CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the
COMMITTEE ON MENTAL HEALTH, DISABILITIES & ADDICTION JOINTLY WITH THE COMMITTEE ON YOUTH SERVICES

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Wednesday, November 9, 2022
Start: 1:06 P. M.
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HELD AT: Committee Room- City Hall

B E F O R E: Hon. Linda Lee, Chair
Hon. Althea V. Stevens, Chair

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SERGEANT AT ARMS: This is a microphone check for The Committee on Mental Health, Disabilities, and Addiction jointly with The Committee on Youth Services -- located in The Committee Room, and recorded by Nazli (sp?) [INAUDIBLE] on November 9th of 2022.

Good afternoon and welcome to today's New York City Council Hearing for The Committee on Mental Health, Disabilities, and Addiction jointly with The Committee on Youth Services.

If you wish to submit testimony, you may do so via email to testimony@council.nyc.gov.

At this time, please place all electronic devices to vibrate or silent mode.

Thank you for your cooperation, Chairs, we are ready to begin.

CHAIRPERSON LEE: Thank you

Oh, gavel, yeah

[GAVELING IN] [GAVEL SOUND]

I'll never get used to that.

Good afternoon, everyone, thank you all for being here today. I am personally still exhausted and recovering from yesterday. So, apologies if I am a little out of it.

But my name is Linda Lee, and I am the Chair of The Committee on Mental Health, Disabilities, and Addiction. And I am very excited to be here today with my colleague, Chair Althea Stevens, who chairs The Committee on Youth Services.

We are here today to do an oversight hearing on accessing mental health for New York City youth.

At this time, I would like to acknowledge our colleagues: Council Member Sean Abreu, who is here, and I know a couple of others are on their way. So, we will make sure to recognize them when they arrive.

So, I just want to thank all of you for being here today, because I know that this is a topic that is very important for both Chair Stevens as well as myself.

As many of us know, the issue surrounding mental health amongst our youth has been an issue, even prior to the COVID pandemic. I think what we have seen -- and there is a lot of data we are going to go through today -- but, you know, what we have seen is that, you know, the COVID pandemic has just exacerbated the issues which we already knew were there. And even before COVID, from 2007 to 2017, the death by suicide among youth and adolescents had

significantly increased by 56%, which is quite a bit over those years. According to the CDC, the reported incidents of self-harm and attempted suicides among people ages 10 to 24 began to skyrocket in 2018. In 2020, it became a full-fledged youth mental health crisis. Another distributing statistic is that in 2021, the self-reported depression and anxiety among adolescent youth increased by 4% amongst boys and 51% amongst girls compared to the same period in 2019.

And one thing I want to emphasize is that we all know that these are the reported numbers that we know about, but this is not even touching upon that folks that have not reported these numbers due to a variety of reasons around stigma, language barriers, and other issues like that. So uhm, I am sure that these numbers are actually higher in reality.

And also, the depression in youth doubled during the pandemic. So, we know that these are issues ranging from adolescent brain chemistry, relationships with friends and family, peer pressure on social media, racial and economic inequality, the opioid epidemic, and gun violence are all contributing factors to the national emergency and youth mental health.

Of course, the other thing that we know is that the big contributing factor in all of this is the lack of mental health workforce. There is a huge shortage in the mental health workforce, which is also exacerbating the problem. And there is has been a national staffing shortage for mental health professionals who specialize specifically in child and adolescent behavior health which has just made it worse. Emergency room visits have increased by 24% in children aged five to 11 according to a report from the CDC.

The data and the trends in New York City really mirror a lot of what is happening nationally -- and a lot of what we are seeing across the nation.

So, a lot of what we are going to be talking about today is hearing more from all of you in terms of what services are available. For example, I know that the City has a variety of mental health services through DOHMH, OCMH, uh, MOPD, and DYCD, and we are looking forward to hearing from all of you in terms of how we can be helpful.

I know that for those who have been in hearings with me before, my interests and my sort of root and point at what I want to get at, is how can we as a

city council be helpful? Where are the barriers? Like, I am really genuinely curious to hear where the barriers are in providing these services across different agencies and how we can be helpful with that.

And one more addition to what has been attributing to the problem as well is that I know that there was supposed to be a whole redesign in terms of the inpatient psych beds, especially for adolescents youth, and it doesn't seem that that has been happening on the Medicaid side. So, you know, how has this contributed to the problem? What can be done -- especially when it comes to the inpatient beds and being transitioned into community based behavioral health services?

We also have programs like NYCwell through DOHMH, which is using the mobile crisis teams to provide interventions and support. And, of course, through OCMH, we have a lot of different programs for support services. And DYCD also offers art-based activities to teens to raise awareness around mental health issues and encourage proactive approaches to self-care which is also really great.

The FY23 budget in The City Council, we did add an additional $6,412,000 in Fiscal Year 23 to address the negative mental health consequences and outcomes from the COVID pandemic crisis. But, as we all know, this is not nearly enough, so if you think about it, $6.4 million in a budget of $101 billion, it's just a drop in the bucket. And so, this something that we need to continue to address.

And, uhm, just to go over real quick , I know that the funding that is administered by DOHMH is $1.787 for mental health services for children age five and under; $3,425,000 for mental health support programs for court-involved youth and families; and $1.2 million for comprehensive mental health services for LGBTQ+ youth in New York City with the latter funding going towards comprehensive mental health services for vulnerable LGBTQ+ youth.

So, as I mentioned before, in today's oversight hearing we are really looking forward to hearing from you on what the challenges are, as well as where we can be helpful, and where we as a council can put on pressure points as well, to make your jobs easier and to help coordinate services.

So, I just want to thank... We have been joined by Council Member Tiffany Cabán as well, so thank you so much for being here.

And in closing, I just want to thank the administration who are here, advocates, along with colleagues and staff, and especially our committee staff -- Sara Sucher, Committee and Legislative Counsel and Cristy Dwyer, Senior Legislative Policy Analyst, who both have incredible professional knowledge in this area. So, thank you both for your efforts.

And testifying today, we have from DOHMH, Dr. McRae, our Executive Deputy Commissioner, and also for the Q&A portion from DOHMH we have Marnie Davidoff, Assistant Commissioner for The Division of Children, Youth, and Families, and from DYCD we have Susan Haskell, Deputy Commissioner; and from OCMH we have Eva Wong.

So, I will now turn it over to Chair Stevens for your opening remarks.

CHAIRPERSON STEVENS: Good afternoon, I am Council Member Althea Stevens, Chair of The New York City Council Committee on Youth Services.

Thank you for joining us today for our oversight hearing on Accessing Mental Health Services for NYC Youth.

I am pleased to be joined by my colleague, Council Member Linda Lee, to discuss the topic as a pivotal moment when New York City is emerging from the COVID-19 pandemic, and we are evaluating how to integrate mental health services into the City's recovery.

Mental health challenges in children, adolescents, and young adults are widespread. Even before the pandemic, an alarming number of young people struggled with feelings of helplessness, depression, and thoughts of suicide.

According to a 2019 Thrive NYC report, nearly 270,000 youth between five and 17 years old in New York City are believed to have been diagnosed with a mental health disorder. For 134,000 of them, symptoms were severe enough to impact daily functioning.

The pandemic only added to existing challenges that youth faced by disrupting in-person schooling and social opportunities that they relied on for support.

The pandemic's negative impact directly affected those who were most vulnerable such as youth with disabilities, racial and economic minorities, LGBTQ+ youth, and homeless youth.

DYCD's programs are an important developmental building block for New York City youth and adolescents. Those safe spaces are recourses for family, where the City can normalize the messaging that mental health is an essential part of overall health.

I am excited to see The Mayor's Office Community and Mental Health recognize this vital entry point through its partnership DYCD on the Pathways to Well-Being initiatives; however, mental health services within DYCD programs are still lacking.

I look forward to learning more about this partnership, including any plans to build out social and emotional learning curriculums, evaluating the existing programs, and getting a better understanding of mental health libraries to Cornerstone Centers across the City.

DYCD also supports mental health service providers through critical work to house runaway and homeless youth. Under the former administration,

support for the wellbeing of LGBTQ+ runaway and hornless youth was a priority under Thrive NYC, which has since been reorganized into The Mayor's Office of Community and Mental Health. There were several youth based mental health initiatives previously under Thrive's banner, and I am eager to learn the status of those programs as well as any future plans to support those vulnerable populations.

I would like to thank the staff for their hard work in preparation for this hearing: Elizabeth Arzt, Legislative Policy Analyst, as well as my Chief of Staff, Kate Connolly. A special shout out goes out to Tyreke Israel, my Deputy Chief, who is here at his first hearing -- check him out -- and to the rest of the A-team back in district 16 holding down the fort.

I would now like to turn it over to committee counsel to go over the protocol items.

COMMITTEE COUNSEL: Thank you, Chair.

We will now hear testimony from the administration. Will you please raise your right hand?

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

ADMINISTRATION: (NO MICROPHONES) [INAUDIBLE]

COMMITTEE COUNSEL: You may begin when ready.

DR. MCRAE: Good afternoon, Chair Lee and members of The Committee on Mental Health, Disabilities, and Addiction, and Chair Stevens and members of The Committee on Youth Services.

I am Dr. Michael McRae; I am the Acting Executive Deputy Commissioner for Mental Hygiene at The Department of Health and Mental Hygiene. I am joined here by my colleague, Marnie Davidoff, who is Assistant Commissioner for The Bureau of Children, Youth, and Families.

Thank you for the opportunity to testify today on behalf on the mental health of youth in New York City.

I would also like to introduce... I am also joined by my City partners who are here with us today from the Department of Youth and Community Development, Deputy Commissioner Susan Haskell and Eva Wong, Director of the Mayor's Office of Community Mental Health.

As our Commissioner has made clear earlier this year, the second pandemic of mental health is one of the top priorities of the city of New York. Chief

amongst these priorities is our youth mental health crisis.

As a parent myself, and I know the commissioner shares the sentiment as a father as well, there are clear and observable ways in which the mental health and well-being of every child has been negatively impacted by the COVID-19 pandemic.

Some of these impacts show up in our data, while others show up in everyday lives of parents, caregivers, and as keepers of our city's children.

A year ago, The American Academy of Child and Adolescent Psychiatry, The American Academy of Pediatrics, and The Childrens Hospital Association jointly declared a national state of emergency in childrens mental health in response to the alarming rates of youth experiencing pandemic related emotional distress. A few months later, the US surgeon general issued a rare advisory on the youth mental health crisis calling for urgent action on this matter.

At The White House, the Biden/Harris administration has centered this issue within their larger mental health agenda.

These trends were also evident on New York City, where the COVID-19 pandemic had -- and continues to have -- a substantial effect on the mental health of children and youth.

The COVID-19 pandemic disrupted school and other social activities that were critical to our childrens' well-being and development.

The pandemic also led to greater insecurity around housing, food access, and community safety for many families, which are important social determinates of mental health. This is to say nothing of the direct trauma our children have faced. According to one study and estimated 8,600 New York City children lost a parent during the pandemic -- an event that can have a profound psychological, social, and economic effects for young people and their families now and into the future.

At the time of that survey, in 2021, 28% of adults with children in their household reported that emotional or behavioral health of at least one of their children had been negatively affected by the pandemic in the prior two months.

Our mental health providers have also reported sharp increases in the number of youth experiencing

acute crises and have shared their challenges in meeting the increased demand for care.

We have observed an increase in our referrals to our Children's Mobile Crisis Teams. Referrals were higher in 2021 than prior to the onset of the pandemic, and trend has continued into 2022. We are happy to report that we have been able to meet the increasing demand and need. The uptick in the demand for youth crisis services will place a strain on the mobile crisis teams and our city's mental health system if things continue to go in this direction.

Unfortunately, Black, Latinx, and Asian New Yorkers have experienced disproportionate health and social burdens from the pandemic. Mental health is no exception. This is on top of the racial disparities in youth mental health predating the pandemic.

We are still awaiting final data, but pre-pandemic, between 2009 and 2019, there was a significant increase in the percentage of Asian, Black, and Hispanic students who reported having seriously considered attempting suicide in the past 12 months.

Despite the broader decrease in the percentage of public high school students who reporting having attempted suicide in the prior 12 months, the percentage of Black students increased between 2013 and 2019. Given this data and what we currently know about the mental health and social consequences of the pandemic, we are closely monitoring these trends. We have not allowed these data lags and [INAUDIBLE] of information to stymie the action here.

Before I talk about our work, I wanted to share some framing that may help elucidate both challenges and opportunities. As you know, much like the health care and adult mental health care system, the youth mental health landscape is large, it is complex, and it is made up of public and private systems. Oversight and administration of this treatment system in New York City is largely conducted by the New York State Office of Mental Health.

The Health Department works closely with the state in carrying out certain functions, and we work alongside several New York City agencies in administering elements of the youth mental health system, including to close gaps in services and to support children and families at times and in places

where they most want and can benefit from the services.

