie Mendez in association with NYC Department of Education and hosted by the United Federation of Teachers

Samaritans
SUICIDE PREVENTION CENTER

presents a special professional development training

Samaritans provided suicide awareness and prevention education professional development workshops and presentations Citywide in FY16 to 2,218 individuals, including 1,470 guidance counselors, social workers, counselors, social workers, psychologists, alcohol and substance abuse counselors and others psychologists, alcohol and substance abuse counselors and others working in 587 NYC DOE schools and 88 community-based and government agencies, 714 students and 34 members of the public.

With discretionary funding from Council Members Cumbo, Deutsch, Levin and Williams in Brooklyn staff from 208 schools and 20 CBO's attended a Brooklyn ***TALKING SUICIDE... and how to listen and communicate more effectively with those in distress,*** a Citywide ***Children and Suicide: Beyond the Taboos*** led by an international expert on early childhood suicide, Dr. Brian Mishara as well as on-site presentations in schools.

School Name

Council Member Barron

Brooklyn Scholars Charter School
East New York Family Academy
FDNY High School for Fire and Life Safety
Frederick Douglass Academy VIII
JHS 218 James P. Sinnott
Performing Arts and Technology
PS 066
PS 159 Isaac Pitkin
PS 213 New Lots
PS 224 Hale A Woodruff
PS 233 Langston Hughes
PS 273 Wortman
PS 306 Ethan Allen
PS 346 Abe Stark
Riverdale Avenue Community School
World Academy for Total Community Health High School

Council Member Cornegy

Frederick Douglass Academy IV
K534
Madiba Prep Middle School
MS 267 Math, Science and Technology
MS 394K
PS 003 The Bedford Village
PS 021 Crispus Attucks
PS 023 Carter C. Woodson
PS 025 Eubie Blake School
PS 059 William Floyd
PS 081 Thaddeus Stevens
PS 138K Annex
PS 256 Benjamin Banneker
PS 262 El Hajj Malik Shabazz
PS 297 Abraham Stockton
PS 308 Clara Cardwell
PS 335 Granville T. Woods
PS 368
School of Business, Finance and Entrepreneurship

School Name

Council Member Cumbo

ALC - Albany
ALC - W.E.B. Dubois
Brooklyn Academy of Science
Brooklyn Technical High School
Ebbets Field Middle School
HS for Global Citizenship
Medgar Evers Preparatory School
PS 009 Teunis G. Bergen
PS 011 Purvis J. Behan
PS 067 Charles A. Dorsey
PS 161 The Crown
PS 167 The Parkway
PS 221 Tossaint L'Ouverture
PS 270 Johann Dekalb
PS 287 Bailey K. Ashford
Science Skills Center High School

Council Member Deutsch

Brighton Beach ALC
IS 098 Bay Academy
IS 381
James Madison High School
JHS 014 Shell Bank
Leon M. Goldstein High School
PS 153 Homecrest
PS 195 Manhattan Beach
PS 199 Frederick Wachtel
PS 206 Joseph F. Lamb
PS 209 Margaret Mead
PS 209 Margaret Mead (1)
PS 225 The Eileen E. Zaglin
PS 253
PS 771K
William E. Grady Career and Technical Education High School

Council Member Espinal

Brooklyn Environmental Exploration School
Brooklyn Lab School
Brooklyn Landmark Elementary School
Bushwick Community High School
Cypress Hills Collegiate Preparatory School
Evergreen Middle School for Urban Exploration
PS 045 Horace E. Greene
PS 086 The Irvington
PS 106 Edward Everett Hale
PS 108 Sal Abbracciamento
PS 116 Elizabeth L. Farrell
PS 158 Warwick
PS 214 Michael Friedsam
PS 345 Patrolman Robert Bold
PS 377 Alejandrina B. Degautier

Council Member Eugene

JHS 062 The Ditmas
MS 061 Gladstone H. Atwell
PS 006
PS 092 Adrian Hegeman
PS 217 Colonel David Marcus School
PS 397 Foster-Laurie
PS 399 Stanley Eugene Clark
The School for Human Rights

Council Member Gentile

IS 030 Mary White Ovington
JHS 259 William Mckinley
New Utrecht High School
PS 102 The Bayview
PS 131 Brooklyn
PS 163 Bath Beach
PS 170 Lexington
PS 229 Dyker
PS/IS 104 The Fort Hamilton School

Council Member Greenfield

Edward R. Murrow High School
IS 096 Seth Low
JHS 223 The Montauk
PS 048 Mapelton
PS 099 Isaac Asimov
PS 192 Brooklyn
PS 231K
PS 238 Anne Sullivan

Council Member Lander

Magnet School for Science and Technology
MS 266 Park Place Community Middle School
PS 039 Henry Bristow
PS 179 Kensington

Council Member Levin

Automotive High School
Cobble Hill School of America
Downtown Brooklyn Young Adults Borough Center
George Westinghouse Career
JHS 117 Francis Scott Key
Juan Morel Campos Secondary School
PS 008 Robert Fulton
PS 016 Leonard Dunkly
PS 034 Oliver H. Perry
PS 157 Benjamin Franklin
PS 307 Daniel Hale Williams
Satellite West Middle School
The Math and Science Exploratory School (8)
Westinghouse Evening High School
Williamsburg High School for Architecture and Design

Council Member Maisel

Academy for Conservation and the Environment
International High School
IS 068 Isaac Bildersee
JHS 078 Roy H. Mann
JHS 278 Marine Park
PS 114 Ryder Elementary
PS 115 Daniel Mucatel School
PS 194 Raoul Wallenberg
PS 203 Floyd Bennett
PS 207 Elizabeth G. Leary
PS 236 Mill Basin
PS 272 Curtis Estabrook
PS 279 Herman Schreiber
The Science and Medicine Middle School

Council Member Mealy

Brownsville Academy High School
IS 392
Mot Hall Bridges Academy
MS of Marketing and Legal Studies
PS 005 Dr. Ronald Mcnair
PS 040 George W. Carver
PS 091 The Albany Ave. School
PS 135 Sheldon A. Brookner
PS 150 Christopher
PS 156 Waverly
PS 178 St.Clair Mckelway
PS 189 Lincoln Terrace
PS 189 The Bilingual Center
PS 219 Kennedy-King
PS 235 Lenox
PS/IS 323
Teachers Preparatory High 15K697
Teachers Preparatory High School

Council Member Menchaca

IS 136 Charles O Dewey
IS 187
JHS 088 Peter Rouget
JHS 220 John J. Pershing
PAVÉ Academy Charter School
PS 001 The Bergen
PS 015 Patrick F. Daly
PS 069 Vincent D. Grippo School
PS 094 The Henry Longfellow
South Brooklyn Community High School
Sunset Park High School

Council Member Reynoso

Conselyea Preparatory School
EBC High School For Public Service
IS 347 School of Humanities
IS 349 Math, Science and Technology
PS 084 Jose Dediego
PS 120 Carlos Tapia
PS 132 Conselya
PS 147 Issac Remsen
The School for Legal Studies

Council Member Treyger

Abraham Lincoln HS
Brooklyn Studio Secondary School
IS 228 David A. Boody
IS 281 Joseph B. Cavallaro
Liberation Diploma Plus High School
Mark Twain IS 239 for the Gifted and Talented
PS 090 Edna Cohen School
PS 095 The Gravesend
PS 097 The Highlawn
PS 128 Bensonhurst
PS 186 Dr. Irving A. Gladstone
PS 205 Clarion
PS 212 Lady Deborah Moody
PS 215 Morris H. Weiss
PS 247 Brooklyn
PS 288 The Shirley Tanyhill
PS 329 Surfside
Rachel Carson High School for Coastal Studies

Council Member Williams

Andries Hudde
Andries Hudde (2)
IS 285 Meyer Levin
Midwood High School
Midwood High School (3)
PS 119 Amersfort
PS 181 Brooklyn
PS 244 Richard R. Green
PS 269 Nostrand
PS 326
PS 361
School of Science and Technology

Brooklyn Community Based Organizations & Government Agencies

Brooklyn South Borough Field Support Center
CAMBA
Catherine Laboure special education program
Department of Health
Deptartment Of Earlychildhood
DOE Diocese
FIAU
Good Shepherd Services
Home Based Crisis Intervention Program
Interboro
Interfaith Medical Center - Center for Mental Health
JASA
Kings County Hospital HHC
Mobile Crisis
New York City Department of Health & Mental Hygiene
New York Police Department
PDHP
Program for development of human potential
Puerto Rican Family Institute, Inc.
Visiting Nurse Services of NY

Samaritans
SUICIDE PREVENTION CENTER

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With discretionary funding from Council Member Gibson in the Bronx, staff from 127 schools and 15 CBO's attended a Bronx ***TALKING SUICIDE... and how to listen and communicate more effectively with those in distress,*** a Citywide ***Children and Suicide: Beyond the Taboos*** led by an international expert on early childhood suicide, Dr. Brian Mishara as well as on-site presentations in schools.