We also rely heavily on a complex array of community based mental health care providers to deliver youth mental health services. This is to say nothing of youth mental health programs in schools, after school programs, athletics, at home, and other places where children spend the majority of their time. In this way, the youth mental health system does not look or operate like a traditional health care system which focuses mainly on brick and mortar care in clinic facilities, rather it is designed to meet children and families where they are with the services that they need, where they need them, which can take various form as described above.

As a result of this complexity, entry points into the youth mental health care system are similarly complex. While it is good to know that there is an attempt to facilitate a "no wrong door into help," it is important to note that children and families should know where they can turn to help when it is needed. New York City can help youth, parents, and other child serving systems navigate to the right level of care.

NYCwell or the National Suicide Preventive Hotline, 9-8-8, can also provide in the moment support to youth who are in crisis as well as connection services and treatment, and they can refer to mobile crisis teams.

Clinicians can access our children's single point of access, otherwise known as CSPOA. And that is a system to help make referrals. Many of our sibling agencies like DOE, ACS, and DHS each have systems set up to connect children and families with mental health supports and services.

From the start of this pandemic, the City and The Health Department have been working directly with our contracted providers in a few different key ways:

First, to help them transition to telehealth and virtual platforms.

Second, to identify new ways to deliver services and keep clients engaged.

Third, to share information, resources, and conduct trainings to support providers' ongoing operations -- covering topics such as managing staff burnout, grief and loss, and much more.

Fourth, we helped to create a platform to address staffing needs many providers were experiencing at the time.

We also worked to expand bereavement services and support for children who lost a parent or caregiver by increasing the following services: Screenings and referrals for children and families; short term loss and bereavement support groups; education for mental health providers, teachers, and agency administrators; coaching and office hours for any staff person working with bereaved children. We also hired 120 public HealthCorps members for childhood grief and where to refer bereaved families in need of support, and these team members were deployed in community based organizations in the most affected neighborhoods.

The City has also worked in a coordinated way, under The Health Department's leadership, to reach youth and families and make connections to services and build resilience.

With The Mayor's Office Economic Opportunity and The City University of New York Center of Innovation and Mental Health, we have partnered with community based organizations to improve access to mental

health resources for youth. This initiative will train CBO staff to identify and support the mental health needs of youth and young adults ages 13 to 21. The Health Department has made 33 awards to date, and trainings will begin in the fall.

Recognizing that schools are a critical venue through which to identify and address youth and mental health needs, we are working closely on a multiagency effort to develop a school mental health continuum project to integrate mental health services and supports for the students, their families, and school staff at 50 DOE schools located in Brooklyn and the Bronx. These schools will receive clinical services, education on available recourses in the system such as NYCwell and Children's Mobile Crisis Teams, and training in collaborative problem solving, which is an evidence based approach to engaging and building relationships with you who are demonstrating challenging behaviors.

In support of the Adams' Administrations commitment to addressing the youth mental health crisis, and under the leadership of Deputy Mayor, Anne Williams-Isom, and Commissioner Vasan, the City has been leading an interagency and multi-stakeholder

working group who are tasked with developing the City's first framework on child, youth, and family mental health in three decades.

The framework, which will be released in early 2023, will be centered on creating and strengthening a system of care in New York City for children and youth with behavioral health needs and their families and caregivers, which is rooted in prevention, early detection and treatment, equity, and delivered when, where, and how children and families need them.

I would also like to note that the Adams' administration has taken an upstream approach to our city's youth mental health crisis through critical investments in early childhood and youth employment opportunities. The $100 million commitment for a forthcoming childcare quality and innovation initiative announced in May, is an investment in the ability of caregivers and parents to provide support and care for their children while giving them the social and economic opportunities they need to provide for their families.

Similarly, the expansive of the Summer Youth program, by more than 15,000 slots, is in many ways an investment in the present and future well-being of

young people by providing economic and social opportunities to youth who would not otherwise have it.

Both of these programs are mental health bonds -- investments today in long term well-being, resilience, and the mental health of our children and their families which will pay off for years to come.

This is exactly the kind of comprehensive approach that is needed to address this ongoing crisis. The solution will be upstream and downstream in prevention and in care and will live in health and socioeconomic arenas that are protective factors for health, mental health, and well-being.

I want to take a moment, once again, to point my colleagues from DYCD who will be able to speak to the work they are doing upstream to promote mental health among youth and community, especially those of color, through program engagement, professional development and training, technical assistance, and resource sharing in special projects -- including work to support runaway and homeless youth.

These are just highlights of the work currently underway to address the mental health needs of youth and families in New York City. We remain committed

to using data to identify and address the mental health needs of New Yorkers -- no matter their age -- and remain committed to closing health disparities caused and perpetrated by structural racism.

We also rely on the feedback from our community partners and city council to advance our work.

With that, I want to thank you for your continued partnership, feedback, and support. My colleagues and I are happy to take your questions.

CHAIRPERSON LEE: Awesome, thank you. Okay, so, I had a bunch of questions before, and then I have more questions after hearing you giving your testimony. I was taking notes, I'm sorry.

So, uh, let me actually start with the questions that we had before, which is, just out of curiosity, because I know that as a former nonprofit person that had, for example, different City contracts with DOHMH, uh, DYCD, for us we had to almost... And, I know, Chair Stevens also has the nonprofit experience as well where ,you know, we are sort of in the middle, and we are almost doing the inter-communication between some of the agencies, and I am just wanting to know, uh, because there is a lot services that you guys are providing, and so how is

DOHMH partnering with DYCD in terms of... Like, what are the processor mechanisms that are in place to ensure seamless communication between your agencies? Because there is so much overlap in terms of the populations that you are serving in the youth side.

DR. MCRAE: Right, I am going to just kind of, again, do a little bit of framing. I mentioned during testimony that the system is very large, it's complex. It really runs the gambit of services from a light touch counseling at NYCwell to a very kind of intensive services across different settings up to an including residential.

We work with state, with different city agencies, and community partners to provide these services. And, obviously, I mean, that makes it a very complex system to kind of to work. But we are committed to working and collaborating with all of these partners.

I going to let Marnie talk a little bit about kind of how that looks on the ground. But it... Just as a reminder, it is really a kind of complex system which you are well aware of.

CHAIRPERSON LEE: Yes.

ASSISTANT COMMISSIONER DAVIDOFF: Sure, yes, I am happy to speak about some of the collaborations we have with other city agencies.

As Dr. McRae mentioned, right, mental health services are offered within many youth serving systems. For DYCD... Well, first I should mention that obviously The Children's Cabinet is a place where various child serving agencies, and the agencies come together to discuss issues that are related to childrens' health and a well-being including their mental health.

And I also wanted to point out a recent collaboration that DYCD... And I am going to, uh, ask Susan Haskell to speak more on this, but that they spearheaded and led, which resulted in their convening multiple city agencies, including DOHMH, to come together to figure out how we can better address the needs of youth served through the runaway and homeless youth programs. So, Susan, if I can hand that over to you?

DEPUTY COMMISSIONER HASKELL: Thanks, Marnie. Uh, I do think that's a great question. And some of the things that came to mind, in addition to The Children's Cabinet, where we have worked recently, I

was... I think last week was all three of my colleagues here as well dozens of others at a mental health council meeting where we have the opportunity to share some of the initiatives that were going on, so that we are aware of each other's work. Uh, DYCD facilitates the interagency coordinating Council on Youth, where we bring together all of the city agencies that worked with youth to talk about our activities. And then, it... Most... Somewhat recently, the mayor, and many city agency leaders, announced Opportunity Starts At Home at The Sheltering Arms Runaway and Homeless Youth drop in center. I think that was in August. And that is a robust collection of commitments designed by young people with lived experience, in partnership with government leaders about how to support runaway and homeless youth. Young people and The Department of Health and The Office of Community Mental Health are key partners in that work. I think that is one of our main focuses, a partnership right now that [INAUDIBLE] launching some of those efforts. But I also think, you know, to your point, we have... Our work has to be infused. Our connection points are at many different layers and at different levels in the

organization. And we try to, you know, just maintain those strands to support programming.

CHAIRPERSON LEE: Yes, because, I guess, uhm, you know, uh, someone who, let's just say, is struggling with very severe mental health issues, like, they may also come in a different access point, right? So, they may be inpatient at first, and then how do you make sure that there is a smooth transition for supportive services. And then vice versa, you know, they may be in an after school DYCD Beacon program, and then if you see signs and symptoms, how are the staff trained, and is there a way to refer them smoothly into different agencies within the city? Right? And, so, I guess... I guess my question is, because what is... So, what would be the biggest barrier of that because I know... I don't know, if I had a pie in the sky dream it would be to have a comprehensive data base where you guys can all communicate with each other. But I know that, uh, you know, that's... That... But what are the biggest barriers that you are finding? Because I know for DOHMH I would imagine some of it would be HIPAA related or something related to privacy. And for DYCD, I don't know if it's just that... I mean,

is there, uh, an interagency way of communicating, uhm, more efficiently online in terms of referrals? What would be the biggest challenges? And also, is... I would imagine it's also a lift for the staff at the agencies to also be aware of all of these programs. And so how are you also disseminating that communication as well?

DEPUTY COMMISSIONER HASKELL: Definitely a challenge that we, you know, that requires constant attention. As through many of those channels that I mentioned just previously is our way of, like, keeping information flowing. And I'll just... Speaking for DYCD, another layer of that challenge is that we do our work through community based organizations. And they are the ones in direct contact with the young people and their families to identify issues where they need. So, we have to also keep that information flowing to the CBO, who is then, like, dealing directly and in terms of that kind of confidentially issues, we don't necessarily have that. We are not identifying young people to send to the Department of Health, but our CBOs are. And they need to know where to go, and they have to have to recourses guide we are putting together --

know where those recourses that Dr. McRae mentioned, where they are and how to access them.

CHAIRPERSON LEE: Right, yes.

And do... So, for DOHMH, do you also have an understanding of which organizations have the DYCD contracts? Because I would imagine there are a bunch of groups that overlap between your two agencies. And so is there a comprehensive list of which CBOs... Because, to your point, I do think that a lot of times the CBOs are sort of like that middleman person. And so, is there a list somewhere that you guys can compare?

SUSAN HASKELL: We do that on sort of, like, on special projects needed, but would be happy to refresh that list for DOHMH, and make sure you have a complete list of the DYCD funded community based organizations. That's a good idea.

CHAIRPERSON LEE: Okay. Let me see, oh, and the DOHMH webpage, it lists the hospital psychiatric emergency rooms under a section on Child and Adolescent Mental Health Emergency Crisis Services, so can you tell us how many hospitals in New York City have psychiatric emergency rooms for children specifically, which I know is tough.

ASSISTANT COMMISSIONER DAVIDOFF: I'm sorry, would you remind repeating the question? How many hospitals have, uhm?

CHAIRPERSON LEE: Oh, on the webpage, it lists the DOHMH webpage lists hospital psychiatric emergency rooms under its section on Child and Adolescent Mental Health Emergency and Crisis Services. So, I just wanted to know if you could tell us how many hospitals in New York City have psychiatric emergency rooms for children.

ASSISTANT COMMISSIONER DAVIDOFF: So, I would need to get back to you on the license... Those who are licensed for children because it is under the state... (CROSS-TALK)

CHAIRPERSON LEE: [INAUDIBLE]

ASSISTANT COMMISSIONER DAVIDOFF: licensure, but I can absolutely follow up with you on that.

I can also share that we have a program that enhances the emergency rooms or CPEPS (Comprehensive Psychiatric Emergency Programs) in H+H and facilities by offering, uhm, additional child focused social worker in those emergency settings. So that even if they are not, you know, sort of licensed or not licensed, but robustly sort of staffed for serving

the needs of children in psychiatric crisis, they have enhanced staffing recourses that specialize on youth populations.

CHAIRPERSON LEE: Okay.

Do we have a sense of how many groups and organizations provide services to those 13 and under? Because I know that is a separate all together license that, you know, it requires different specialization, and so just wanting to know uhm, ,you know, how many organizations that you all work with that you know of that have services that provide for 13 and under... around mental health, or?

ASSISTANT COMMISSIONER DAVIDOFF: Sure, and so just to also reiterate what Dr. McRae offered before, when I answer the question, I think it's important for me to distinguish between the treatment in other programs that are licensed by the state Office of Mental Health...

CHAIRPERSON LEE: Mm-hmm

ASSISTANT COMMISSIONER DAVIDOFF: uh, and those that we contract for through The Department of Health and Mental Hygiene. So, I can mention that through The Department of Health and Mental Hygiene, we have contracts... We have about 51 different contracts

without about 89 different programs serving various ages of youth. And, depending on the program, there are some that serve early childhood, there are some that serve, you know, up through 24 for transition age youth. So, uhm, it really ranges in terms of the ages covered by those programs.

CHAIRPERSON LEE: And can you also provide an overview of DOHMH mental health services and programs for young people -- which I know that you sort of went over briefly -- and has DOHMH noticed an increase in the use of these services since the start of the pandemic in March 2020? If you could go through some of that data?

DR. MCRAE: Sure, I will leave it to Marnie to go into kind of some of the programmatic stuff to give you some of the examples of some of the state and city sponsored programs.

ASSISTANT COMMISSIONER DAVIDOFF: Sure, so, uhm, there is a really wide array of, uhm, types of services that we contract for. One of the types is our crisis portfolio, and that has various program types within it. So, we have Children's Mobile Crisis Teams. We have homebased crisis intervention programs, which are serving youth in their home and

community in a sort of intensive matter. It's usually for a four to six week period of time and those are citywide. We have also some what we consider to be supportive services. So, examples of those would be like our care coordination programs. We particularly fund those for youth who do not have Medicaid, because there is a comparable Medicaid funded service called Health Homes for those who do have Medicaid. We have services that, uh, work with adolescents particularly called Adolescent Skill Centers, which really focus on vocational and educational skills and helping them achieve their own goals within those domains. We have early childhood mental health services, which are really a mix of treatment services focused on ages zero to five. And they are particularly in relationship to the parent or caregiver. They also provide maternal mental health care and have family peers who are embedded in those programs to provide additional support to the families. They also do consultations to other child serving settings, so it's a really wide... that initiative has a really wide range of domains to it.

There is... I mean, I could mention many others we have. We fund family and youth peer support

serves, loss and bereavement services, for youth you have experienced a loss of a close family member, and yeah, there is a wide range of others, which I would be happy to speak more about or to, you know, provide more details after today's hearing.

CHAIRPERSON LEE: Okay, great, thank you.

In 2022, [INAUDIBLE] 21, I saw that acronym that says MMR, which is not Measles, Mumps, and Rubella, it's The Mayor Management Report. Sorry.

So, yeah, so in 2022, The Mayor Management Report, uhm, it discussed the provision of the Intensive Mobile Treatment, which is a program that is featured on the OCMH website, but it is implemented and funded through DOHMH. And, you know, the IMT teams provide intensive and continuous support and treatment to New Yorkers with serious behavioral concerns right in their communities. And ,you know, in the past in other hearings, I have definitely mentioned that I think it's confusing sometimes, because there are so many mobile outreach teams that are out there depending on which agency. Some are provided by the state. Some are provided by the city. And then each, you know, different agency has their own version. And so, I just wanted to know

if for the IMT teams specifically, uhm, do OCMH or DOHMH have any data on the ages of whom IMT teams serve, and if so, what percentage of those individuals were under age 21?

DR. MCRAE: So, I will take that question, thank you. So, we have discussed The Intensive Mobile Treatment. And here, we have discussed kind of all of the different treatment, uh, mobile treatments. This is really a service that is really for people who have very complex kind of situations. For those of you who may not be aware, uhm, you know, that's in addition... That's an initiative that is really kind of centered in our adult mental health system. Although it is run by that system... the mental health system or the team, it's really available to youth who transition into adulthood beginning at age 18. So, IMT provides mental health and substance use treatment, uh, included medication and other supports for people with serious behavioral health concerns. [INAUDIBLE] very complex life situations who are transient oftentimes and who have involvement in the criminal legal system. So, we can't really share the percentage of people under 21 who are receiving IMT,

but I can share that 10% of the people receiving IMT are in the 18 to 24-year-old category.

CHAIRPERSON LEE: Okay, that is helpful.

And how has, uhm... I'm sorry, before I continue, I just wanted to recognize Council Member Paladino who has joined us as well.

And just out of curiosity, because... How has the staffing been on that program as well? Because I know, just across the board, it's been really challenging in terms of the workforce and finding staffing. So how has it been for this particular program?

DR. MCRAE: As, you know, I mean, it's like... I mean, it has been challenging just to staff many programs that are providing services, particularly mental health services. As you know, social workers, nurse... I mean all of the different kinds of, uh, health seeking professions are having challenges with getting people to provide services.

CHAIRPERSON LEE: Is it mostly just folks with, like, for example, LMTFs or LMHCs, LCSWs, LMSWs, or is it someone who could be certified and trained? Or do they have to have a specific master's degree level of Behavioral Health?

DR. MCRAE: There are a number of different people who are on each team, so it would vary.

CHAIRPERSON LEE: It would vary? Okay.

And, also, according to that same report, uh, The Mayor's Management Report, supportive connections provided by NYCwell surpassed the fiscal 2022 target due to an increase in funding. Additional call center staff and increase in the number of contacts answered daily.

Do you have data on how many New Yorkers under age 21 have been connected to mental health services through NYCwell since March 2020?

ASSISTANT COMMISSIONER DAVIDOFF: Yes, I am happy to speak to that question.

I just wanted to share some context also that, uh, before I share some numbers, those who contact NYCwell are actually not required to reveal their age or the age of the person on whose behalf they are calling or texting. So, the age related data that we share will likely be an undercount. Right? Because we... There are, you know, those who contact NYCwell for whom the age isn't revealed or identified.

And, you know, the... So, the data that I will share also is the way that the data is collected, uh,

it's really in categories -- so in categories of four-year sort of age blocks. So, what I can share with you is that, uh, for, you know, birth through age 24, we have received about approximately 16,000 contacts in FY20, 15,976 to be exact. For FY21, it was 21,011 contacts for that age group, again where we know that... where we know the age of the person contacting or, you know, the person on whose behalf they are contacting NYCwell. And then for FY22, it was 20,854 contacts.

CHAIRPERSON LEE: Okay, thank you.

Uhm, one of the things that was actually in the reports that I noticed was... Could you ex... Tell us a little bit more about the Children's Single Point of Access? I was very curious about this because it's also provided by DOHMH. And my first thought when I read about this was, you know, this seems like it could be something that could almost be a base or foundation or what is built off of in terms of, you know, some kind of data base. So, because it a centralized referral system for children with serious emotional disturbances and who need intensive mental health services to remain at home or in their community. And it does refer New Yorkers as old as

21 to health homecare management, not Medicaid care coordination and community residences. And so, I just want to see if you could explain or dig a little... dive a little deeper into that?

ASSISTANT COMMISSIONER DAVIDOFF: Sure, thank you for that question, I would be happy to.

So, Children's Single Point of Access is operated, as you said, directly by DOHMH. And what happens is, uh, anyone really can refer a youth to our... I'll call it CSPOA going forward, uh, the team of CSPOA staff will conduct an assessment based off of referral information. And they will also interview the family and the referring entity to sort of get a better, you know, better rounded understanding of the child's needs. And then, uhm, they will do an assessment, and they will assess whether the child would meet eligibility criteria for the services that you mentioned before. So, specifically, they can determine whether a child would benefit from non-Medicaid care coordination, which is, as the title implies, a care coordination service. It does very comprehensive supports for youth who are having mental health challenges. Another level of care they can determine eligibility

for is community residences, which are uhm, sites that are sort of small therapeutic group homes for youth ages five to 17. And they are a combination of, you know, structures or daily living activities, and training and problem solving skills. And uh, you know, the determination point is to receive CSPOA for those as well. Or, if a child would be potential eligible for health homecare management, which means the child needs care coordination and also is enrolled in Medicaid, so they can take advantage of that service, they will make a referral through the health home system to that level of care.

So, it's essentially, it is a single point of access for a select number of services, right, that typically are there to support youth who have sort of higher level needs.

CHAIRPERSON LEE: Okay, thank you.

And I think I know what the answer to the question may be is going to be, but, you know, originally when COVID first hit, a lot of the psychiatric beds were transitioned for emergency purposes. And so, what can we do to help expand the psychiatric beds throughout the City? What would you need, you know, obviously funding, space, and all of

that, but if you could specifically talk to or speak to how we could increase the number of psych beds that are needed. Because it seems like there is a shortage of that as well. And my understanding is that not all of them have been completely converted back to psychiatric beds, and so if you could let us know what those numbers look like? And also, are there ones that are specifically reserved or set aside of for youth?

DR. MCRAE: So, yes, so, I... This is, as you mentioned, like, there are city and state kind of work that happens in this space. And this is really kind of a state issue who are really governing and overseeing that process with the beds.

Marnie, do you want to add some more pieces?

ASSISTANT COMMISSIONER DAVIDOFF: Sure. Yeah, I mean, uhm, certainly we would have to get back to you on the exact number of beds at this point and time, because as Dr. McRae said, it's really an issue that the state licensing tracks, rather than the city. But there are, you know, nine acute care hospitals and one state hospital that are specially for children and youth in New York City. And so, you know, there are definitely -- in response to your

question -- you know, beds that are designated to serve... to serve youth in the city.

CHAIRPERSON LEE: Okay. Yeah, if you could get back to us and also let us know what the challenges are, because I know that... And it always is such an interesting relationship, because I know a lot of the oversight compliance lies with the state. But, within H+H and the DOHMH system, if you could just get back to us and let us know within your sort of, uhm, capacity or realm, like, what can be done about increasing the psych beds. That would be great, too.

Also, just a couple more questions, and then I will hand it off to Chair Stevens.

But uhm, you know, when you were speaking in your testimony, Dr. McRae, it... One thing that I thought of when you mentioned, for example, the, uh, what was it? The school continuum? I... It's interesting, because I immediately thought of... And I wonder if this is something that perhaps... Yeah, the school mental health continuum, I was curious to know if this is something that is similar to the community schools, or if this program is something that would be able to be embedded or coupled with a lot of the community school models. Because I know that those

have been proven to be effective, because I know that those, uhm, services are much broader. But I wonder if this is something that would also be a good fit for working and partnering with schools? Which I know involves DOE, but, you know, with another agency, but it...is it... I guess what... I'm guess I am just wondering how this would look different perhaps. Because it would require multi-agency efforts, and staffing, uh, 50 at DOE schools located in Brooklyn and the Bronx. So, I guess this is sort of a pilot project, if you will, almost. And so, I just wanted to know, uhm, what that would look like or how it would differ?

ASSISTANT COMMISSIONER DAVIDOFF: Sure, so I think that, uh, with regard to a more detailed sort of comparison of the community schools' model, the school mental health continuum model, we would want to consult with our colleagues at the Department of Education who really run the community schools intervention. That it under DOE rather than DOHMH. I would say that the school mental health continuum project is really a collaborative. What has really been fantastic about it, is that it is a collaborative effort across the Department of

Education, the Department of Health and Mental Hygiene, and Health + Hospitals. And it is really intended to bring additional access to mental health resources to schools that are not as well resourced in that area. And so, it takes sort of a multipronged approach to both enhancing access to those recourses and ensuring that those schools are aware of what is available in the community and how to access it. So, it's both services that could be available either onsite in the schools or would have a dedicated link... referral and linkage system between a clinic and a school, but also to more broadly educate the school community about things like NYCwell, about things like mobile crisis teams -- that there is a whole array of services that are accessible to them and how to use them.

CHAIRPERSON LEE: Okay, and, I guess, uh, before I hand it off... And I do have more questions, but I want my colleagues to ask questions as well. But that's the perfect segue one of my questions, which is how has DOHMH, OCMH, how have you guys been sharing with parents and schools, uh, the services and recourses that you have to help them aid

children, teens, and young adults through the pandemic related mental health struggles?

DIRECTOR WONG: Good afternoon, I hope you can hear me okay. Thank you, Chair Lee, and Chair Stevens, for convening today's meeting.

And, since this is my first hearing, I thought maybe I would just do a quick intro of myself and office before I kind of get into answering your questions.

So, my name is Eva Wong, I am the new Director for The Mayor's Office Community Mental Health. And the past 15 years of my career have been dedicated to promoting community mental health both as a licensed mental health counselor, uh, working directly with diverse New York City communities as well as an [INAUDIBLE] leader and nonprofit board member for communitywide coalitions and many nonprofits. And as a practitioner and an advocate, I have worked with individuals, communities, and really an entire city, with a heavy focus on early childhood, on youth, and families. And this journey is what has brought me here as the new Director of OCMH.

As you all know, OCMH was established in the city charter as permanent part of our city government.

And this was really building on the collective and concerted effort that made New York City the first major American city to support mental health through a local tax levied fund. And the goal of OCMH is to... Is really straight forward, to promote mental health for all New Yorkers. And we do this by collaborating across city agencies and with the communities to enhance equitable access to quality mental health services, supports, and treatment. Improving access to mental health services for all New York City youth is one of our priorities. So, I heard what, uhm, Chair Lee said earlier about what it is like to... from a nonprofit standpoint of kind of navigating different systems and different agencies. So, my office is really there to support that coordination that happens. And I look for to addressing the question I think that was just asked and other questions as well.

So, I understand that the question just now was really about what... how are we getting kind of information out, right?