School Name

Council Member Cabrera

Creston Academy
East Fordham Academy for the Arts
IS X303 Leadership and Community Service
PS 033 Timothy Dwight
PS 279 Captain Manuel Rivera, Jr.
PS 306
The Marie Curie High School for Medicine, Nursing, and Health Professionals

Council Member Cohen

Bronx Early College Academy
Bronx High School of Science
JHS 080 The Mosholu Parkway
Jonas Bronck Academy
Kingsbridge International High School
PS 007 Kingsbridge
PS 008 Issac Varian
PS 024 Spuyten Duyvil
PS 037 Multiple Intelligence School
PS 056 Norwood Heights
Riverdale/Kingsbridge Academy

Council Member Gibson

Bronx Career and College Preparatory High School
Bronx Collegiate Academy (3)
Bronx High School for Medical Science
Bronx Latin
Bronx School for Law, Government, and Justice
Eximius College Preparatory
Family School
Grant Avenue Elementary School
IS 219 New Venture School
KAPPA - Knowledge and Power Preperatory Academy)
Morris Academy for Collaborative Studies
MS 301 Paul L. Dunbar (3)
New Directions Secondary School

School Name

New Millennium Business Academy
PS 035 Franz Siegel
PS 053 Basheer Quisim
PS 063 Author's Academy
PS 088 S. Silverstein Little Sparrow School
PS 110 Theodore Schoenfeld
PS 114 Luis Llorens Torres School
PS 132 Garret A. Morgan
PS 146 Edward Collins
PS/IS 218 R. Hernandez Dual Language
Science and Technology Academy: A Mott Hall School
Science and Technology Academy: A Mott Hall School (1)
Sheridan Academy for Young Leaders
South Bronx Classical Charter School III

Council Member King

Cornerstone Academy for Social Action
Cornerstone Academy for Social Action Middle School
IS 181 Pablo Casals
MS 180 Daniel Hale Williams
One World Middle School at Edenwald
PS 041 Gun Hill Road
PS 068 Bronx
PS 076 The Bennington School
PS 103 Hector Fontanez
PS 111 Seton Falls
PS 153 Hellen Keller
PS 176
PS 178 Dr. Selman Waxman
PS 723
The Forward School

Speaker Mark-Viverito

PS 018 John Peter Zenger
PS 025 Bilingual School
PS 043 Jonas Bronck
PS 049 Willis Avenue

School Name

Council Member Palma

Archimedes Academy for Math, Science, and Technology
Blueprint Middle School
Bronx Guild
HS of World Culture
JHS 125 Henry Hudson
JHS 127 The Castle Hill
JHS 131 Albert Einstein
Millennium Art Academy
Monroe Academy for Visual Arts and Design
PS 036 Unionport
PS 100 Issac Clason
PS 138 Samuel Randall
The Cinema School
The School for Inquiry and Social Justice

Council Member Rodriguez

Bronx Engineering and Technology Academy
Bronx School of Law And Finance
Bronx Theatre High School

Council Member Salamanca Jr.

Academy for Scholarship and Entrepreneurship
Academy of Public Relations
Bronx Arena High School
Bronx Community High School
Bronx Leadership Academy II High School
Bronx Studio School for Writers
Crotona Academy High School
Fairmont Neighborhood School
Hyde Leadership Charter School
IS 190
JHS 098 Hermanridder
Passages Academy
PS 001 Courtlandt School
PS 006 West Farms
PS 093 Albert G. Oliver
PS 130 Abram Stevens Hewitt
PS 140 Eagle
PS 152 Evergreen
PS 157 Grove Hill
PS 211
School for Tourism and Hospitality
School of Performing Arts
The Hunts Point School
Urban Assembly School for Careers in Sports
Vida Bogart School for All Children

Council Member Torres

Bronx Academy for Software Engineering
IS 254
JHS 118 William W. Niles
MS 391
PS 028 Mount Hope

School Name

PS 032 Belmont
PS 046 Edgar Allan Poe
PS 057 Crescent
PS 058
PS 163 Arthur A. Schomburg

Council Member Vacca

Bronx Park Middle School
Bronx River High School
Mott Hall Community School
Peace and Diversity Academy
Pelham Gardens Middle School
Pelham Preparatory Academy
PS 014 Senator John Calandra
PS 083 Donald Hertz
PS 089 Bronx
Westchester Square Academy

Bronx Community Based Organizations & Government Agencies

Bronx Field Support Center
BronxWorks
Claremont Neighnorhood Center
Department of Education
Inner City Gun Violence Prevention
James J. Peters Medical Center (VA)
Legal Services NYC - Bronx
Luica Francis VA Hospital
Neighborhood Association for Inter-Cultural Affairs, Inc.
NYC H&H - Lincoln
Pelham Family Center
Phipps Neighborhoods Town & Country
The Jewish Board - Bronx
Unique People Services
Veterans ADM Hospital
VIP Community Services

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With discretionary funding from Council Members Garodnick, Kallos and Mendez in Manhattan, staff from 93 schools and 21 CBO's attended a Manhattan ***TALKING SUICIDE... and how to listen and communicate more effectively with those in distress,*** a Citywide ***Children and Suicide: Beyond the Taboos*** led by an international expert on early childhood suicide, Dr. Brian Mishara as well as on-site presentations in schools.

School Name

Council Member Chin
Battery Park City School
Henry Street School for International Studies
Lower East Side Prep High School
Murry Bergtraum High School
PS 042 Benjamin Altman
PS 137 John L. Bernstein
PS 140 Nathan Straus
PS 89
Spruce Street School
Stuyvesant High School
University Neighborhood Middle School
University Settlement (1)

Distric 9
Bread and Roses Integrated Arts
Frederick Douglass Academy
Frederick Douglass Academy III
Kappa IV
PS 030 Hernandez/Hughes
PS 149 Sojourner Truth
PS 154 Harriet Tubman
PS 200 James McCune Smith
PS 208 Alain L. Locke
PS 79M Horan School
The Opportunity Charter School
The Storefront Academy Harlem
The Urban Assembly School for Global Commerce
Thurgood Marshall Academy

Council Member Johnson
City as School High School
Forsyth Satellite Academy
Harvest Collegiate High School
HS of Fashion Industries
HS of Hospitality Management

School Name

Manhattan Bridges High School
NYC Lab School for Collaborative Studies
NYC Museum School
PS 111 Adolph S. Ochs
Urban Assembly Gateway School for Technology
Urban Assembly School for Emergency Management
Urban Assembly School of Design and Construction

Council Member Garodnick
Art and Design High School
Hunter College Campus School (1)
PS 006 Lillie D. Blake
The River School

Council Member Kallos
Richard R. Green High School
Urban Academy Laboratory High School

Council Member Levine
Mott Hall II
New Design Middle School
PS 004 Duke Ellington
PS 028 Wright Brothers
PS 153 Adam Clayton Powell
PS 192 Jacob H. Schiff
Twenty-First Century Academy for Community Leadership

Speaker Mark-Viverito
Esperanza Preparatory Academy
MS 224 Manhattan East School for Arts and Academics
PS 096 Joseph Lanzetta
PS 108 Assmblyman Angelo Del Toro Educational Complex
PS 155 William Paca
River East Elementary
Tag Young Scholars

Council Member Mendez

Bard High School Early College
East Side Community High School
Gramercy Arts High School
Murray Hill Academy
PS 034 Franklin D. Roosevelt
Technology, Arts, and Science
The 47 American Sign Language
The East Village Community School

Council Member Rodriguez

Gregorio Luperon High School
HS for Health Career
HS for International Business and Finance
HS for Law and Public Service
HS for Media and Commuications
Inwood Early College for Health & Information Technologies
IS 218 Salome Ukena
JHS 052 Inwood
MS 319 Maria Teresa
MS 322
MS 326 Writers Today and Leadership
MS 328 Manhattan Middle School
Professor Juan Bosch Public School
PS 098 Shorac Kappock
PS 115 Alexander Humboldt
PS 128 Audubon
PS 132 Juan Pablo Duarte
PS 173
PS 187 Hudson Cliffs
Washington Heights Academy

Council Member Rosenthal

Beacon High School
Metropolitan Montessori School
MS 256 Academic and Athletic Excellence
PS 009 Sarah Anderson
PS 087 William Sherman
PS 191 Amsterdam
PS 452

Manhattan Community Based Organizations & Government Agencies

Achievement Initiative
Association to Benefit Chidren
Bank Street College of Education: Liberty Leads Program
Camilla Hsiung, MS
CarinKind, a heart of Alzheimer's caregiving
Childrens Aid Society
Chinese-American Planning Council
Early Childhood Development and Education
Good Old Lower East Side
Grand Street Settlement
Greenhope services for women
Human Resources Administration/Domestic Violence
Liberty Leads
New York - Presbyteria CAN
New York Police Department
New York Presbyterian/Columbia University Medical Center School Based Health Clinic
Northern Manhattan Improvement Corporation
NYS Courts
One Stop at JASA
University Settlement
Waterside Tenants Association

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With discretionary funding from Council Members Crowley, Koo, Vallone, Weprin and Wills in Queens staff from 120 schools and 11 CBO's attended a Queens ***TALKING SUICIDE... and how to listen and communicate more effectively with those in distress,*** a Citywide ***Children and Suicide: Beyond the Taboos*** led by an international expert on early childhood suicide, Dr. Brian Mishara as well as on-site presentations in schools.

School Name

Council Member Constantinides
ALC - IS 126
Immaculate Conception School
Long Island City High School
PS 085 Judge Charles Vallone
PS 151 Mary D. Carter
Young Women's Leadership School

Council Member Crowley
Grover Cleveland High School
IS 119 The Glendale
IS 119 The Glendale (4)
IS 73 The Frank Sansivieri Intermediate School
Maspeth High School (4)
PS 113 Isaac Chauncey
PS 58 School of Heroes

Council Member Dromm
Fire Fighter Christopher A Santora School
IS 230
Pan American International High School
PS 069 Jackson Heights
PS 089 Elmhurst
PS 102 Bayview

Council Member Ferreras
East Elmhurst Community School
IS 061 Leonardo Davinci
PS 143 Louis Armstrong
PS 330

Council Member Grodenchik
Irwin Altman Middle School 17
Jean Nuzzi Intermediate School
JHS 074 Nathaniel Hawthorne (2)
Martin Van Buren High School
PS 033 Edward M. Funk

School Name

PS 178 Holliswood
PS 224Q
PS 993Q
PS/IS 208
PS/IS 295Q (4)
Queens High School of Teaching (2)
The Bellaire School

Council Member Koo
Flushing High School
Flushing International High School
Flushing YABC
IS 237
IS 237 (2)
JHS 189 Daniel Carter Beard
NYC DOE Linden Academy, ALC
NYC DOE Linden Academy, ALC (1)
PS 022 Thomas Jefferson
PS 120 Queens
PS 163 Flushing Heights
Queens High School for Language Studies
Veritas Academy

Council Member Koslowitz
PS 051
Forest Hills High School
JHS 190 Russell Sage
PS 139 Rego Park
PS 144 Col Jeromus Remsen

Council Member Lancman
ALC - Jamaica Academy
High School for Community Leadership
Hillcrest High School
IS 250 The Robert F. Kennedy Community Middle School
JHS 216 George J. Ryan
JHS 217 Roberta Van Wyck

John Bowne High School
PS 082 Hammond
PS 086 Queens
PS 154 Queens
Queens Alternate Learning Center
The Queens School of Inquiry
Thomas A. Edison Career and Technical Education HS

Council Member Miller

Benjamin Franklin High School for Finance and Information Technology
Business, Computer Applications, and Entrepreneurship High School
Eagle Academy for Young Men III
Humanities and Arts Magnet High School
Institute for Health Professions at Cambria Heights
IS 192 The Linden
IS 238 Susan B Anthony
Law, Government and Community Service High School
Mathematics, Science Research & Technology Magnet High School
PS 034 John Harvard
PS 095 Eastwood
PS 118 Lorraine Hansberry
PS 147 Ronald McNair

Council Member Reynoso

IS 077
Robert E. Peary School

Council Member Richards

PS 043
Academy of Medical Technology
ALC@MS53
Excelsior Preparatory High School
Goldie Maple Academy
IS 053 Brian Piccolo
PS 156 Laurelton
Queens Preparatory Academy

Council Member Ulrich

JHS 210 Elizabeth Blackwell
PS 097 Forest Park
PS 207 Rockwood Park
Rockaway Park High School for Environmental Sustanability

Council Member Vallone

Alley Pond Environmental Center (1)
IS 025 Adrien Block (4)
JHS 185 Edward Bleeker
PS 032 State Street
PS 098 The Douglaston School
PS 184 Flushing Manor

Council Member Van Bramer

ALC @ Wagner HS
Frank Sinatra School of the Arts
Queens Vocational and Technical High School
Robert F.Wagner Jr. Secondary School
The Riverview School

Council Member Wills

August Martin High School
August Martin HS
JHS 072 Catherine and Count Basie
JHS 226 Virgil I. Grissom
PS 030 Queens
PS 045 Clarence Witherspoon
PS 055 Maure
PS 062 Chester Park (2)
PS 108 Captain Vincent G. Fowler
PS 123
PS 155
PS 160 Walter Francis Bishop
PS 223 Lyndon B. Johnson
Queens School for Careerds
Richmond Hill High School
Voyages Preparatory High School - South Queens

Queens Community Based Organizations & Government Agencies

Charles B Wang Community Health Center
Claire Heureuse Community Center, Inc.
Committee on Special Education 3 NYCDOE
Helping Hands for the Disabled
New York Department of Health and Mental Hygiene
NYC Department of Education Family Welcome Center Office of Student Enrollment
Office of Student Enrollment Family Welcome Center Sutphin Boulevard
PDHP
Saratoga Family Inn
SQPA - Families in Need
The Child Center of New York

Samaritans
SUICIDE PREVENTION CENTER

Suicide Prevention and Awareness Public Education Projects and Initiatives FY 2015

Samaritans Suicide Prevention Center has operated the longest-running suicide prevention public education and awareness program to those who care for, respond to and treat individuals in the NYC-Metropolitan area and its environs who potentially or currently are experiencing depression, distress, trauma, substance abuse, self-harming and suicidal behavior.

For over 30 years, Samaritans prevention and awareness presentations, workshops, conferences, professional development trainings and technical support consultations have provided lay and professional health care providers working on the front lines and behind the scenes with the skills, tools, information and resources they need to effectively identify, respond to, care for, treat at-risk individuals and populations from NYC's diverse communities.

Samaritans utilized the knowledge and expertise of noted educators, clinical researchers, epidemiologists and others in the development and implementation of our workshops and training programs, including those from the NYC Department of Education, Ackerman Institute for the Family, Hamilton Madison House, NDRI-USA's Training Institute, Anita Saltz Institute for Anxiety & Mood Disorders, NYU Child Study Center, New York State Psychiatric Institute's Center for Practice Innovations and others.

The Samaritans of New York provided Suicide Awareness and Prevention Education professional development workshops and awareness presentations to 1,357 individuals including:

- 846 guidance counselors, social workers, psychologists, alcohol and substance abuse counselors, and other NYC Department of Education student support personnel staff from 596 NYC schools
- 283 health care professionals from 96 community based organizations and government agencies
- 168 students, 34 parents and 18 members of the public from schools, businesses, etc.

Samaritans Public Education and Awareness Suicide Prevention program in FY2015 consisted of the following projects and initiatives:

"Heightening Our Awareness, Suicide Prevention and Crisis Response Professional Development Training Conferences" (Bronx, Brooklyn, Queens, Manhattan), which was designed to address many key issues and challenges facing frontline providers working with at-risk populations today, most notably identifying behaviors tied to mood disorders and intentional self-harm, developing "safety plans" and utilizing easily accessible community resources.

"Making Your School Safe, Suicide Prevention Planning for DOE Principals and Child First Network Staff," designed to enhance the awareness and education of school supervisory staff in overseeing and implementing suicide prevention and safety planning at their sites, including an overview of the issue, statistics, trends, stigma, warning signs, risk assessments and the importance of developing site protocols, procedures and awareness.

"After A Loss, Providing Support After a Suicide," a guided group support meeting for those who have been directly and indirectly impacted by a suicide, addressing the emotional effect the suicide has on those who survive suicide loss, the need to reach out on a sensitive manner to those touched by the event but who do not "self-identify," and the immediate and long-lasting effects a suicide loss has on friends, family and other community members touched by the loss.

"Utilizing Effective Crisis Communications Tools and Behaviors," designed to address the acknowledged need both lay and professional health providers have to become more comfortable and confident responding to those who are in crisis or suicidal, including a better understanding of the key components of communications, how an individual's judgments, values and personal agenda impact their ability to listen, the role audience plays, social, cultural and other filters, etc.

"Asian/Immigrant Mental Wellness Workshop," designed to assist community members and health providers in expanding their awareness, sensitivity and understanding of critical health and behavioral problems impacting the Asian/Immigrant community, most notably addiction, problem gambling and mental illness with experts from within the community providing knowledge, perspective, research and the keys to accessing resources and services.

"Suicide Prevention Hotline Training, New York Asian Women's Center," provided Samaritans approach to the challenge their hotline staff faces responding to women who are victims of abuse, domestic violence, sexual assault, human trafficking, etc. and are experiencing depression, trauma and self-destructive behavior, including addressing their own fears, recognizing what hotlines can/cannot accomplish, risk assessments, active listening tools, etc.

"We Can Help, Suicide Awareness and Prevention Workshop," a basic overview of the topic to increase students, parents and general staff's comfort, confidence and knowledge of the keys to responding to individual's in distress, who are depressed, in crisis or suicidal, the stigma, myths and misconceptions tied to suicide, recognizing warning signs and risk factors, determining appropriate responses and accessing needed information, resources and community referrals.

"Samaritans Approach to Crisis Communications Podcast," was designed to provide any one who cares for, works with, treats or responds to those experiencing depression, distress, trauma, self-harming and suicidal behavior with the same basics of effective communications and active listening utilized by individuals who staff Samaritans crisis response hotlines around the world, in a conversational manner using real-life examples and a common sense approach.

"Lunch and Learn, Suicide Awareness Presentation for Neuberger Berman," part of Neuberger's ongoing human resources staff development series, had Samaritans facilitating an informal, life-affirming presentation and group discussion on the keys to recognizing when a friend, family member or colleague is depressed or in crisis, what to do and what to say, with the goal of de-stigmatizing the topic and emphasizing the helping skills possessed by every individual.

"Citywide Community Information, Resource and Referral Outreach Campaign," delivered an updated edition of the NYC Guide to Suicide Prevention Resources that includes hundreds of text services, chat rooms, webinars and mobile applications as well as direct links to support services, research and resources that are easily accessible and meet a wide range of needs to 4,000 health providers working in NYC schools, community-based and government agencies. The campaign also included a podcast that explains the keys to active listening and effective communications.

The following list provides an overview by borough of the New York City schools, community-based organizations, non-profit and government agencies that were recipients of Samaritans suicide prevention public education program, projects and initiatives in FY 2015.

Bronx Schools Served (164)

Council Member Arroyo

Academy of Public Relations
ALC - BX Borough Principals Office
ALC - Jane Adams HS
Banana Kelly High School
Bronx Leadership Academy II High School
Bronx Studio School for Writers
Concourse Village Elementary School
Explorations Academy
Fairmont Neighborhood School
Fannie Lou Hamer Freedom High-School
Holcombe L. Rucker School of Community Research
IS 190
Jane Addams High School for Academic Careers
JHS 098 Hermanridder
JHS 151 Lou Gehrig
Mott Haven Village Preparatory
MS 302 Luisa Dessus Cruz
New Explorers High School
Passages Academy
PS 006 West Farms
PS 067 Mohegan School
PS 093 Albert G. Oliver
PS 130 Abram Stevens Hewitt
PS 17X
School of Performing Arts
Urban Assembly School for Careers in Sports
Urban Assembly School for Wildlife \Conservation

Council Member Cabrera

Academy for Language and Technology
Creston Academy
IS 206 Ann Mersereau
PS 033 Timothy Dwight
PS 204 Morris Heights
PS 226
PS 246 Poe Center
PS 279 Captain Manuel Rivera, Jr.
PS 306
PS 315 Lab School
PS 360
PS 396
School for Environmental Citizenship
Young Women's Leadership School of the Bronx

Council Member Cohen

Ampark Neighborhood School
Bedford Park Elementary School
Dewitt Clinton High School
In-Tech Academy
JHS 080 The Mosholu Parkway
Jonas Bronck Academy
Kingsbridge International High School
PS 007 Kingsbridge
PS 016 Wakefield
PS 019 Judith K. Weiss
PS 037 Multiple Intelligence School
PS 086 Kingsbridge Heights
PS 094 Kings College School
PS 168
PS 280 Mosholu Parkway
PS 340
Riverdale/Kingsbridge Academy
Tech International Charter School
World View High School