CHAIRPERSON LEE: Mm-hmm? Right, specifically uh, you know, to a lot of the parents ,you know, about

the recourses that you all have available for their children.

DIRECTOR WONG: Mm-hmm, yes. So, in a few ways I would say, uh, let me get you... Definitely we mentioned NYCwell a few times, and you are very familiar with that I believe. So, that is one way we are... You know, of course that is available to youth and families, and that is just not through calling. Right? That's also through texting and chat as well. And we also have different ways that we are also working with DOE. And we are working with the school staff directly doing trainings and making... supporting... making sure that recourses are accessible and visible I think is very important, and making sure that all of the material, for example, we put together, uhm, How To Talk To Youth About Mental Health Guide and many different kind of recourse guides were all made available in different languages -- not just the 10 common DOE languages, but in 12 languages, so we worked with Mayor's Office of Immigrant Affairs making sure that not just ,you know, it's out there, right? And a lot of recourses, of course, are available on our website. And culturally competent care and responsive care is very

important -- of course we all know. And, knowing that for communities of color, really having higher rates of mental health needs and lower rates of connection to care, definitely we think we are constantly just kind of making sure that we are looking to look across systems, so that we are working for our partners, so, uhm, strategizing around... for example, I think Susan had talked about earlier what [INAUDIBLE] for home, what is this like to plan a campaign and partner together. So that for example, DYCD has many different access points. Right? Because I understand a lot of times young people and families are not coming to a treatment center as their first step. Right? So, working with our... (CROSS-TALK)

CHAIRPERSON LEE: [INAUDIBLE]

DIRECTOR WONG: Right, social media... And so that is something that we are always kind of brainstorming on and being creative. Because when we talk about culturally competence, we are not just talking race and ethnicity, but the youth, right, youth culture is very different and ever changing.

CHAIRPERSON LEE: Thank you.

Okay, Chair Stevens?

CHAIRPERSON STEVENS: Hello, everyone.

So, in 2015, the former administration announced the creation of Thrive NYC, a series of 54 initiatives that... with a budget of $850 million over for years. In 2021, the initiatives were recognized as The Mayor's Office of Community and Mental Health. There were several youth based mental health initiatives previously under the Thrive NYC banner, and I would like to verify their status. In 2017, the former administration launched The Unity Project, which made investments in mental health and safety of LGBTQ+ youth people. How much did The Unity Project receive in 2022 and 2023? And does the administration plan to continue this initiative?

DR. MCRAE: So, I am just... I will pass to OCMH, but I did want to say that for The Unity Project, I want to kind of talk about some of The Health Department's work in advancing that work.

CHAIRPERSON STEVENS: Mm-hmm?

DR. MCRAE: Uh, you know, they fund six of our coalition and media prevention programs across all five boroughs. The work is really about influencing community norms, and it practices in a way that reduced not only acceptance of substances, uh, but

also in a way that reduced triggers that can lead to substance use and misuse by LGBTQ+ youth as they are coping with trauma and stress. The coalitions have reached hundreds of youth already through a number of different avenues. So, I just wanted to kind of put that in there. And then I will pass it over to Eva.

DIRECTOR WONG: Thank you, Dr. McRae, thank you, Chair Stevens for, uh, your question.

You started with talking about the Thrive NYC, and in 2015 the series of initiatives, right? Under the Thrive NYC banner. And I can speak to this where OCMH continues to oversee several youth based mental health initiatives that were under Thrive NYC banner, and those included the following: The Central Crisis support team that is administered by DOE; the Mental Health Hubs that are administered by DYCD; mental health services in DHS family shelters, administered by DHS; and Newborn Home Visiting Programs in shelter, that is administered by DOHMH.

And there are other programs which are no longer overseen by OCMH but that are still operational. And those are -- all of these details I am talking about are choices available on the OCMH website. And I want to name these programs that are no longer

overseen by us: For example, The School Mental Health Specialist Program, that is through DOE and DOHMH; Early Childhood Mental Health Network, through DOHMH; and Mental Health Services for high needs schools through DOE and DOHMH. And again, these are still operational.

And in additional to the funded initiative, OCMH has also produced a number of trainings and resource guides, and kind of mentioned earlier that they are available directly, you know, written for youth and written for caregivers and adults.

And I think there was another part of your question about The Unity Project, and while it is not an OCMH program, uh, we know that is... the administration continues to support it, and it is embedded with the new Mayor's Office of Equity.

CHAIRPERSON STEVENS: Mm-hmm

DIRECTOR WONG: And, yes, I think that is what I will say to that.

CHAIRPERSON STEVENS: I have a question, just, uhm, because when you were just speaking you were talking about the Mental Health Hubs, can you talk to me a little bit about what that is and give an overview of how that is being rolled out?

DIRECTOR WONG: Yes, I am going to pass this to Susan, my colleague, right here.

DEPUTY COMMISSIONER HASKELL: Thanks, Chair Stevens. Uhm, the Mental Health Hubs were initiated a couple of years ago, they are an investment in partnership with OCMH at runaway and homeless drop in centers. So, funding was added to eight of our drop in centers. We have one in each borough. We have eight all together operating 24/7 -- seven days a week. And providers, we have monthly connection points -- to your questions about, like, how do you know all the recourses that are available? We have monthly connection points for The Mental Health Hubs. They... Last year in The Mayor's Management Report you will see that we served about 4,317 people, in FY22, with mental services. And it is meant to be a safe place disproportionality serving LGBTQI young people, but all young people ages 14 to 24 are welcome. And many of the youth in our residences would access services at our drop in centers, because maybe they want to be away from the space where they are living to get that kind of support. And they can receive everything from, you know, creative arts activities to clinical care referrals and therapy.

And, yeah, this year, in the first quarter, I think we have already served about 500 young people including nearly 200 who, again, who have entered therapy.

CHAIRPERSON STEVENS: Mm-hmm, thank you, so (CROSS-TALK)

DIRECTOR WONG: Oh, no, you're good... (CROSS-TALK)

CHAIRPERSON STEVENS: [INAUDIBLE]

DIRECTOR WONG: Oh, sorry, yes, I was just going to add to that... (CROSS-TALK)

CHAIRPERSON STEVENS: Oh, no, go for it... (CROSS-TALK)

DIRECTOR WONG: Just one point about the numbers, because I think I have updated numbers to share here about the launching of this program really happened, uh, a year ago? Right? November 2021, with the centralized Mental Health Hubs, and so far, we have enrolled 797, so 800 young people in therapy and treatment.

CHAIRPERSON STEVENS: So, I think you have answered this already around the schools, but one of Thrive NYC's chief programs included establishing a network of 100 mental health consultants to help over

900 schools meet the needs of students in the schools without onsite mental health services. Is this program still in effect? If not, what are the plans to deploy resources in city schools without onsite mental health support?

DIRECTOR WONG: Yes, I touched on it, but I am happy to answer that, thank you, Chair Stevens.

So, the mental health consultant program was one of the original Thrive NYC initiatives which has gone through several redesigns. [SIRENS] [INAUDIBLE] and DOHMH, restructured school based mental health programming. And, yes, the program is still in effect, and it's called The School Mental Health Specialists Program. It is no longer overseen by OCMH, and I want to see if DOHMH has anything to add to this program. [INAUDIBLE] comments? Yeah, Marnie? Thank you

ASSISTANT COMMISSIONER DAVIDOFF: Sure, yes, uh Eva mentioned, it has undergone some restructuring. It is now a program that is jointly under the Department of Education and The Health Department. It has also been renamed to what was The School Mental Health Specialist Program is now the School Mental Health Manager Program. And the program

consists currently of 60 school based mental health managers who are present in over 660 schools, and they serve as the main point of coordination of all mental health services in that school. The, you know, functions that they offer to the school include also assessing the need for services based on data from the school. They help the schools to create work plans to implement what we consider a three-tiered model of public mental health in the schools, and they manage in partnerships with the community based organizations and mental health providers who serve students in those schools when these relationships are in place.

CHAIRPERSON STEVENS: Thank you

I know we walked about The Unity Project a little before, but I just had a question around, uh, could you please explain the mental health support services those young people provide for The Unity Project. Because I know a component of that is peer mentorships. So, could you talk a little bit about the runaway youth and homeless youth in crisis?

DEPUTY COMMISSIONER HASKELL: Yes, I appreciate that question. I think... I am going to speak about a couple of initiatives... (CROSS-TALK)

CHAIRPERSON STEVENS: Okay.

DEPUTY COMMISSIONER HASKELL: I can't... I can't necessarily pinpoint the one you're referring to, but from The Unity Project investment from earlier this year in the sprig funded a financial literacy investment in the drop in centers, which is a partnership with OCMH and also The Department of Consumer and Worker Protection. That's about $1.2 million to serve young people who are accessing runaway and homeless youth drop in centers. Many of them are looking for permanent housing, getting support for vouchers or supportive housing or other options, uh, maybe to move out of shelter or out of unstable living conditions. That isn't necessarily a mental health focused project; although, gaining financial security obviously is going to support their social and emotional stability. Separately, there is peer navigator project that we are launching this year.

CHAIRPERSON STEVENS: Mm-hmm

DEPUTY COMMISSIONER HASKELL: And that is also focused on housing readiness for young people, supporting the young people through with peer relationships. Through the process of finding long

term housing, housing navigators are helping them through paperwork, the bureaucracy of, like, the job that it takes to secure a housing resource in New York City. And the peer navigators are supporting those housing navigators and the young people, "Hey, what is it like to go look an apartment?" Like, I don't want to go by myself," a peer navigator can come in and be, like, "I've been through this before, we're gonna go, we're gonna check out the site, here's how you do it," and they give them that social-emotional support through somebody with lived experience.

So, there is the financial literacy and peer navigators who support the work of housing navigators.

CHAIRPERSON STEVENS: Yes, that what I was talking about... (CROSS-TALK)

DEPUTY COMMISSIONER HASKELL: Okay, great.

CHAIRPERSON STEVENS: the peer navigator piece.

And, so, what mental training or certification do those peer navigators get? And I guess since it is not a mental health program, it's more around helping them get through the housing process and kind of

being a mentor. Can you talk about what programs or certifications that they might get through that?

DEPUTY COMMISSIONER HASKELL: Talk about what?

CHAIRPERSON STEVENS: What certifications or support the peer navigators get to actually be prepared to do that work?

DEPUTY COMMISSIONER HASKELL: That's a good point. There are training resources being provided to peer navigators. It a new project -- that training is underway with OCMH. I believe we also are securing support from Coalition for Homeless Youth, and it includes, like, understanding the housing process. They're main expertise is lived experience, so that is really what we are drawing on. But we also tap into the resources of... OCMH has, you know, a mental health 101, they one for staff, and we are tapping into those trainings which are available online.

CHAIRPERSON STEVENS: Mm-hmm

So, just thinking about, uh, and I know it's a very new program, but how long do you think peer navigators will be staying with their mentee when they are in the program?

DEPUTY COMMISSIONER HASKELL: The goal is for longer term support. Like, through their accessing housing, through some of the challenges that people run into once they would secure housing. So that funding is secure through the end of the fiscal year. We anticipate that relationship staying through at least June of next year.

CHAIRPERSON STEVENS: Thank you.

The Office of Community and Mental Health partners with DYCD on The Pathways to Wellbeing, and initiative that promotes the positive mental health of children and adolescents. The Office of Community and Mental Health website states that 450 staff across Cornerstone Community Centers and Beacon after school sites were trained to promote positive mental health through reading and writing. What mental health training does the staff receive?

DIRECTOR WONG: I am just going to start, and thank you for that question, and then I am going to pass it to Susan as well.

OCMH is really proud to be partnering, and you heard many partnerships already with DYCD, and we supported the startup of this program initiative. And we are overseeing... The startup partnership

itself ended in FY22, and Susan would give a status on how the programs are going right now.

DEPUTY COMMISSIONER HASKELL: Yes, Pathways to Wellbeing was a really excited project: Ten Cornerstone programs, about 450 staff across Cornerstones were trained. There was a 101 on definitions, getting familiar with common terms. There was a 102, most common types of mental illness, signs and symptoms, causes. And 103 went more into healthy relationships, PTSD. And then there was youth crisis management and vicarious trauma, for staff to understand how they are impacted by the trauma of the people they work with and making sure there is self-care.

You both spoke about staff challenges; we are very mindful of the need to support staff. So that is the training that we offer to the Cornerstone staff for Pathways to Wellbeing.

CHAIRPERSON STEVENS: Thank you.

I already know the answer to this, but I will ask it anyway. Are there social workers connected to your after school programs and programs that DYCD offers?