Council Member Gibson
Bronx Center for Science and Mathematics
Bronx High School for Medical Science
Bronx International High School
Bronx School for Law, Government, and Justice
Dreamyard Preparatory School
Explorations Academy
Family School
Frederick Douglass Academy III
Grant Avenue Elementary School
High School for Violin and Dance
Highbridge Green School
International Community High School
IS 219 New Venture School
JHS 022 Jordan L. Mott
JHS 145 Arturo Toscaninni
Morris Academy for Collaborative Studies
MS 301 Paul L. Dunbar
PS 011 Highbridge
PS 035 Franz Siegel
PS 053 Basheer Quisim
PS 064 Pura Belpre
PS 088 S. Silverstein Little Sparrow School
PS 110 Theodore Schoenfeld
PS 114 Luis Llorens Torres School
PS 126 Dr. Marjorie H. Dunbar
PS 132 Garret A. Morgan
PS 146 Edward Collins
PS 186X Walter J. Damrosch School
PS/IS 218 R. Hernandez Dual Language
Urban Science Academy
Validus Preparatory Academy

Council Member King
The Forward School
Globe School for Environment
Harry S. Truman High School
HS for Contemporary Arts
IS 181 Pablo Casals
MS 180 Daniel Hale Williams
PS 111 Seton Falls
PS 160 Walt Disney
PS 178 Dr. Selman Waxman
School of Diplomacy
The Young Scholars Academy

Council Member Palma
ALC - Monroe Campus
ALC - Stevenson High School
Archer Elementary School
HS of World Culture
Metropolitan Soundview High School
Millennium Art Academy
PS 047 John Randolph
PS 138 Samuel Randall
PS 182
Young Women's Leadership School

Council Member Rodriguez
Amistad Dual Language School
Bronx Engineering and Technology Academy
Bronx Theatre High School
City College Academy of the Arts
IS 218 Salome Ukena
IS 528 Bea Fuller Rodgers School
JHS 052 Inwood
MS 319 Maria Teresa
MS 326 Writers Today and Leadership
MS 328 Manhattan Middle School
PS 005 Ellen Lurie
PS 098 Shorac Kappock
PS 187 Hudson Cliffs
PS 189
Washington Heights Academy

Council Member Torres
Belmont Preparatory High School
Bronx Leadership Academy High School
Crotona International High School
Fordham Leadership Academy
Frederick Douglass Academy V
JHS 118 William W. Niles
Kappa III
MS 391
PS 028 Mount Hope
PS 032 Belmont
PS 057 Crescent
PS 058
PS 070 Max Schoenfeld
PS 085 Great Expectations
PS 096 Richard Rodgers
PS 129 Twin Parks Upper
PS 163 Arthur A. Schomburg
PS 188X
PS 205 Fiorello Laguardia
PS/IS 54
Renaissance High School for Musical Theater
Theatre Arts Production Company School
West Bronx Academy for the Future

Council Member Vacca
Astor Collegiate Academy
Herbert Lehman High School
Icahn Charter School
JHS 144 Michelangelo
Pelham Academy of Academics and Community Engagement
Pelham Preparatory Academy
PS 010X
PS 083 Donald Hertz
PS 105 Senator Abraham Bernstein
PS 108 Philip J. Abinanti
PS 12X Lewis and Clark School
PS 721X Stephen McSweeney School

Bronx CBOs Served (9)
BronxWorks
Calvary Hospital
Catholic Guardian Services
Jericho Project
Jewish Child Care Association
La Peninsula Community Organization
Morris Heights Health Center
NAMI /Japanese American UnitedChurch
Safe Horizon

Brooklyn Schools Served (177)

Council Member Barron
Brooklyn Scholars Charter School
East New York Family Academy
East New York Middle School of Excellence
HS for Civil Rights
JHS 166 George Gershwin
JHS 218 James P. Sinnott
Performing Arts and Technology
PS 036K
PS 183 Daniel Chappie James
PS 184 Newport
PS 213 New Lots
PS 233 Langston Hughes
PS 328 Phyllis Wheatley
School for Classics
Van Siclen Community Middle School

Council Member Cornegy
Bedford Academy High School
Bedford Stuyvesant Preparatory High School
Boys and Girls High School
Explore Empower Charter School
Foundations Academy
Launch Expeditionary Learning Charter School
MS 267 Math, Science and Technology
Pathways in Technology Early College HS
PS 003 The Bedford Village
PS 026 Jesse Owens
PS 059 William Floyd
PS 081 Thaddeus Stevens
PS 093 William H. Prescott
PS 138 Brooklyn
PS 138K Annex
PS 243 Weeksville
PS 256 Benjamin Banneker
PS 262 El Hajj Malik Shabazz
PS 305 Dr. Peter Ray
PS 308 Clara Cardwell
PS 335 Granville T. Woods

Council Member Cumbo
ALC - W.E.B. Dubois
Benjamin Banneker Academy
Brooklyn Technical High School
Clara Barton High School
Dr. Susan S. Mckinney Secondary School
Ebbets Field Middle School
International High School at Prospect Heights
JHS 113 (294) Edmonds Center
New Bridges Elementary
PS 020 Clinton Hill
PS 046 Edward C. Blum
PS 161 The Crown
PS 167 The Parkway
PS 221 Tossaint L'Ouverture
PS 287 Bailey K. Ashford
Urban Assembly Academy of Arts
Urban Assembly School for Law and Justice

Council Member Deutsch
IS 381
JHS 014 Shell Bank
Leon M. Goldstein High School
PS 052 Sheepshead Bay
William E. Grady Career and Technical Education HS

Council Member Espinal
Academy for Environmental Leadership
Brooklyn Lab School

Bushwick Community High School
Bushwick School for Social Justice
IS 171 Abraham Lincoln
JHS 291 Roland Hayes
Multicultural High School
PS 007 Abraham Lincoln
PS 045 Horace E. Greene
PS 086 The Irvington
PS 151 Lyndon B. Johnson
W. H. Maxwell Career and Technology

Council Member Eugene

IS 246 Walt Whitman
PS 006
PS 217 Colonel David Marcus School
PS 249 The Caton
PS 399 Stanley Eugene Clark

Council Member Gentile

IS 030 Mary White Ovington
JHS 201 The Dyker Heights
New Utrecht High School
PS 163 Bath Beach
PS 176 Ovington
PS 229 Dyker

Council Member Greenfield

Edward R. Murrow High School
Franklin Delano Roosevelt High School
PS 048 Mapelton
PS 192 Brooklyn

Council Member Lander

Brooklyn School for Collaborative Studies
MS 266 Park Place Community Middle School
PS 124 Silas B. Dutcher
PS 230 Doris L. Cohen
West Brooklyn Community High School

Council Member Levin

Brooklyn High School for Leadership and Community Service
Brooklyn Preparatory High School
Brooklyn School for Global Studies
Cobble Hill School of America
G. Westinghouse Evening High School
George Westinghouse Career
JHS 126 John Ericsson
JHS 318 Eugenio Maria Dehosto
New Dawn Charter High School
Northside Charter School
PS 008 Robert Fulton
PS 038 The Pacific
PS 054 Samuel C. Barnes
PS 110 The Monitor
PS 307 Daniel Hale Williams
PS 369K Coy L. Cox School
PS 380 John Wayne Elementary
Satellite West Middle School
Westinghouse Evening High School
Williamsburg Charter High School
Juan Morel Campos Secondary School

Council Member Maisel

Academy for Conservation and the Environment
Brooklyn Bridge Academy
Brooklyn Generation School
Brooklyn Theatre Arts High School
High School for Medical Professions
IS 211 John Wilson
JHS 078 Roy H. Mann
Olympus Academy
PS 114 Ryder Elementary
PS 115 Daniel Mucatel School
South Shore High School
Victory Collegiate High School

Council Member Mealy

Brooklyn High School for Law and Technology
Brownsville Academy High School
IS 392
Ocean Hill Collegiate Charter School
PS 150 Christopher
PS 156 Waverly
PS 189 Lincoln Terrace
PS 189 The Bilingual Center
PS 191 Paul Robeson
PS 268 Emma Lazarus
PS 284 Lew Wallace
PS 327 Dr. Rose B. English
Teachers Preparatory High

Council Member Menchaca

371K Lillian Rashkis
Brooklyn Urban Garden Charter School
JHS 088 Peter Rouget
JHS 220 John J. Pershing
Magnet School of Math, Science and Design Tech
PS 001 The Bergen
PS 015 Patrick F. Daly
PS 094 The Henry Longfellow
PS 506 - School of Journalism and Technology
South Brooklyn Community High School
Sunset Park Preperatory

Council Member Reynoso

Brooklyn Latin
EBC High School For Public Service
Green School: An Academy for Enviromental Careers
IS 347 School of Humanities
Lyons Community School
PS 018 Edward Bush
PS 081 Jean Paul Richter
PS 084 Jose Dediego
PS 120 Carlos Tapia
PS 132 Conselya
PS 274 Kosciusko
PS 299 Thomas Warren Field
Robert E. Peary School

Council Member Treyger

HS of Sports Management
IS 228 David A. Boody
Liberation Diploma Plus High School
Life Academy High School for Film and Music
PS 095 The Gravesend
PS 097 The Highlawn
PS 205 Clarion
Rachel Carson High School for Coastal Studies

Council Member Williams

Andries Hudde
Brooklyn College Academy
Midwood High School
PS 119 Amersfort
PS 244 Richard R. Green
PS 269 Nostrand
PS 315 District 22
PS 326
School of Science and Technology

Brooklyn CBOs Served (18)

AHRC NYC
Baltic Street AEH / Community Links
Bridging Access to Care
Brooklyn College
Catholic Charities Brooklyn and Queens
Catholic Charities Brooklyn and Queens, NORC
Catholic Charties Guidance Center
Chinese-American Planning Council
Collegiate Churches of New York Food First
Good Shepherd Services
Institute for Family Health
Jewish Child Care Association
Jewish Community House of Bensonhurst
Kings County District Attorney's Office
New York Asian Women's Center
North Shore LIJ School-Based Health Center
Safe Horizon

Manhattan Schools Served (123)

Council Member Chin

Emma Lazarus High School
Lower East Side Prep High School
Marta Valle Secondary School
Murry Bergtraum High School
New Design High School
PS 020 Anna Silver
PS 042 Benjamin Altman
PS 124 Yung Wing
PS 134 Henrietta Szold
PS 137 John L. Bernstein
PS 142 Amalia Castro
PS 234 Independence School
PS M094
Stuyvesant High School
University Neighborhood High School
University Neighborhood Middle School
The Urban Assembly New York Harbor School

Council Member Dickens

A. Philip Randolph Campus High School
Bread and Roses Integrated Arts
Choir Academy of Harlem
Eagle Academy for Young Men of Harlem
Frederick Douglass Academy
Frederick Douglass Academy III
High School for Mathematics, Science, and Engineering at City College
PS 123 Mahalia Jackson
PS 138
PS 175 Henry H. Garnet
PS 242M G. P. Brown Computer School
The Opportunity Charter School

Wadleigh Secondary School for the Performing and Visual Arts

Council Member Garodnick

Art and Design High School
Jacqueline Kennedy Onassis High School
JHS 167 Robert F. Wagner
Landmark High School
PS 006 Lillie D. Blake
Repertory Company High School

Council Member Johnson

City Knoll Middle School
Food and Finance High School
Greenwich Village
Harvest Collegiate High School
HS for Environmental Studies
HS of Fashion Industries
HS of Graphic Communications
Manhattan Bridges High School
PS 041 Greenwich Village
PS 111 Adolph S. Ochs
PS 721M Manhattan Occupation
Quest to Learn

Council Member Kallos

Richard R. Green High School
Talent Unlimited High School

Council Member Levine

Columbia Secondary School for Math, Sciences
IS 286 Renaissance Leadership Academy
JHS 054 Booker T. Washington
PS 028 Wright Brothers
PS 125 Ralph Bunche
PS 153 Adam Clayton Powell
PS 163 Alfred E. Smith
PS 165 Robert E. Simon
Twenty-First Century Academy for Community Leadership

Council Member Mendez

The 47 American Sign Language
The American Sign Language
Bard High School Early College
Baruch College Campus High School
Children's Workshop School
East Side Community High School
HS for Health Professionals
HS for Language and Diplomacy
International High School at Union Square
Manhattan Comprehensive Night and Day HS
Manhattan School for Career Development
Murray Hill Academy
New Explorations Into Science
PS 015 Roberto Clemente
PS 019 Asher Levy
PS 034 Franklin D. Roosevelt
PS 040 Augustus St. Gaudens
PS 063 William McKinley
PS 188 The Island School
PS 94M
Technology, Arts, and Science
Tompkins Square Middle School Extension
Union Square Academy for Health Sciences

Council Member Rosenthal

Fiorello H. Laguardia High School
The Global Learning Collaborative
HS for Law, Advocacy
Manhattan/Hunter Science High School
MS 247M Dual Language Middle School
MS 256 Academic and Athletic Excellence
MS 258 Community Action School
PS 084 Lillian Weber
PS 191 Amsterdam
PS 452
PS 811M Mickey Mantle School

Speaker Mark-Viverito

The American Dream Charter School
The Bilingual Bicultural School
Bronx Academy of Letters
Central Park East I
Central Park East II
Foreign Language Academy of Global Studies
Harlem Prep Charter School
International Community High School
Isaac Newton Junior High School for Science
Manhattan Center for Science
Mosaic Preparatory Academy
Mott Haven Community High School
PS 018 John Peter Zenger
PS 025 Bilingual School
PS 030 Wilton
PS 043 Jonas Bronck
PS 050 Vito Marcantonio
PS 072
PS 083 Luis Munoz Rivera
PS 102 Jacques Cartier
PS 146 Ann M. Short
PS 155 William Paca
PS 161 Ponce De Leon
PS 171 Patrick Henry
PS 179
Renaissance School of the Arts

Manhattan CBOs Served (36)

AHRC NYC
Apex for Youth
Asian American / Asian Research Institute - CUNY
Bellevue Hospital / WIC
The Brotherhood SisterSol
Changing Inner Learning
East Harlem Council for Human Services
Gouverneur Health: Roberto Clemente Center
Governeur Healthcare Services
Harlem Educational Activities Fund (HEAF)
Hunter College
Institute for Family Health
Lalitamba Saranam
LGBT Center
Lower East Side Service Center (NYC)
Lower Eastside Service Center
Mount Sinai / Beth Israel Hospital
New York Asian Women's Center
New York University
Northern Manhattan Improvement Corporation
NY Coalition for Asian American Mental Health
NYAWC- HA
NYS Psychiatric Institute, Columbia
NYU - Langone Medical Center
Oliver Scholars Program
Pace University
Rena Early Learn Center
Sakhi for South Asian Women (Manhattan)
Sanctuary for Families
TADA! Youth Theater
VISIONS Services for the Blind and Visually Impaired
West End Collegiate Church
William F. Ryan Community Health Center

Queens Schools Served (131)

Council Member Crowley

Grover Cleveland High School
IS 119 The Glendale
IS 73 The Frank Sansivieri Intermediate School
Maspeth High School
PS 009
PS 068 Cambridge
PS 071 Forest
PS 087 Middle Village
PS 58 School of Heroes

Council Member Dromm

Newtown High School
PS 007 Louis F. Simeone
PS 069 Jackson Heights
PS 089 Elmhurst
PS 102 Bayview
PS 212
PS 721Q Queens Occupational Center

Council Member Ferreras

Pioneer Academy PS 307
PS 014 Fairview
PS 016Q - Nancy Debenedittis
PS 092 Harry T. Stewart Sr.
PS 143 Louis Armstrong

Council Member Koo

Flushing High School
Francis Lewis High School
JHS 189 Daniel Carter Beard
PS 020 John Bowne
PS 162 John Golden
The Active Learning Elementary School

Council Member Koslowitz

Forest Hills High School
JHS 190 Russell Sage
Metropolitan Expeditionary Learning School
PS 051
PS 054 Hillside
PS 144 Col Jeromus Remsen
PS 175 The Lynn Gross Discovery School
PS 206 Horace Harding

Council Member Lancman

Hillcrest High School
JHS 217 Roberta Van Wyck
PS 082 Hammond
PS 086 Queens

PS 173 Fresh Meadows
Queens Collegiate: A College Board School
Queens Gateway to Health Sciences
Queens Satellite HS for Opportunity

Council Member Miller

Emerson School
Entrepreneurship High School
IS 059 Springfield Gardens
IS 238 Susan B Anthony
JHS 008 Richard S. Grossley
Law, Government and Community Service High School
PS 036 St. Albans School
Queens High School for Science

Council Member Richards

Academy of Medical Technology
Excelsior Preparatory High School
IS 053 Brian Piccolo
Knowledge And Power Prepartory
PS 043
PS 105 The Bay School
PS 132 Ralph Bunche
PS 156 Laurelton
PS 183 Dr. Richard R. Green
Queens United Middle School

Council Member Ulrich

JHS 202 Roberth Goddard
John Adams High School
MS 137 America's School of Heroes
PS 060 Woodhaven
PS 064 Joseph P. Addabbo
PS 066 Jacqueline Kennedy Onasis
PS 090 Horace Mann
PS 207 Rockwood Park
PS 273
Robert H. Goddard High School of Communication Arts & Technology
The Scholars' Academy

Council Member Vallone

Bayside High School
Bell Academy
IS 025 Adrien Block
JHS 185 Edward Bleeker
JHS 194 William Carr
MS 158 Marie Curie
PS 021 Edward Hart
PS 079 Francis Lewis
PS 094 David D. Porter
PS 098 The Douglaston School
PS 159
PS 193 Alfred J. Kennedy
World Journalism Preparatory, A College Board School

Council Member Van Bramer

Aviation Career and Technical Education
Energy Tech. High School
Frank Sinatra School of the Arts
HS of Applied Communications
Hunters Point Community Middle School
Information Technology High School
IS 125 Thom J. Mccann Woodside
IS 204 Oliver W. Holmes
PS 112 Dutch Kills
The Riverview School
Robert F.Wagner Jr. Secondary School
William Cullen Bryant High School

Council Member Weprin

The Bellaire School
Benjamin N. Cardozo High School
Irwin Altman Middle School 17
Jean Nuzzi Intermediate School
JHS 074 Nathaniel Hawthorne
Martin Van Buren High School
PS 186 Castlewood
PS 188 Kingsbury
PS 224Q
PS 4Q
PS Q004
PS/IS 295Q

Council Member Wills

Epic High School - North
Epic High School - South
Hawtree Creek Middle School
HS for Law Enforcement
JHS 226 Virgil I. Grissom
PS 040 Samuel Huntington
PS 048 William Wordsworth
PS 055 Maure
PS 062 Chester Park
PS 080 Thurgood Marshall Magnet
PS 100 Glen Morris
PS 123
PS 140 Edward K. Ellington
PS 161 Arthur Ashe School
Richmond Hill High School
Voyages Preparatory High School - South Queens
Young Women's Leadership School

Queens CBOs Served (34)

AHRC NYC
Apex for Youth
Catholic Charities - Seaside Senior Center
Child Center of New York
Child Center of New York, Asian Outreach Program
Chinese Radio
Chinese-American Planning Council
Citywide Council on High School
Elmhurst Hospital Center
Emerald Isle Immigration Center
Family and Adolescent Mental Health Counseling
Franklin K. Lane School Based Health Center
Garden of Hope
Hamilton Madison House
Isabella Geriatric Center
Japanese American Association of NY
Korean American Family Service Center (KAFSC)
Korean Channel
Korean Community Services of Metropolitan NY
KRB - Korean Radio Broadcasting
New York Asian Women's Center
New York Police Department
New York Tibetan Service Center
Queens Hospital Center
Queens Legal Services
Resources for Children with Special Needs
Sakhi for South Asian Women
Samaritan Village
Sikh Coalition
Southern Queens Park Association Families in Need
Vision Time Media
World Journal
YAI Network
YWCA of Queens

Staten Island Schools Served (1)

Council Member Rose

PS 21 Margaret Emery-Elm Park

Samaritans wishes to thank the following for their support and funding of our FY 2015 public education program whose support made this work possible:

Council Members Elizabeth Crowley, Laurie Cumbo, Daniel Garodnick, Vanessa Gibson, Ben Kallos, Peter Koo, Stephen Levin, Mark Levine, Rosie Mendez, Richie Torres, Paul Vallone, Mark Weprin, Jumaane Williams, Ruben Wills, The Newuberger Berger Foundation and Manhattan Borough President Gale Brewer.