DEPUTY COMMISSIONER HASKELL: I mean, I think there is a yes and no to that... (CROSS-TALK)

CHAIRPERSON STEVENS: See, I told you I know the answer... (CROSS-TALK)

DEPUTY COMMISSIONER HASKELL: [INAUDIBLE] programs... (CROSS-TALK)

CHAIRPERSON STEVENS: [INAUDIBLE]... (CROSS-TALK)

DEPUTY COMMISSIONER HASKELL: Right, many of our programs have MSW and clinical staff as part of their programs. It's not a requirement in most of DYCD's after school and community centers; although, again, many, many of our programs do have social work staff. And, again, that scenario where it has been really challenging to hire and hold onto staff. But we are looking at ways we can support those pipelines and keep the expertise in our programs.

CHAIRPERSON STEVENS: So, you know, I think for me one of the big challenges that I often see, and I feel, and I know that everyone is working very closely together... But I feel like a lot of times there is a lot of emphasis on schools and DHS and all of these other places, and the community based organizations that work through DYCD, are consistently doing the work, because that's what they

do regardless. But there is no real throughline in connection as far as, like, support. Right? Because even in the testimony today, it stated that DOE, and ACS, and DHS have systems in place for referrals, but DYCD was not mentioned when a lot of times the work is being done on the ground with the CBOs.

Can you guys kind of like talk a little bit about what that looks like? Because I do often feel like even with, like, DOE -- and me being in a provider for so long, I remember a lot of times the ball used to be passed to the provider. And we would be left holding the bag of, like, okay, well, we have to figure it out. But, a lot of investments are made on the DOE side, but they still pass it off to us.

So, can we talk a little bit about what that looks like and that inconsistency?

DEPUTY COMMISSIONER HASKELL: I don't mind kicking that off. And I will invite my colleagues to weigh in.

I certainly appreciate the question. And I think we, you know, we have a tremendous investment. And this administration has expanded, as Dr. McRae mentioned, SYEP, blowing up, you know, a 100,000 young people. We did Summer Rising also biggest

summer enrichment program ever. So, the investments continue to grow in youth services overall. And that is the tier one intervention. What do young people need to build their resilience to be able to manage the grief and crisis? They are going have... You know this, those social-emotional supports have got to have positive peer relationships, caring adults looking out for me. So, a lot of the staff in our programs offering enrichment services are going to be the ones to identify problems. I think that we are doing a better job than ever before making the connections -- some of the programs that have been described today, so that we can make strong referrals. And I will just add, you know, Commissioner Howard has charged us with, uh, thinking forward to make sure that every program has documented resources. They have evidence that they know where to go to make referrals, that we are connecting them to these services, so that there isn’t a staff person in the program who isn't sure what to do when a young people is really struggling beyond ,you know, having a bad day, and needs an intervention. So, we look forward to continuing to strengthen those connections.

DIRECTOR WONG: I just wanted to add to what Susan is saying. And I am hearing, Chair Stevens, you're saying that really the big burden on the CBO side, and really, right? That once there a resources in city agencies and then the providers themselves, how are they going to... Right? There is so much that is on their shoulders. [INAUDIBLE] someone from the... I am also from the community side; I have experience that and understand that. So, one thing I wanted to add is, OCMH, we... one of our signature initiatives is The Academy for Community Behavioral Health. And it is a partnership in of itself, and I don't know if it's Institute, but a program that actually provides a lot of free training to CBOs. And how we are able to design these, we work with CUNY, and they have a lot of expertise where... And people who are developing this with cultural competence and understanding of what the diverse communities need. So, the topics that are kind of picked and designed into courses, whether it is kind of a one off, couple of hour training for CBO staff, or it's maybe like a course that is multiple weeks, all of those topics came from partners and came from the community. So that is one resource that we are

really putting a lot into and making sure that we are sending directly to your partners as well through partners with the city agencies. We have connections to about 200 CBOs. And we understand that, right, a lot of times it is just cost and time, right? When do people have time to take these courses? But money as well, when they can get away from their work, so there are different kinds of digestible ways, right, longer and shorter courses, but building that capacity where the work is something that we are looking at always. So...

CHAIRPERSON STEVENS: No, absolutely. And I agree, like I said, for me it is just understanding that that piece where I feel like the providers are often left out. And even sometimes DYCD, right? Like, I remember being... reaching... having issues and reaching out to DYCD, with them trying hard and hitting roadblocks and being frustrated, because understanding that DOE had access to these things, but they, like I said, would pass it off to the providers. And then, you know, sometimes some of the connections that I feel could be made, are... sometimes are just a little bit loose.

But I guess my next question is, and here is another one that I know the answer to, is social-emotional learning part of the work scope for all program providers?

DEPUTY COMMISSIONER HASKELL: I think that is for me, DYCD funded programs?

CHAIRPERSON STEVENS: Yes.

DEPUTY COMMISSIONER HASKELL: Uh, absolutely. I think social-emotional learning is fundamental to any program that DYCD is funding. You know, the foundation of youth development is their social-emotional development, their social-emotional skills, uh, again, relationship building, understanding themselves, understanding themselves in a social construct including many of the barriers that they may face in the social construct -- institutional racism and discrimination issues -- but understanding, you know, where they can excel, where their skills and interests are, that is absolutely fundamental to all of DYCD funded programs.

CHAIRPERSON STEVENS: So, yes, I know it's, like, fundamental, but is it something that is a requirement?

DEPUTY COMMISSIONER HASKELL: Yes, I would say it's absolutely part of every service that we are being delivered, and that the requirements... the actual service itself, include development of a young person's social-emotional skills.

CHAIRPERSON STEVENS: Okay. Because I think that it is true that it is part of the cultural that is being cultivated. But just really thinking about how to kind of make it more intentional.

DEPUTY COMMISSIONER HASKELL: Yes, I do want to pick up that, you know, we are in a period where we are looking at ,you know, re-procuring many of our services, and I think that the direction we are definitely going is more institutionalized connections with mental health supports and behavioral supports and institutionalized connections to social-emotional curriculum. To the point that you are making. Something more [INAUDIBLE].

CHAIRPERSON STEVENS: And, so, can you talk about how... And, I know, like I said, it's part of DYCD's overall goals and things, but is there a way to measure or evaluate the success reaching students in need of mental health services and support?

DEPUTY COMMISSIONER HASKELL: I think there is. I mean, I think we have some models with that. Like, talking about generally social-emotional across DYCD programs, we go a little further with runaway and homeless to, like, tier two... (CROSS-TALK)

CHAIRPERSON STEVENS: Mm-hmm

DEPUTY COMMISSIONER HASKELL: Tier three interventions. And we do have some mechanisms to track the numbers of young people who need more clinical care, more advanced services. And people were supported including in, like, MMR and other data bases. So, I think there is a way to tap into, uhm, referrals -- numbers of referrals -- and sort of try to quantify those supports.

CHAIRPERSON STEVENS: Yes because I know that... Because, like, through some of the digging that we have been doing around research, like, I know, like, it has been carved out more with the homeless and runaway youth, but I am thinking about it, like, the through line through the programs, is that something that... especially when you talk about the reimagining and a lot of the stuff that DYCD is looking at to evaluate, is this something that we are looking at? Because I think that this is important

to make sure that that is an active component of what we are looking at as an indication for success.

DEPUTY COMMISSIONER HASKELL: I appreciate that.

CHAIRPERSON STEVENS: So, this was something else that I did not know about, and I was just like, hmmm, I ran Cornerstones for a number of years, and I did not hear of this -- is that DYCD and OCMH, have partnered with Random House to set up mental health libraries in NYCHA Cornerstone Community Centers across the City. I have never heard of this, so I was very surprised. And, so, I have questions. Uh, what constitutes a mental health library?

DEPUTY COMMISSIONER HASKELL: The mental health libraries were a project with Random House. Random House provided more than 600 books. We were in 10 Cornerstone programs. In the Bronx, we are at Murphy and Sedgwick [INAUDIBLE]... (CROSS-TALK)

CHAIRPERSON STEVENS: I know, I called them.

DEPUTY COMMISSIONER HASKELL: (LAUGHING) Okay, so, 10 Cornerstone, 10 developments, they had... They were creating spaces where young people could go for some quiet reading time or some directed reading. They had a set of standardized books that were going to be in each library, and they set up some visuals.

And the project included training staff and creating these spaces. And while we are not necessarily tracking or funding that project going forward, we have created spaces that we hope the Cornerstones will continue, and that our DYCD staff, who participated in that, can bring to other programs that they support.

CHAIRPERSON STEVENS: Okay, so this program, it was just like a one time, uh... (CROSS-TALK)

DEPUTY COMMISSIONER HASKELL: I would say it was an investment.

CHAIRPERSON STEVENS: Okay.

DEPUTY COMMISSIONER HASKELL: We invested in the library in these locations. You know, we don't take the books back.

CHAIRPERSON STEVENS: (LAUGHING) that would be terrible! Give me those books!

DEPUTY COMMISSIONER HASKELL: (LAUGHING) We invested in staff... (CROSS-TALK)

CHAIRPERSON STEVENS: Could you imagine?

DEPUTY COMMISSIONER HASKELL: (LAUGHING) No.

And we look forward to more special projects like that -- to keep thinking about innovative ways we can

bring understanding of behavioral health to young people.

CHAIRPERSON STEVENS: Yeah, uhm, so, and just thinking about, even though it was a one off, could you talk a little bit about the... was it successful? Is it something that, you know, we should be continuing to invest in? Like, could you give us a little bit more detail?

DEPUTY COMMISSIONER HASKELL: Yeah, I connected a limited by with my colleague Jessie Fernandez, and she was describing and shared some photographs with some of the activities that went on, some of the successful components of the library was ,like, mood reader where you could walk up to the young people, kind of like point your fingers in the areas about how you were feeling and engage in dialogue with the staff. Another thing that she described was… at [INAUDIBLE] they had an art project on the wall that was designed around these destigmatizing mental health issues. And I think all of those activities initiatives and conversations are like building, strengthening the infrastructure of these development programs of the community based organizations themselves, of the staff, uh, to better be equipped

to have a conversation with the young people, to talk about how the young person is feeling and see if there is a next step.

CHAIRPERSON STEVENS: Yeah, no, great. I mean, it sounds like... So, when I ran programming, I created social-emotional corners where young people were able to go decompress. We had aroma therapy. There were books and all these things, so it is all very similar. And it was successful, because it gave young people autonomy and were able to say, "I am feeling this way, so I need a moment to decompress," and taking their moment and understanding that. So…(CROSS-TALK)

DEPUTY COMMISSIONER HASKELL: I love it. We have moved beyond the wooden chair at the front of the classroom… (CROSS-TALK)

CHAIRPERSON STEVENS: Yeah, no...

DEPUTY COMMISSIONER HASKELL: That's turned around backwards, no, no, no... (CROSS-TALK)

CHAIRPERSON STEVENS: No, it's like…

DEPUTY COMMISSIONER HASKELL: We have so many amazing approaches... (CROSS-TALK)

CHAIRPERSON STEVENS: Yeah, and also, I remember, for me, I was, like, you need to be able to identify

the feelings to go over there. So, it can't be just like I can't be just like, I just want to go over there, I'm having... So, it's like, I... it's not, "I just feel sad, like, I am not feeling okay, or I am joyful," like, really helping them use language. So, uhm, I definitely think that those things are important, it seems like very small, but it does make a huge difference.

Uh, I just have a couple of more questions, and then I know, uh, Chair has some questions. I actually have some more questions, too, so...

I am not sure if our colleague has any questions yet, but... okay.

How does mental health services and programming [INAUDIBLE] than drop in-centers, crisis shelters, and transitions into independent living facilities, are young people required to receive mental health counseling at any of those facilities?

DEPUTY COMMISSIONER HASKELL: In the runaway and homeless youth services programs, they are not required to receive mental health counseling, but they are required to have regular meetings with their staff to talk about life goals, develop an individualized service plan -- it could be around

getting job, it usually includes getting housing or family reunification. And it would certainly include their physical and mental health goals as well. So, nobody is required to participate in a group or an enrichment activity, but they, uh, we want to make sure that those programs are offered, you know, whether or not you have been referred to clinical care. So, It's not required, but what is required is that you're going to have regular meetings with the staff who are with you in the residence and who can talk about issues and identify maybe if there is... If it is a good idea for you get... (CROSS-TALK)

CHAIRPERSON STEVENS: So, it is required, it's just not required in a formal... formal sense.

DEPUTY COMMISSIONER HASKELL: Well, yes, but the staff that you're meeting with, it's not necessarily around like, uh, mental health counseling. I guess that's a different... (CROSS-TALK)

CHAIRPERSON STEVENS: Oh! Yeah...

DEPUTY COMMISSIONER HASKELL: [INAUDIBLE] life goals... Yeah... (CROSS-TALK)

CHAIRPERSON STEVENS: Yeah, with those... That's part of mental health, so...