Samaritans
SUICIDE PREVENTION CENTER

PLEASE SUPPORT SAMARITANS FY 2018 SPEAKER/ CITYWIDE $297,000 SUICIDE PREVENTION HOTLINE RESTORATION

The increase in suicide in NYC tells us we are not reaching New Yorkers early enough when they need support, NYC DOH Commissioner Dr. Mary Bassett, September 2016

SUICIDE IS INCREASING NYC DOH reports that suicide has increased in NYC for the third straight year, causing almost *as many deaths as homicides and auto accidents combined*; with the greatest increases found in neighborhoods with higher rates of poverty. This increase parallels a national trend, with the CDC noting increases in youth, for whom suicide is the 2nd leading cause of death (causing more fatalities than all major diseases combined), middle-age men, and women (whose rate is now three times that of men).

THE PROBLEM One out of 5 people experience a mental health problem annually and as many as 60% of them never receive help. Add the many myths there are about mental illness—that people are "crazy," a danger to the public, are just looking for attention, etc.—and the stigma many cultures associate with seeking care, and you have a growing public health issue that requires every effective approach available.

A WORLD LEADER IN PREVENTING SUICIDE Part of the international suicide prevention network that created the world's first suicide hotline 65 years ago that has responded to over 25 million calls from those who are depressed and in crisis, Samaritans is utilized as an essential mental health service in cities from Paris, London, Madrid, Rome and Bangkok to Mumbai, Tokyo, Hong Kong, Colombo and Harare, Zimbabwe.

NYC'S LONGEST- RUNNING CRISIS RESPONSE HOTLINE Samaritans has been saving lives in NYC for over 35 years, by providing: immediate and ongoing support to those in distress; a path to healing for those touched by suicide; trainings on effective crisis interventions for health providers; and an essential alternative to existing clinical/government-run programs for the underserved, untreated and those impacted by stigma.

SAVES LIVES AND MONEY Samaritans availability at any point during a person's crisis, often many times a day, helps to alleviate their emotional distress and diffuse a self-destructive or violent episode. And, on an economic level, averaging 80,000 calls from New Yorkers in distress annually, the hotline reduces the work losses and medical costs tied to suicide attempts and depression, and the amount of times costly medical and clinical services, emergency room and hospital visits, ambulances and police responses are required.

CARING VOLUNTEERS MAKE A DIFFERENCE Research has shown that well-trained hotline volunteers are more effective than their clinical counterparts. Samaritans hotline is staffed by over 100 volunteers from NYC's culturally diverse communities who donate over 30,000 hours of free labor a year (worth $750,000); and are empathetic, non-judgmental, trained in active listening and connect with a caller on their own level.

PROVIDING A SAFETY NET The hotline helps people cope by providing an immediate point of contact and connection, a place they can call in confidence and maintain their right to make their own decisions, without fearing someone may take action against their will; reasons, SAMHSA states, prevents millions of Americans from seeking needed health care. The hotline also provides an essential bridging and transition role, while a person is seeking care for the first time, is between visits or is waiting for their medication to take effect.

COLLABORATIONS ARE THE KEY Working collaboratively with community, government, faith-based and academic organizations, Samaritans has provided crisis response, technical support and training to NYC DOE ACS, Catholic Charities, NYCHA, Coalition for the Homeless, Safe Horizon, NYPD, NYC AIDS Task Forces, Mt. Sinai Rape Crisis, Alzheimer's Foundation, GMHC, Trevor Project, Comunilfe, LOISADA Corp, Asian-American Mental Health, DC37 Municipal Employees Union, UFT, Salvation Army and, even, the Girl Scouts.

The City Council has been the primary force in maintaining Samaritans $297,000 Hotline funding the past three years. Funding Samaritans in FY 2018 maintains a cost-effective safety net for New Yorkers in times of crisis.

Contact Fiodhna O'Grady, Government Relations, (212) 677-3009, fogrady@samaritansnyc.org, for further information.

OFFICE OF THE PRESIDENT
BOROUGH OF MANHATTAN
THE CITY OF NEW YORK

1 Centre Street, 19th floor, New York, NY 10007
(212) 669-8300 p (212) 669-4306 f
431 West 125th Street, New York, NY 10027
(212) 531-1609 p (212) 531-4615 f
www.manhattanbp.nyc.gov

Gale A. Brewer, Borough President

November 10, 2015

Mr. Alan Ross
Executive Director
The Samaritans of New York
PO Box 1259
Madison Square Station
New York, NY 10159

Dear Mr. Ross:

I write to acknowledge my appreciation for the high quality of services provided by your program to the people of New York, particularly in the areas of suicide prevention, and preparedness. Advocates, teachers and administrators from around the city call to tell me what an incredible resource the Samaritans provide. I would like to express my full gratitude and support for your efforts to expand such services to schools across the city.

I am in awe that since 1981 The Samaritans have supported those at risk of suicide or who have suffered the loss of loved ones. The Samaritans have also raised public awareness about mental health and suicide city-wide, done on-site training at hundreds of schools, and helped create a learning environment where students' mental and emotional needs are a priority. In conjunction with City Council, you also held New York City's first-ever public hearing on suicide.

Your efforts mark a watershed in public awareness about a once-taboo subject, and are helping stimulate a long-overdue conversation about the role of mental health in socio-emotional and academic success – a focus of Samaritans for over 24 years. On behalf of our city schools, parents, and students, thank you for all you do in each of these critical efforts, and I look forward to our continued partnership.

Sincerely,

Gale A. Brewer

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

New York City, NY 2015 and 2013 Results

Attempted Suicide
(one or more times during the 12 months before the survey)
New York City, NY, High School Youth Risk Behavior Survey

Sex	Race	2015	2013
Total	Total	8.3 †	8.1
	American Indian or Alaska Native ‡	5.6	18.8
	Asian §	6.1	5.9
	Black or African American §	8.3	7.3
	Hispanic or Latino	9.3	10.3
	Native Hawaiian or Other Pacific Islander ||	N/A	N/A
	White §	7.1	4.8
	Multiple Race §	8.3	9.2
Female	Total	10.1	9.4
	American Indian or Alaska Native	N/A	N/A
	Asian	5.3	6.4
	Black or African American	9.9	7.0
	Hispanic or Latino	13.2	13.3
	Native Hawaiian or Other Pacific Islander	N/A	N/A
	White	7.8	5.9
	Multiple Race	7.0	11.3
Male	Total	6.2	6.6
	American Indian or Alaska Native	N/A	N/A
	Asian	6.8	5.4
	Black or African American	6.3	7.6
	Hispanic or Latino	5.3	6.9
	Native Hawaiian or Other Pacific Islander	N/A	N/A
	White	5.9	4.0
	Multiple Race	N/A	6.8

Footnotes

†	Percentage
‡	AI/AN = American Indian or Alaskan Native (non-Hispanic)
§	Non-Hispanic
||	NHOPI = Native Hawaiian or Other Pacific Islander (non-Hispanic)
N/A	< 100 respondents for the subgroup

Application URL:
https://nccd.cdc.gov/youthonline/App/Results.aspx?TT=F&OUT=0&SID=HS&QID=H29&LID=NYC&YID=2015&LID2=NYC&YID2=2013&COL=S&ROW1=R&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FIL=I1&FPL=P1&PV=&TST=False&C1=&C2=&QP=G&DP=1&VA=No&CS=N&SYID=&EYID=&SC=DEFAULT&SO=ASC

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

New York City, NY 2015 and 2013 Results

Seriously Considered Attempting Suicide
(during the 12 months before the survey)
New York City, NY, High School Youth Risk Behavior Survey

Sex	Race	2015	2013
Total	Total	13.7 †	13.3
	American Indian or Alaska Native ‡	15.1	18.5
	Asian §	12.8	13.4
	Black or African American §	13.9	11.7
	Hispanic or Latino	14.0	14.2
	Native Hawaiian or Other Pacific Islander ||	13.4	21.6
	White §	14.6	11.9
	Multiple Race §	13.4	14.4
Female	Total	18.3	16.4
	American Indian or Alaska Native	N/A	N/A
	Asian	17.0	15.4
	Black or African American	18.5	13.7
	Hispanic or Latino	18.5	18.8
	Native Hawaiian or Other Pacific Islander	N/A	N/A
	White	20.7	14.7
	Multiple Race	12.9	18.1
Male	Total	9.0	10.0
	American Indian or Alaska Native	N/A	N/A
	Asian	9.0	11.3
	Black or African American	8.6	9.8
	Hispanic or Latino	9.7	9.4
	Native Hawaiian or Other Pacific Islander	N/A	N/A
	White	9.4	9.7
	Multiple Race	13.9	10.3

Footnotes

†	Percentage
‡	AI/AN = American Indian or Alaskan Native (non-Hispanic)
§	Non-Hispanic
||	NHOPI = Native Hawaiian or Other Pacific Islander (non-Hispanic)
N/A	< 100 respondents for the subgroup

Application URL:
https://nccd.cdc.gov/youthonline/App/Results.aspx?TT=F&OUT=0&SID=HS&QID=H27&LID=NYC&YID=2015&LID2=NYC&YID2=2013&COL=S&ROW1=R&ROW2=N&HT=QQ&LCT=LL&FS=S1&FR=R1&FG=G1&FI=I1&FP=P1&FSL=S1&FRL=R1&FGL=G1&FIL=I1&FPL=P1&PV=&TST=False&C1=&C2=&QP=G&DP=1&VA=No&CS=N&SYID=&EYID=&SC=DEFAULT&SO=ASC

Testimony of Craig Hughes
Policy Analyst
Coalition for Homeless Youth

RE: Youth Suicide

New York City Council
Committees on Youth Services & Youth Services and Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services

April 6, 2017

Thank you, Chairs Eugene and Cohen, and members of the committees on Youth Services and Mental Health, Developmental Disability, Alcoholism, Substance Abuse and Disability Services for the opportunity to testify before you today on the tragic subject of youth mental health and youth suicide in New York City. My name is Craig Hughes and I am the Policy Analyst at the Coalition for Homeless Youth (CHY), also known as the Empire State Coalition of Youth and Family Services. The Coalition for Homeless Youth has advocated for the needs of runaway and homeless youth (RHY) for nearly 40 years. The coalition is comprised of 67 providers of services to homeless youth across New York State, including 29 members in New York City.[1]

Mental Health in the Homeless Youth Population

Homeless youth, who in New York City are largely from within the five-boroughs and are overwhelmingly youth of color, have disproportionately negative health outcomes in relation to their housed peers.[2] As substantial research has shown, homeless youth suffer disproportionately from mental illness, often engage in particularly risky substance use, and have higher rates of suicide than their housed peers.[3] Suicide is known to be a leading cause of death among homeless youth.[4]

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[1] Our website is available at: www.nychy.org
[2] A useful overview is provided by the National Network for Youth in their briefing: *Consequences of Youth Homelessness*. Available at: https://www.nn4youth.org/wp-content/uploads/IssueBrief_Youth_Homelessness.pdf
[3] See: S. C. Narendorf et al. 2017. "Relations between mental health diagnosis, mental health treatment, and substance use in homeless youth." *Drug and Alcohol Dependence* 175, June 2017, p. 1-8; Kevin A. Yoder, Les B. Whitbeck & Dan R. Hoyt. 2010. "Comparing subgroups of suicidal homeless adolescents: Multiple attempters, single attempters and ideators." *Vulnerable Children and Youth Studies* 5(2), p. 151-162
[4] See the National Network for Youth briefing mentioned above.

Homeless youth often suffer from mood and anxiety disorders, which are closely associated with experiences of trauma.[5] These include post-traumatic stress disorder and depression, for example.[6] Homeless youth are known to disproportionately be survivors of trauma – trauma related to abuse as children, trauma related to violence on the street, trauma related to experiences of racism, trauma from intimate partner violence, trauma related to abuse related to their gender identity and/or sexual orientation and trauma related to police violence, to name only a handful of causes. Many young people cope with their mental illness through engaging in substance use. Indeed, homeless youth are known to have significant rates of marijuana use, and significant rates of injection drug usage. Use of substances to manage symptoms of mental illness – whether they be stimulants to bring a down mood to an upswing, opioids to numb emotional pain, or any number of other examples – leaves homeless youth not only open to long-term risky coping mechanisms, but increased involvement with the criminal justice system, and significantly higher risk of HIV and Hepatitis C infection.[7] LGBTQ youth are at particular risk.[8]

Some homeless youth suffer from mental health conditions such as schizophrenia. As adolescents becoming young adults, homeless youth often experience the transition into schizophrenia with meager support systems. The experience of psychotic symptoms

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[5] Stephen W. Baron. 2003. "Street youth violence and victimization." *Trauma, Violence and Abuse* 4(1), p. 22-44; Kimberly Bender et. al. 2010. "Factors associated with trauma and posttraumatic stress disorder among homeless youth in three U.S. cities: The importance of transience." *Journal of Traumatic Stress* 23(1), p. 161-168;

[6] Jennifer P. Edidin et. al. 2012. "The mental and physical health of homeless youth: A literature review." *Child Psychiatry and Human Development* 43, p. 354-375

[7] Adeline M. Nyamathi et. al. 2005. "Hepatitis C virus infection, substance use and mental illness among homeless youth: a review." *AIDS* 19 *Supplement*: S34-S40.

[8] Vincent Guilamo-Ramos, Jane Lee & Laryssa Husiak. 2011. Adolescent Reproductive and Sexual Health Disparities: The Case of Youth Residing in the Bronx. New York: Center for Latino Adolescent and Family Health, New York University. http://www.clafh.org/files/press-releases/02_whitepaper.pdf; Brandon D. L. Marshall et al. 2010. "Survival sex work and increased HIV risk among sexual minority street-involved youth." *Journal of Acquired Immune Deficiency Syndrome* 53, p. 661-664

and decompensation without access to stable housing, or a safe family to go to, can push these young people even further into the margins.

Research has shown some characteristics of youth who are particularly likely to experience suicidality. Homeless young women and LGBTQ youth have been found to be particularly at risk.[9] Those with experiences of abuse are at higher risk of experiencing suicidality, particularly those who have histories of physical abuse.[10] Research has also shown that homeless young people who have experience being in child protective custody are at higher risk.[11]

Homeless young people are disproportionately engaged in high-risk sex exchanges, often for a place to sleep, and they are often engaged in substance use – often to make it through a night or manage symptomology of mental illness, which is often rooted in trauma. In sum, trauma pervades the lives of many homeless youth and impacts their risks for suicidal ideation, risk self-injurious behaviors, high-risk substance use, suicide attempts or suicide.

New York City does not adequately track how many homeless youth die of suicide, but there's a good chance that if you ask any provider of homeless youth services in New York City they will have tragically ample stories about the number of youth they have engaged with over significant periods of time who have battled suicidality or made the tragic decision to end their lives.

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[9] See: Amanda Moskowitz, Judith A. Stein & Marguerita Lightfoot. 2013. "The mediating roles of stress and maladaptive behaviors on self-harm and suicide attempts among runaway and homeless youth." *Journal of Youth Adolescene.* 42, p. 1015-1027;

[10] S. Hadland et al. 2015. "Suicide attempts and childhood maltreatment among street youth: A prospective cohort study." *Pediatrics* 136(3), p. 440-449

[11] N. Eugene Walls, Cathryn Potter & James Van Leeuwen. 2009. "Where risks and protective factors operate differently: Homeless sexual minority youth and suicide attempts." *Child & Adolescent Social Work Journal* 26, p. 235-257.

Positive Steps in New York City

In recent years, New York City has made significant efforts toward implementing service-models that are known to best help youth who have suffered trauma, and in providing resources for young people who experience difficulties related to their mental health. It is no doubt that these are types of system-based harm reduction interventions that can really change the life trajectories of homeless young people.

In particular, as trauma-informed practice has increasingly become the norm, New York City's Department of Youth and Community Development (DYCD) has supported providers in using trauma-informed frameworks. Perhaps most importantly is the City's Thrive Initiative, which has started to address the mental health needs of homeless youth through minimal funding to DYCD contracted providers, who are now able to provide mental health supports for some homeless youth where many of them are – places like youth drop-ins and youth shelters. Thrive funds have started to provide desperately needed resources for therapists and psychiatric support to help youth understand and process their experiences, gain access to needed medication, and provide evaluations them for necessary resources like supportive housing. Unfortunately, the simply reality is that the limited funds made available are still not enough to adequately fund the kind of comprehensive therapeutic services that youth with persistent mental health needs require.

The federal push for 'housing first' approaches in transitional housing and supportive housing has made an impact on the ground. As significant research has shown, 'housing first' is a cost-effective model that relies on providing the resource of housing first and foremost, and engaging someone on behavioral change when they are under a

roof versus surviving on the streets.[12] 'Housing first', similar to 'harm reduction,' are stretchable concepts – they provide principles of support and inform best-practices beyond their traditional meanings. So, for example, efforts within federally-funded programs to implement lower-threshold models of care, and thus begin to refrain from quick discharges or bans, has already begun to positively impact the experiences of many homeless youth.

Also important has been New York City's substantial efforts, particularly in recent years, to support an LGBTQ-informed, LGBTQ-competent and LGBTQ-positive, approach to service provision for homeless youth. Simply put, we know that providers have become better at working with LGBTQ youth and this has partially as a result of City efforts toward this end. While we know there is still much work to be done, the City has clearly made serving LGBTQ youth a priority, which is a crucial step in the right direction. One notable example of this is the opening, within the Department of Homeless Services (DHS) system, of an 80-bed shelter for LGBTQ young adults. This is the first shelter of its kind in the municipal system and just a few years ago wouldn't have been imaginable. Councilmember Torres, HRA and DHS should be applauded for making this a reality. Providing LGBTQ-competent services is an important step toward developing services where homeless LGBTQ youth can trust a service provider with their struggles and reach out before it is too late.

Gaps in Services in New York City

[12] Deborah Padgett, B Henwood & S. Tsemberis. 2016. *Housing first: Ending homelessness, transforming systems and changing lives.* New York: Oxford University Press

While we want to acknowledge the positive steps the City has taken, there is still a significant amount that can and should be done to support youth who are at particularly high-risk for mental illness, suicidal ideation and committing suicide. If we view housing as a form of healthcare, then the City is far behind where it should be in helping at-risk homeless youth.

According to the most recent available Point in Time (PIT) data, collected in 2016, there were 1,653 unaccompanied homeless youth, the vast majority between 18-24 years old, in shelters in New York City.[13] Many of these young people were in DHS or HRA facilities. This does not include the vast majority of the thousands of young people between 18-24 who are heads of households with children in City shlelters. Many of the young people include in the PIT data are in DYCD shelters, and many were in DYCD shelters before aging out and landing in the DHS or HRA shelters. We do not have a recently conducted and reasonable estimate of the homeless youth population on the streets on any given night. The last serious effort at getting at such a number was conducted, with City Council support, about a decade ago. Recent efforts by the City to estimate the number of young people on the street (the Youth Count) have been severely under-resourced and lacked a serious commitment by the De Blasio administration to coordinating its energies to coming up with a reasonably accurate estimate.[14] Many homeless young people living on the street go uncounted and many of these young people enter into long-term chronic homelessness as adults.

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[13] Data available at: https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_CoC_NY-600-2015_NY_2016.pdf

[14] For more information please see the following op-ed on the matter: Craig Hughes, "City Effort to Tally Homeless Youth Won't Add Up." *City Limits* 1/23/2017. http://citylimits.org/2017/01/23/cityviews-citys-effort-to-tally-homeless-youth-wont-add-up/

City data that has been made available in regards to youth relying on the DYCD homeless youth continuum is sobering. In short, homeless youth who use DYCD shelters often go in circles, and many simply disappear. According to records released by DYCD in response to a FOIL request in December of last year, less than 1% of those discharged from DYCD-crisis shelter beds moved into their own apartment. Only about 18% of those discharged moved along the continuum from crisis shelter to a transitional independent living (TIL) bed. More than half of those discharged either went right back into a crisis bed (29.7%) or disappeared (23.5%). Data on TIL discharges, which includes less than a tenth of the number of crisis discharges, is similarly alarming. Fifteen-percent of youth discharged from TIL beds went back into crisis beds, nearly 12% went into DHS shelters, and nearly 12% disappeared. Only about 9.5% moved into their own apartment. About 21% moved in with friends or other relatives – situations that are known to often be very precarious. Less than 20% returned home.[15] These numbers do not include youth over age 21 who rely on the youth drop-in centers and are very often living on the street.