DEPUTY COMMISSIONER HASKELL: [INAUDIBLE]

CHAIRPERSON STEVENS: And I... And I say that and identify that, because I think it's important for people to understand that It's not always sitting down with a therapist or a licensed social worker. And the folks who are doing those meetings are doing sometimes intense work. Right? Like, they are sitting there, they are hearing their life stories, they are helping them create goals, and those things are important. So, I don't... I think, for me, it is important for us to ensure that we are recognizing that that is if not more important, sometimes for them to just have a person of connection than, like, actually saying, oh, I sat with a therapist or I had 50 referrals. Because a lot of times those because a lot of times those staff members are doing the intense work even before they get to actually get to the courage to go to real actual mental health services. So, they are required, but I just think it looks different. So, I just wanted to make sure I acknowledged that, because they are doing their work and it's important.

How long does a drop in center typically track a young people who has sought mental health services, uh, support services?

DEPUTY COMMISSIONER HASKELL: That is a good question. Drop in centers are not, you know, time limited. We have young people who have been coming to drop in centers for years. So, I don't know that we have sort of a timeframe around their access to supports. We can talk about that a little bit more, and I can see if I can get you the detail that you are looking for.

CHAIRPERSON STEVENS: Yeah, yeah, absolutely, we will definitely circle back on that.

I am going to kick it back to Chair Lee. And she can kick it back to me. Because I have a couple more questions.

CHAIRPERSON LEE: Punting the ball... And, uh, okay, thank you. So, just a few more quick questions.

So, actually in the testimony you gave Dr. McRae, I noticed that you talked about... Okay, that the City and The Health Department have been working directly with the contracted behavioral health service providers in a few key ways. And one of the points that you had mentioned was that you helped to create a platform to address the staffing needs many providers were experiencing at the time, so I wanted to know where we can find this or what ,you know,

where it can be found or what sort of lessons learned or best practices or advice or recommendations came out of that?

DIRECTOR WONG: Right, so the platform was really a temporary platform to help providers recruit additional staff when they were really, uhm, experiencing extreme shortages in the height... during the height of the pandemic. And so, it's not... It is no longer operational, but it was really intended to help almost via match making, right, between staff who were available to take on some temporary positions within the provider agencies and providers who were looking for, you know, additional supports. But it was a short... It was a time limited initiative.

CHAIRPERSON LEE: How long was that? And do you know anything in terms of the success and what the feedback was? And is that something... If it was successful, is that something that maybe would be continued?

DIRECTOR WONG: I think we would have gotten back to you with some of the details, yeah.

CHAIRPERSON LEE: Okay. Because that... I mean, just off the top of my head, because that seems like

something that would make sense, given that there are still a lot of the, you know, the workforce shortages. And so, I just wanted... That piqued my curiosity when I saw that. I was, like, wait a second, I need to ask more about this.

And then in terms of the, uhm, just out of curiosity, the trained 120 public health corp members, on childhood grief, where... Because it says these team members were deployed in community based organizations in the most effected neighborhoods. And so, could you speak a little bit more to that? Is that trained 120 public health corp members meaning the City and you all trained them and then sent them to these different CBOs to help support, like, provide the supportive services for their members?

DIRECTOR WONG: So, what I can offer... I will firm it up and maybe pass it to Dr. McRae. So, the public health corp, you know, they are... were already working in communities that, uh, were disproportionality impacted by the pandemic. And essentially, they are trained in a variety of health and, you know, behavioral health related topics that are of importance to the communities in which they

are working. So, this was through The Loss and Bereavement program that we fund. One of the services that the program offers is training –right? -- to build the capacity of others, to recognize when a child or family needs some bereavement supports. So, it was a training for those public health corp workers who are then engaging at the community level -- right? -- to become more aware of loss and bereavement and how to support youth and families. I don't know, Dr. McRae, if there is anything else you wanted to add to the specifics of...

DR. MCRAE: [INAUDIBLE]

DIRECTOR WONG: [INAUDIBLE]

DR. MCRAE: Yeah, I think if you want more specifics about exactly where, like, the distribution of where those staff are located, we would be happy to speak with our colleagues at the department and get back to you about that.

CHAIRPERSON LEE: Yeah, any data on that... Because I am always curious to see how successful... Because I think one of the things that I heard through Thrive is that for that ones that did receive the mental health corp members, like social workers that were trained by the City and then deployed into

the nonprofit organizations, uh, ,you know, we heard mixed feedback on it, but for the groups that had good experiences, it worked really well. Right? So, for the ones who had a positive experience it was very, you know, more on the extreme side of the positive end. And, so I just... I feel like, you know, given, again, the workforce shortage, can we also revisit or think through. some of those creative opportunities to provide that workforce into the CBO side.

And then the... Also, uhm, it says that the Adams' administration, it talks about the... The... what is it? Uh, the framework that you guys were talking about that will be released in early 2023. You know this sounds actually really great, because it is centered on strengthening a system of care a system of care in New York City for children and youth with behavioral health needs and their families and caregivers which sounds awesome. And, so, you know, prevention... I am huge, you know, fan of preventive services, because the early detection piece is very important. And so just wanted to know just out of curiosity, who are you talking to in terms of creating the framework? And, you know, are

you, you know, is it involving an array of community partners along with CBOs as well as individual practitioners and the city agencies? Like, how... Who is involved in that frameworking?

DR. MCRAE: So, I will start that out. I mean, I think one of the things that we recognize in all the mental health work that we do, is that really it talks multiple stakeholders to kind of really work together to fill gaps. You know, ever agency, every community based organization has kind of a roll and a part in the work. So, yes, so Deputy Mayor for Health and Human Services, Deputy Mayor, Anne Williams-Isom, she has brought together these kind of city agencies, community based organizations, national organizations, uh, youth, parent, caregivers, hospitals, insurance companies to develop that core component of the work. So, there is a recognition kind of in that space. Like, you want to get multiple feedback from community on all different levels to really build a comprehensive and thoughtful plan which is going to be out in the beginning of 2023. Marnie has been kind of really in that space, and so maybe she can speak to some more specifics. But, kind of, overall, that is, you know, we

recognize that we really need kind of a coalition of individuals... Agencies, not individuals, but agencies and partners to get this work done.

ASSISTANT COMMISSIONER DAVIDOFF: I think you've covered it, yeah...

DR. MCRAE: Okay.

DIRECTOR WONG: I just wanted to add to what Dr. McRae said. I think like minded--right? thinking about what prevention, what it looks like? So, Susan and I actually, we kind of self selected to be in those conversations. We are always... Also, it's part of the taskforce, so the universal-- right?—- tier and understanding what really... support access and what is available ,you know, responsive care in that level that it's really touching children and youth, uh, whether they are experiencing any symptoms or not. Really just being in all different ways, strengthening, -- right?-- actually building and promoting mental well-being. We just happen to be there, both of us, in that sub group of task force.

CHAIRPERSON LEE: Okay, that's good to know.

DR. MCRAE: I also...

CHAIRPERSON LEE: Yes?

DR. MCRAE: I'm sorry, I do want to add also that ,you know, we are taking kind of a three tiered model. So, Eva mentioned kind of that tier one kind of universal. And ,you know, obviously tier were people who are kind of at risk, and tier three is kind of the more intensive services. So, we are looking at a variety of strategies to really address people at all levels -- from universal to ,you know, who really need targeted interventions.

CHAIRPERSON LEE: Okay, thank you.

And for Deputy Commissioner, the inter-agency taskforce that you mentioned earlier, which I believe you're all a part of, but I... Just out of curiosity, because I know sometimes the inter-agency taskforces are more meant to be temporary, but is this sort of an ongoing ,you know, taskforce? And how often do you guys meet if you still meet? Just out of curiosity.

DIRECTOR WONG: Yes, that is going to get passed to me, because I think we... We call it something different. But I think Susan was referring to The Mental Health Council, which is actually charter mandated responsibility of OCMH, that we have to convene at least twice a year Mental Health Council

meetings. So, last, I guess November 1st, so it's last week. We brought together 42 city agencies, commissioner level delegates, to talk about things that matter to New York City and to the healthcare system. And specifically, we were spotlighting a few cross system initiatives that would be kind of newer and exciting and creative and kind of addressing gaps. And I know we talk about workforce here a lot, but [INAUDIBLE] Mental Health Workforce that's also another topic that we dedicated a meeting to. Yes, so that's not short term. There is followup work that we will do to it with, and it is meant to be ongoing is a really great platform. And it is for city agencies, whether they are delivering direct mental health services or they are contracted providers for... And many other systems -- right?-- within... We have brought them all to the table so that we can understand what else they are seeing. Because a lot of other agencies whether -- right?-- they're touching on the social determinants of health. So, yeah, we were intentional on brining in those partners across the city.

CHAIRPERSON LEE: Okay. And just, uh, finally, just going back to the mobile crisis teams, uhm, I...

So, it's like almost a... It's a sort of a multi-question... Do the mobile crisis teams, do they also go to schools, and do they serve children in the New York City school system? Or is it mostly just limited to homes or that nature?

ASSISTANT COMMISSIONER DAVIDOFF: Thank you for that question.

The Children's Mobile Crisis teams absolutely will serve children in school settings and frequently do. They are really available to respond wherever the child is. And that can be in a home and any other community setting. It can be a school, really there's not real limits to where they can respond.

CHAIRPERSON LEE: Okay, and do you have data on the deployment of mobile crisis teams during the pandemic, and specifically in response to crisis involving a child, adolescent, or a young person?

ASSISTANT COMMISSIONER DAVIDOFF: So, yes, what I can really offer is... Well, okay, during the pandemic, I mean, I can break it down by fiscal year for you, because I know that obviously across...

(CROSS-TALK)

CHAIRPERSON LEE: Yes, sure.

ASSISTANT COMMISSIONER DAVIDOFF: It's crossed too many years, unfortunately.

So, the data shows that for... One moment... For FY20 there, and this is in reference to referrals made to The Children Mobile Crisis Teams for youth from birth to 24 essentially for that age group, so for FY20 there were 1,300; for FY21 it was 1,864, and for FY22 you'll notice an increase, a notable increase, it's 3,742.

CHAIRPERSON LEE: Wow, wow that's a huge increase between FY 21 and 22.

ASSISTANT COMMISSIONER DAVIDOFF: It is. There are also a few variables [INAUDIBLE] circumstances which may have contributed to that. So, there was a shifting of youth who previously did... There's adult serving mobile crisis teams -- right?-- and those teams were previously serving older youth, 18 through 20, and we shifted over to having a children's mobile crisis teams respond to that age group, because thought they would be able to provide more developmentally appropriate responsiveness. And so that is a potentially contributing factor. We also increased the capacity of the children's mobile crisis teams in April of 2020; although, like many

changes, it took awhile like many changes it took awhile for that sort of to be realized. Right? For the full capacity to be ,you know, to be present and available. So, the expansive ,you know, of total capacity and the age expansion of who might be eligible for... or who was eligible for the children's mobile crisis teams, ,you know, could be attitudinal contributing factors to that. So, I just wanted to offer that context as well.

CHAIRPERSON LEE: Thank you. And how has the passing of the baton been for the mobile to something a bit longer term if that is needed?

ASSISTANT COMMISSIONER DAVIDOFF: Yes, that's a really good question. So, we do track, uhm, the... That's a very important thing that we track in terms of this service, is how successfully children's mobile crisis teams are able to connect a young people to care after they have stabilized, you know, the crisis. And we, uhm, find that average for FY22 there was a 62, uh, approximately 62% of the youth who were served by the crisis teams were linked to care. There are many factors that go into whether a youth is successfully linked or not. It can be that they declined. They may have had a care provider

,like, ,you know, occasionally they mend end up actually needing a higher level of care. So, they may end up needing hospitalization even though the intent of the service is to try to avert that whenever possible. So, there are a range of reasons, which we would be happy to provide about ,you know, when the connection isn't successful, but it has been 62% for FY22. And that's pretty I'd say typical percentage across years.

CHAIRPERSON LEE: Okay, thank you, and yes, if you could let us know perhaps maybe some of the reasons why they... there is not a successful... And, like, you said, I do realize and recognize that it could be because they refused the services as well. So, if you could let us know, that'd be great.

And I am going to pass it off to you.

CHAIRPERSON STEVENS: Welcome back.

So, I just have a few more questions, because the lovely Chair Lee asked some of the questions I was going to ask.

According to OCMH, mental health data dashboard among youth with mental health needs, males are less likely to connect with mental health across all races and ethnicities. What is OCMH doing to fill those

voids and reach boys and young men in need of services?

DIRECTOR WONG: Thank you, Chair Stevens, for that question. There is a little bit of an echoey thing happening as you were... I wonder if you could just repeat and [INAUDIBLE]... (CROSS-TALK)

CHAIRPERSON STEVENS: Oh, of course. Is it still happening?

DIRECTOR WONG: It's better I think it.

CHAIRPERSON STEVENS: Okay. So, the question was, according to OCMH Mental Health Dashboard, among youth with mental health needs, males are less likely to connect to mental health care -- across all races and ethnicities. What is OCMH doing to fill those voids and reach boys and young men need for services?

DIRECTOR WONG: Yes, I think that is, uhm, that something that is one of those things that keeps me up at night -- right?-- understanding where a lot of times folks, uh, we understand what a barriers are, and at the same time what we have made available that that really something that can be I think, maybe male color for example -- right?-- in a certain age group, are folks feeling that they can really trust it? Right? The service provider, are they even

reflective of their racial ethnicity and so on. So, at the moment, what my team and I are definitely thinking about is looking at available resources and how they are sort of advertised or kind of put out there and thinking about strategic planning so that when you think about the most vulnerable or hard to reach populations, we don't just assume having the right language or a couple of other words there. That's not enough, right? What are the different mediums, and so I don't have a plan out yet. But that's very much one of the priorities that my office has to break it down.

CHAIRPERSON STEVENS: And so even thinking about that, a lot of mental health providers are typically female, what are you doing to ,like, help build up that capacity and things like that? Is that something that is taken into consideration as well?

DIRECTOR WONG: Yes, I... I agree that that is, uhm, when you look at providers, right, kind of the breakdown, and working with folks for example that already have expertise or they already have CBOs, they target say father, young father with different with a different kind of group partnering with those experts and [INAUDIBLE] brokers in the community is

one of the strategies. And [INAUDIBLE] we can't do it without... Right? So, from my office standpoint, is to talk with those who are working with different populations and learning from them and really brining recourses to them. They have a lot that they can teach us, right? So, I think this is absolutely sort of what you're saying is something that we are not going to ,you know, just kind of wait, like, we have to be proactive to breakdown those barriers.

CHAIRPERSON STEVENS: Yeah, and I also think it's about being creative, right? And so even thinking about -- right?-- when... When I identified how it like ,you know, the providers are doing a lot of this work when they're doing like initial conversations and helping them with goals, you know, how are you working with CMS sites to do that, right? How are we looking at fields that have ,you know, connections with young people who need the work? How are you connecting with them? Because I think that that is important. I mean, one of the things that I talk about all the time, when you look at gun violence in the city, a lot of those young people are grieving. Like it's grief. And their grief is showing up as retaliation. And there is nowhere... a space for

them to learn how to grieve or understand or connect to those feelings. And, so I think it is important for us to be thinking about how we are being creative and not thinking ,like, okay, well, it has to look this way, and thinking about how we are using all of the services that the City provides... And, thinking about ,you know, we have put a lot of resources in to CMS sites, so then how are you working and partnering with them? That is a field that actually is led by a lot of men of color and people who are on the ground. And ,you know, I don't necessarily think you have to have a degree in order to help and push this work. And, so I think it's imperative upon us to be creative in pushing a better narrative and using all points of access to get access to the people who need the need the services.

DIRECTOR WONG: Yes, I didn't take the mic earlier when you were talking to Susan, and when you said we need to recognize that it's not mandatory, but every conversation is normalizing. And showing in practice, sometimes on the provider side that it is okay to talk about it in these different ways -- right?-- so that we are not going to be hesitant and just thinking we need to use certain terms. Because,

in a young person's life, right they are talking about life. How do we talk about life with them? And delving into, yes, anybody who is in conversation... and social media I think in a lot of ways is being very creative in how do we not... I think... The destigmatizing, normalizing social-emotional needs, that's a daily conversation. So, I really appreciate you... (CROSS-TALK)

CHAIRPERSON STEVENS: No, absolutely... (CROSS-TALK)

DIRECTOR WONG: [INAUDIBLE] underscoring that.

CHAIRPERSON STEVENS: Absolutely, and I think... And that is why I think, for me, it's like leaning, like how are we bringing DYCD into these conversations? Because those providers are already doing the work, right? Like, I ran programs for 20 years, and people did not understand how I was able to do the things that I did. And it was because I gave access and I made young people feel safe. And so, they would want to come talk to me. And so... And I'm nosy by nature, so I am going to dig into their business. And that's just who I am, my personality, but I also know that those programs save lives, right? And so how are we making sure that we

are using those programs in a way to make it the first access, like to reach these young men, right? Like, almost all of these programs had basketball tournaments this summer. Why are we not out there doing outreach for mental health services? Like, we have to meet young people where they are at, and we do a terrible job at that -- like a terrible job. And so, we have to get better, and to be honest, I know a lot, like I said before, a lot of focus is usually on DOE, but you really need to be shifting that focus to DYCD , because they are already doing the work, and they already have the connections. And that is where it's at, because understanding that DOE a lot of times it seems like... as an instrumentation. So, people already have a barrier up going into there. Because it's like is an institution, those are principles, and they're scared and nervous, but that's not the case when you go to these providers that are doing the work and they're comfortable. So, we have to, I think, for me it's like, how do we as a city get out of this mindset of the "there has to be a certain way". So, and I know I'm preaching to the choir about that... (CROSS-TALK)

DIRECTOR WONG: Absolutely, yes and that's why, uhm, thank you, thank you, uhm, it's always -- right?-- we're always... We have to, I think where we kind of move away from the work, we cannot forget all of the access points. So, when the partners that we brought in with the mental [INAUDIBLE] council member mentioned earlier is Parks and Recreation, right? Where is basketball at? Where are other folks that young people are not going into maybe the after school programs, not going to do this, but they are playing basketball, they are accessing other facilities, right, that are not traditionally where we think about those services. But they are part of recreation... (CROSS-TALK)

CHAIRPERSON STEVENS: Absolutely.

DIRECTOR WONG: [INAUDIBLE] folks in.

CHAIRPERSON STEVENS: Yeah, I mean, I see it, I know it, and I know it works, which why I am pushing it in the way that I am. Because I think that it's important to make sure that we are continuously making sure that we are connecting to the folks who need. Because often what happens is we are connecting with people who would already get the services anyway. So, ,you know, it's just... It's

really important to me, because it's all connected in the fact that it will save lives. Like, so for that is... That's where the focus should be as well.

So, my next question is, the OCMH Mental Health Dashboard also points out that in neighborhoods with the lowest connection to mental health services includes the northeast Bronx, Borough Park, and Kings Bridge. Only around 20% of those mental health needs received treatment. What is OCMH doing to outreach in those communities to fill the gaps and services for those who are in need?

DIRECTOR WONG: Thank you so much. Yes, uh, thank you for looking really closely really having that. For our office, the accountability and that transparency is very valuable, so having that out there and just receiving these questions from you, I really appreciate that.

Being strategic I think... I feel like I am kind of repeating myself. But I think it's worth saying that we are being strategic. We're partnering with other folks who are doing already ,you know, supporting community members on the ground. And adding to that is what you said, folks on the ground are probably exhausted. And that are, right? So,

how are going to make sure that, for example, what I mentioned with the academy, there is training going out and also coming back where we're understanding the needs. And the other thing from kind of my perspective is that a lot of times when we talk to community members and with CBOs, we do a lot of o the listening, we say that's the starting point. And then how are we keeping ourselves accountable to after we had heard and they have said, and they are tired of saying, that there is a circle back (sic). Right. So, that data is there so that we can continue to... And since I am newer, that's one of the ,you know, bubbles... I am thinking about my strategic planning where I myself wants to, right, make myself available and my team as well to kind of brainstorm. And I am also aware that a lot of CBOs and specialty kind of populations, folks who are supporting them have already tried different ways of doing work. So, we learned from the best practice, and we support those. So, it's not just, uh, ,you know, maybe this borough there's this population and how are we getting information to another group that might need that information? Right? So, doing that

from our... where we are sitting, I think is one of the ways that we can support.

CHAIRPERSON STEVENS: Yeah, no, absolutely.

And I think the question about the neighborhoods who are lacking, I think it is important, and then thinking about how we flood those areas to make sure that they are getting it.

And, once again, I just want to echo that I think that we need to meet people where they're at and think about how we are preparing for the summer, and then how to prepare right now. And, what does that look like? You know? Like, for me, we should be having services available and all of these programs, right? When I walk into every community center, when I walk in every ,you know, after school program, those things should have access, and I think that's important. And, like I said, I know that the providers are doing the work, because that's what they do. But I think also ,like, helping them understand that they are actually doing the work, right? And so, they can be intentional about it. Because a lot of times they don't even know that they're actually being the first step or they're doing a referral or actually doing a session and

those types of things. But we are not being intentional about it, so I think that that is going to be really important.

Just a few more questions.

What is currently working well within the system of mental health services provisions for NYC youths? What are some things that are being done well... that you guys think are being done well? I mean, maybe you all don't think anything is being done well. You know, I don't know.

DR. MCRAE: I'll start out. I'm sure folks have a lot to say across the table. I think really there is unprecedented collaboration across providers and stakeholders. I think one of the recent, I guess not recent anymore, but ,you know, being able to get our mobile crisis response down to two hours, I think was a huge benefit [INAUDIBLE] greatness over the last few years to kind of pull that together. I would kind of name those two as really high on my list as I think about it. But I think that the collaboration and kind of really trying to figure out how to break down silos and create ,you know, easier pathways to services. It's not done -- we're not there yet, but

I think there is momentum in the direction, and there is widespread kind of efforts to make that happen.

CHAIRPERSON STEVENS: Yeah, thank you for that acknowledgment of, like, having an effort to be collaborative, because that has not always been the case. So, I think that even acknowledging that that was an issue, and that ,you know, we're on path to try to correct that is ,you know, for me super important and really exciting to hear. Because I think that that was one of the main issues why some of the services weren't being provided. So, thank you for that.

DR. MCRAE: And I have one more thing. I know that... You mentioned several times ,like, treatment of kind of caring for mental health is not just about treatment. And I think there is kind of wider recognition of that as well -- is that there are social determinates of health. We have to meet people's basic needs. And those are just as important if not more than ,you know, going to see a therapist.

CHAIRPERSON STEVENS: Yeah.

DR. MCRAE: And meeting people where they are.

CHAIRPERSON STEVENS: I say that all of the time. You know, like, and looking at a district like mine where ,you know, if you don't have a place... If you don't have a home or if you don't have food or if you just got laid off, those things take precedence over me going to therapy, right? And so, what happens is when you look in these communities, there is a lack of basic essentials for life, which is why these other things get ignored. Because it's like, I need to figure out how I'm going to live for tomorrow before I can think about these other things. So that is really important.

DR. MCRAE: Absolutely agree. Anything you want to add?

ASSISTANT COMMISSIONER DAVIDOFF: Sure, I can't underscore enough the collaboration that we have with multiple other child serving agencies. It has been fantastic to be a part of. Also, in addition to the service expansion, we have really invested over the years in peer supports, uh, both for family to family and youth to youth. And I think that is a really critical part of our service system and really, uh, I think it has tremendous impact. And I am just happy

with being able to make the investment over the years in that and will continue to.

I'd say one other area is early childhood mental health, because this was something that was insufficiently available -- right?-- in the system many years ago. And we have, over time, been able to really grow that portfolio to normalize it and also to not only to provide direct care to young ,you know, very young children and their families but also through consolation models, help support other child serving settings, right, to understand how to promote the well-being of children in those settings and how to recognize -- right?-- when maybe they do need something additional above and beyond what can be offered in that setting. And really building the capacity of other child serving settings to do that work as well. So, I would highlight those two other areas.

DIRECTOR WONG: [INAUDIBLE] add to, uhm, what has been said. A couple of things I think for as unique as The Mayor's Office is definitely what Dr. McRae said, what does it mean to break down silos, right? And one of the approaches and one of the really, I think advantage of being a mayor's office is being

able to collaborate and facilitate an inter-agency collaboration and making sure... Uh, because folks don't always have the capacity to do that work. So, that's one of the priorities for OCMH. And we mentioned a few things, for example, the hubs and drop in centers and so on. And I want to add to a couple of other things that we have in supporting. For example, with DOE, we have implemented as youth, when they're kind of transitioning out, we're still in a pandemic, but during this time, we implemented crisis response in schools and provided training recourses to school staff. So, speaking to that is OCMH looks at what is the updated knowledge that needs to... Because a lot of times our professionals, and I think peers as well, folks who don't have to have the license, but they are doing the work of supporting young people, they have come out of whatever training they have, and we are then learning, okay, there's new ways [INAUDIBLE] best practice and making those things available and easy to access. So, there is also kind of the systemwide issues that... And [INAUDIBLE] folks to do that. So, our office can also ,you know, be in the position to support in those efforts. And also, innovative

initiatives, right, I think Chair Stevens talked about what are many, many different ways be continue to have to think about this, and we have traditionally partnered with city agencies, and we are continuing to make that a priority, right, when there are new ideas coming up, what can we do to think about metrics, think about tech assistance, think about strategizing to kind of push those initiatives out.