Homeless young people have disproportionately less access to stable healthcare[16], and those who suffer from serious mental illness and experience episodes of decompensation often find themselves in a churn, between shelters, jails, and hospital beds. Providers often discuss the real-life tension that exists between hospitals and homeless service providers. A general hospital emergency or psychiatric bed in New York City, whether public or private, is tasked with stabilizing and discharging. Emptying a bed is the priority once stabilization is achieved, and very often patients –

[15] DYCD clarified that this discharge data is not unduplicated.
[16] Gayathri Chalvakumar et al. 2016. "Healthcare barriers and utilization among adolescents and young adults accessing services for homeless and runaway youth." *Journal of Community Health*, November, p. 1-7

including many homeless youth – are discharged into homelessness.[17] Homeless youth with serious mental illness can engage dozens of times with hospitals without a social worker being able to link them to permanency services, like supportive housing or community treatment teams. Back on the street, these young people are more likely to decompensate. The critical intervention that could have potentially been made at a hospital becomes an unfortunately missed opportunity due to lack of resources.

Applications for community-based treatment (ACT services) are laborious, requiring a significant time commitment that is often not available at the hospital-level. Further, assignment to an ACT team through the Single Point of Access (SPOA) leaves someone waiting months for linkage due to the high-need and limited capacity. For homeless young people it gets more complicated – ACT teams are not typically adequately resourced to do the intensive work of finding folks living on the street, which means these young people may get left without the care they need.

For homeless youth, particularly those who age out of the DYCD shelters at 21 years old, the municipal (DHS) system becomes their main available option. Unfortunately, many young people do not enter DHS shelters, in particular, due to safety concerns. As many RHY providera will likely tell you, often this isn't for lack of experience - many young people enter into assessment and then leave quickly as a result of their negative experiences. DHS has resisted reducing the required "assessment period" for homeless young people, meaning if they enter the DHS system they will likely enter through Bellevue/30th Street (men), Franklin or Brooklyn Women's Shelter

[17] While there is no recent data specifical to unaccompanied homeless youth usage of emergency rooms in New York City, recent data is available from elsewhere that provides evidence of predictors for ER usage. One factor is access to health insurance. See: J. Mackelprang et al. 2015. "Predictors of emergency department visits and inpatient admissions among homeless and unstably housed adolescents and young adults." *Medical Car*e 53(12), p. 1010-1017.

(women). For many young people, particularly young men, entering into assessment shelter is experienced as more dangerous than staying on the streets.

In January 2016, DHS made a very helpful policy change that allowed individuals to enter drop-ins, such as Mainchance in midtown, even if they had been assigned a base-shelter in a previous entry.[18] Policy decisions like this help young people to access services by lowering unnecessary bureaucratic barriers that might otherwise leave them on the street. In the case of assessment periods, the experience of many providers working with homeless youth is that these often function as a push-away or churning mechanism. The City could and should work with DYCD providers to develop a system for immediate placement into long-term shelters. Importantly, this should include a mechanism for DYCD providers, like the City-funded youth outreach teams, to place young people directly into Safe Haven beds.

Perhaps the most decisive step the City has taken for providing housing for homeless young people is through supportive housing. As ample research has shown, supportive housing is a cost-effective way to house some of the most vulnerable folks in the City.[19] And this is certainly the case for homeless youth.

The City's recent RFP for youth-specific supportive housing beds, released in February, presents a long-term solution for some young people that should come on-line in years to come, and we are deeply appreciative of the Mayor's commitment to fund these long-term beds.[20] Yet, for the supportive housing that is still coming on-line under the NY/NYIII agreement and older units that open up, long-term problems have not been

[18] See official memo to DHS Drop-In Directors from D. Pagnotta dated January 11, 2016
[19] See Padgett, Henwood & Tsemberis, *Housing First*, mentioned above.
[20] See: https://shnny.org/rfps/nyc-hra-provision-of-congregate-supportive-housing/

adequately addressed, leaving some of the most vulnerable young people at high-risk of staying homeless.

In particular, the issue of landlord and provider 'creaming' or 'cherry-picking' applicants for supportive housing needs to be systematically addressed.[21] Very often issues of medication non-compliance or having noticeable symptoms of mental illness are factors used to deny someone access to supportive housing. Substance use, which is known often accompany serious mental illness, has also been routinely used to deny someone access into supportive housing. This flies in the face of effective 'housing first' and harm reduction principles by denying the major resource – housing and the privacy that comes with it – that may lead a person to consider, in new ways, how they can best care for themselves. New York City should also develop a mechanism to find out what happens to the many applicants who are determined eligible for supportive housing but not accepted by a provider or landlord into a unit. Currently, to the best of our knowledge, the City does not track this.[22] Further, the City should develop a mechanism to intervene into creaming at the provider/landlord level, to ensure that those most in need of supportive housing resources receive them.

As new supportive housing is brought online, there is a need for an increase in mental health resources within homeless youth programs. For example, homeless youth with serious mental illnesses will need psychiatric evaluations and updated evaluations. They will often need supportive social workers and case managers to help motivate them through that process and encourage their continued engagement with treatment. While

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[21] On this, please see our previous testimony to the General Welfare Committee dated 1/19/2017

[22] On this, see testimony by City officials and question/answer with them by the City Council during a hearing on supportive housing on 1/19/2017. Available at: http://legistar.council.nyc.gov/View.ashx?M=F&ID=4943784&GUID=712C9D58-E263-40B8-ABAF-79C309820E6C

adding units is decisive, we also need matching resources to help eligible people into those units.

Further, while the City plans to provide homeless youth with access to housing subsidies, it is important to note that more than three years into this administration youth relying on DYCD programs *still* do not have access to rental assistance. Some youth, including many young people who have experiences with mental illness, can manage to live independently with rental aid. Providing access to such aid without having to go into the shelter system will undoubtedly save many youth from the further trauma of adult homelessness. So, while we appreciate the City's plans to link youth using DYCD resources to rental aid, it's important to note that it's still not in place. While we appreciate commitment toward this end, we are concerned about length of time this has taken and continues to take.

Finally, there continues to be a need for 24-hour drop-in services accessible to all youth. Research has shown that drop-in centers are particularly effective for engaging homeless youth, and often the population using drop-ins is different than the population in shelters.[23] Drop-in centers are often based on one-stop models, where multiple services can be provided on site – this type of service facility is known to be particularly effective for engaging homeless youth with co-occurring disorders.[24] We are deeply appreciative that the City funds a 24-hour drop-in center for LGBTQ youth. It has been, simply put, a gamechanger for many young people. However, as many providers will also attest to, there is a significant need for 24-hour drop-in services, staffed with individuals trained in

[23] Eric R. Pedersen et al. 2016. "Facilitators and barriers of drop-in center use among homeless youth." *Journal of Adolescent Health* 59, p. 144-153; Natasha Slesnick et al. 2016. "A test of outreach and drop-in linkage versus shelter linkage for connecting homeless youth to services*." Prevention Science* 17(4), p. 450-460.
[24] Nicole Kozloff et al. 2013. "Factors influencing service use among homeless youths with co-occurring disorders." *Psychiatric Services* 64(9), p. 925-928

mental health support, for cis-gender and straight-identified young people, particularly young men. We hope the City will consider providing this necessary resource.

Conclusion

To conclude, the Coalition for Homeless Youth is appreciative of recent efforts by the City to provide increased mental health supports and appropriate services for homeless youth. We hope the City will consider our recommendations above. Thank you for this opportunity to testify today.

THE COUNCIL
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☐ in favor ☐ in opposition

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I represent: NYC DOE

Address: 52 Chambers St. NY NY 10007

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I represent: SISFI / The Suicide Institute

Address: _____

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Name: Craig Hughes

Address: Craig@nychy.org

I represent: Coalition for Homeless Youth

Address: NY NY

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Name: Shakel McCooey

Address: 207 E 83rd Street Apt 3

I represent: Mental Health Matters NYC

Address: N/a

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Name: John Timony

Address: 41 Central Boulevard Merrick NY 11566

I represent: Mental Health Matters NYC

Address: N/A

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Name: Pete Kanys

Address: LGBT Community Center

I represent: _____

Address: _____

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Name: Lois Herrera

Address: 52 Chambers St.

I represent: NYC DOE

Address: 52 Chambers St

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I represent: DOHMH Office of School Health

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Name: Roger Platt

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I represent: DOHMH / DOE

Address: 2 Gotham Plaza, Queens, NY

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Name: Marnie Davidoff

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I represent: NYC DoHMH

Address: 42-09 28th St. Long Island City, NY

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Name: Nicole Robinson-Etienne

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I represent: Institute for Community Living

Address: 125 Broad Street, NY, NY

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Name: Douglas Berman

Address: 123 Williams St.

I represent: Coalition for Behavioral Health

Address: 123 William St NYC

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Date: _____

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Name: Jennifer Humensky

Address: 1051 Riverside Dr Rm 2704 NY NY 10032

I represent: Communi.ile / Columbia University

Address: 1051 Riverside Dr. Rm 2704 NY NY 10032

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Date: April 6, 2017

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Name: LISA FURST

Address: 50 Broadway, 19th Fl, NY, NY 10004

I represent: Mental Health Association of NYC

Address: 50 Broadway, 19th Fl, NY, NY 10004

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Name: Diana Christian

Address: 40 Madison Ave, 8th FL

I represent: Community Healthcare Network

Address:

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Name: FIONNA O'GRADY

Address: 197 VERNON AVE.

I represent: The SAMARITANS of New York

Address: 61 GRAMERCY PARK N. N.Y.C. NY 10010

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Date: 4/7/17

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Name: Rosa Cifre

Address: 2 Miller place, Inwood, NY 11096

I represent: Commlife

Address: 214 W. 29th St NY NY 10001

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