And, also another thing I want to highlight in more specifics, with NYCwell, we have seen an increase in usage, right, because that is maybe more known now in the community. So, we also see that, I think Marnie kind of talked about it already, more youth being reached by mobile crisis teams. So that is an increase in connection to care. And, uh, I also mentioned earlier, and I would say it again here, is partnering with DYCD, DOHMH on the continuing effort of what other groups are not hearing about NYCwell enough or other resources enough so that it's kind of consolidated and folks still need to figure out, okay, you gave me all of these different numbers -- like, which one is for me?

-- So that there is less of that burden on communities.

CHAIRPERSON LEE: Can I ask a followup question to that actually? Because for the New York City Well evaluation final report that was done in June 2020, it looked at, uh, what is it? Uh, it... The report was saying that two-thirds of people calling NYCwell on behalf of themselves were between ages 18 and 44. But, there were not that many that were reported that were adolescents between age 13 and 17. But, uhm, I know that they're expanding... So, I've been The Mayor had announced in July that NYCwell is expanding because of an increase in $10.8 million that were invested from the state OMH. And so are there any conversations around ,you know, to Althea's point, right, like, we need to meet them where they are. And that is ,like, the mantra of social workers in general, too, is ,like, you have to meet them where they are. And, so, I'm just wondering, have there been any discussions on creating any sort of initiatives or outreach campaigns that are targeting that certain... that are targeting that age group? Out of curiosity...

DEPUTY COMMISSIONER HASKELL: Yes, we are connecting together, because, uhm, members of OCMH team are working on strategies to make NYCwell more targeted to youth, including ,like, a DYCD drop in center, that 14 to 24 age range. And we are also looking at ways to continue to market and outreach our services, especially for vulnerable youth. So, we got... you know, we are connecting this week or next week to think about, how do we merge... Our thinking around those campaigns to try to see if there are synergies and ways we can maximize our efforts.

CHAIRPERSON LEE: Okay.

CHAIRPERSON STEVENS: Yeah. I mean, I think... And, that's the other piece I think is important, too, right, like, because I think folks forget that DYCD has a whole host of other programs, they do, and It's not just youth services. They have these fathering initiatives and these other programs. Just thinking about how do we make sure that all of those things are being tapped in and connected to the mental health services piece as well. I also want to acknowledge that the last question and the next two questions that I have are questions that were

submitted from the public. And, so these are questions that they wanted us to make sure that we ask. So, uh, and I'm not sure if DYCD has something they wanted to add around the success stories that they had around mental health services for young people?

DEPUTY COMMISSIONER HASKELL: I did... I wanted to say if we're going down the line...

CHAIRPERSON STEVENS: Yeah.

DEPUTY COMMISSIONER HASKELL: Expansion of services for young people, connection points with caring adults, so we definitely expansion of youth services we've seen in this administration; infusion of mental health and knowledge about mental health and recourses into all of our programs; and meeting people where they are -- I wanted to add to that just since you both raised it, Chairs. For example, we are going to keep doing that. We talked about the libraries, we talked about the training, the Summer Youth Employment Program, it has integrated the wellness, like, Wellness At Work, uh, curriculum in to their Hats and Ladders, which is the education ,you know, resource for young people working in the summertime. And there was a project last year just

before Director Wong's term, uh, Wellbeing in Color, and this was also a Cornerstones, it was peer facilitators, Black and Latinx youth. I wasn't sure what the gender, I don't know if it was primarily male, so I didn't weight in on that, but ranging in age 12 to 17, they had a facilitated conversation so that they could be peer leaders. It was a five week program. They received training actually from licensed practitioners in Texas. I'll have to get back to on how that partnership came about, but it sounds interesting -- aimed at reducing stigma, talking treatment and using young people themselves to support their peers.

CHAIRPERSON STEVENS: Yeah, that sounds like a lot of good stuff. But I will say, this and, Susan, you have heard me say this before, just even thinking about the application process for young people, and even with SYEP, thinking about how to use that as a focal point to say, young people, what services do you need? How do we make sure that we are asking the right questions? You know, for afterschool and all of these things, like, we have, ,you know, a lot of times, I remember those applications, we asked a lot of information -- and It's like key stuff around,

like, "What do you need?" isn't being asked. And I think when we think about ,like, places where... that are struggling, even if we just ask the question, we might catch a couple more people. And so, I think that is important for us to think about ,you know, being more intentional about these things. And ,you know, you heard me say this at the SYEP hearing where it's just ,like, that should be one of the top questions, "Do you need mental health services?" "Do you need a home?" "Do you need..." you know, "Do you need food?" You know, what do you need, and really try to do a better job at ,like, having a laundry list. We have access to them. We have them there in the door, why are we not trying to get all of the information from them? And so, I know some CBOs will sometimes do that with like, supplement applications, but I think as a city, we should also be moving in that direction as well.

So, the next question I have from the public is, what you perceive to be as a gap or problem within the system, mental health services, for youth in New York City? And what do you think can be done to improve those services?

You all don't have to answer at once. I know you're so eager to answer that.

DR. MCRAE: I am just going to mention one thing I think, and [INAUDIBLE] go off on a tangent, but I would say the workforce issue is just very challenging. I mean I think, first and foremost, I mean just, we are seeing it everywhere, not just in youth services systems but just across the board. So, to me, it feels like it's a pretty urgent need and an important gap.

CHAIRPERSON STEVENS: No, that is... It's a huge issue that I don't think people talk about enough. Which is why a lot of folks are getting burnt out and changing professions. Like, alright, I can't do this anymore. So, I think that that is a huge issue, and I think it's important to raise. Because we need to be thinking about how do we encourage people to go into that profession, and how do we make sure people are not getting burnt out, and what supports people need to stay ,you know, for retention. So, I think that that is a very important one.

ASSISTANT COMMISSIONER DAVIDOFF: I would add to that, I think this system, as we have said many times, is very both rich and complex. There are many

types of services from just many city and state entities that are offering services, and that is both a benefit and can be a drawback in trying to understand where to go for help, where to begin and where you can find it. So, I think one area for improvement is doing better outreach and education. Right? Of youth and families, uh, of others who support youth and families, right? Like we have talked about today. So that there is clarity, right, on where to begin and how to access what you need.

DIRECTOR WONG: Thank you for that question. I think the question is about what we see as gaps and what do we see as issues? So, what you touched on with the workforce and really just the wait time is outrageous right now. And I think some services that we are looking at for children -- to get an evaluation alone it takes three months. And how about those who haven't even made the call, right? Because if I know that I am finally ready to try to get through the system, and now I have to wait for three months. And... (CROSS-TALK)

CHAIRPERSON STEVENS: [INAUDIBLE]

DIRECTOR WONG: Many things can happen in those three months, right? So, the workforce issue, as I

said, we are actively... retention and also looking at not just a narrow definition about who the qualifying professionals are, and what are the services and supports that don't need to be provided by a licensed professional... (CROSS-TALK)

CHAIRPERSON STEVENS: Mm-hmm.

DIRECTOR WONG: So, we are looking at those issues. And I think earlier in the hearing, Chair Lee, you touched on sort of the system, right? The integration of systems, how are we... And we have also been involved in the study [INAUDIBLE]courts with looking at gaps. And one of the... Actually, the number one barrier is communication across systems. So how can we integrate? Right? So, it's not saying that we don't have a plan on that, we are very aware, and we want to be conversations and not just in the city level with our agencies, but also with the state to learn and to see what other resources can support that.

And another issue is really all kind of related, is area that have treatment deserts. That's a huge issue there. So, some... I didn't get to touch on this earlier, and when you would looking at the stats, right, Chair Stevens, OCMH, when we are

looking at new services, we are very much focusing on priority [INAUDIBLE] services in the 33 neighborhoods that are hardest hit according to the City's taskforce on Racial Inclusion and Equity. So, not just... Equity doesn't just mean, everybody come and get something, right? So, we are prioritizing differently. And, yes, also looking at what federally has been designated as those shortage areas. And we will prioritize those communities -- those conversations, those collaborations strategically and being proactive and intentional like you said.

CHAIRPERSON STEVENS: Yeah, no, absolutely.

And just even something that I was thinking about with the workforce development piece, I think we don't do a good job of advertising what that work looks like. Because most people think you either have to be a therapist or a psychologist or a social worker, and if you don't have a mental health service, you wouldn't... I mean issue or anything like that, you don't even know those things actually exist, right? And so, I think ,you know, when we are thinking about initiatives and things like that, how are we exposing young people to these professions?

You don't like... When you talk to most young kids, they'll say, I want to be a doctor, I want to be a lawyer, I want to be a basketball player and those things, but they say those things because that is what they see. And so, I think we should definitely be doing a better job at exposing young people across the city to this profession. Even take myself, I would have never thought I would have worked in with young people , because I know I didn't want to be a teacher. And I was just ,like, I don't want to be a teacher, I don't want to do that. But I never knew that youth services was an actual profession that I could get into. And I dedicated 20 years of my life to do that and continue to dedicate my life to that. Because everything that I do is for young people. But I think the problem is that young people don't even know that it exists. And so, I don't... You know, I don't have the answer here, but I think that is something that we should continue to have a dialogue on to think about how we are exposing young people to this work. What does it look like even in the nonprofit field? And those things are... You know even your roles, right, like, you don't know the... Like, most... You ask a young person what

any of you did, they would have no idea. Like, I don't know. Right? And so, I think we, uhm, need to do a better job at just like kind of exposure and what that looks like and just be creative. So, uhm, ,you know, just throwing that out there.

So, the last question I have from the public is, how can The Council better support youth mental health services in New York City other than money? Because I know that is what you all were going to say. How can we better support mental health services in New York City? How is [INAUDIBLE] The Council?

DEPUTY COMMISSIONER HASKELL: That is a great question. I am going to say... I am going to acknowledge your support that my colleagues have recognized around SYEP and placing young people into jobs so that they can understand what a City Council person is and what these ,you know, government jobs are. And adding to that, I wanted to say ,like, in SYEP this summer there was a Mental Health Panel run by OCMH and Deputy Mayor Wright, which was geared to exposing young people to the jobs -- like to jobs in mental health -- to the career system in mental health issues.

CHAIRPERSON STEVENS: I love that.

DEPUTY COMMISSIONER HASKELL: Uh...

CHAIRPERSON STEVENS: We should definitely make that a bigger thing next year so that more young people can get in it, because I am sure that was not a lot of kids... young people. Because my SYEP intern wasn't there. So, definitely thinking about... I love that idea, and hopefully we can build that out more next year.

DEPUTY COMMISSIONER HASKELL: Yes, we're committed to continuing that, yes.

CHAIRPERSON LEE: And I just wanted to echo what you just mentioned, because I know that for myself and a lot of the immigrant communities that I was growing up in, people don't talk about social work, nonprofit -- that's not something you do or go into as a career. And so that is something that I just happen to literally by change stumble upon through a friend. And so, I think ,you know, if we could do more of that outreach and really do the recruitment piece, I think that would be successful. And I am also, as a former board member of NAMI-NYC Metro, I am a huge fan of the peer to peer, family to family services. I thin there is a lot that can be done in

non clinical settings that are proven evidence based models that are very effective and very impactful, that can support what you guys are already doing, but ,you know, that will add to the quality of care and success of someone's ,you know, either diagnosis or even if it's less serious than a diagnosis, help someone through dealing with ,you know, the after impacts of COVID. So, yeah, thank you.

COMMITTEE COUNSEL: Thank you, Chairs, and thank you very much, Administration, we really appreciate your time. You may go.

CHAIRPERSON STEVENS: You're welcome to stay.

CHAIRPERSON LEE: Or if you want to stay and hear testimony from the public that's good, too.

COMMITTEE COUNSEL: That's what I meant by you may go. You may exit the testimony phase. We do welcome you to stay and hear testimony from the public, but I also understand... (CROSS-TALK)

CHAIRPERSON STEVENS: Encourage you to stay...

COMMITTEE COUNSEL: Encouraging you to stay, yes...

Uh, we will now hear in person testimony from the public.

I would just like to remind everyone that I will call up individuals in panels. And all testimony will limited to about two minutes.

The first panel will be Jose Cotto from Institute for Community Living; Phoebe Richman from The Door; Anna Arkin-Gallagher from Brooklyn Defender Services; and Kimberly Schertz from The Legal Aid Society.

And I believe someone had indicated they had to leave , so that you, yeah, you may begin when ready, uh, when the sergeant cues you, apologies.

JOSE COTTO: Hello? Oh, much better! I was going to use my outdoor voice.

Greetings, Chair Stevens and members of The Committees on Youth Services and n Mental Health, Disabilities, and Addiction.

My name is Jose Cotto, and I am The Senior Vice President for Residential Treatment at ICL. ICL is a community based behavioral health organization with nearly four decades of experience serving New Yorkers with various levels of mental and behavioral health needs. We offer a continuum of care for over 1,000 children and youth will all levels of acuity. We do this in schools, community clinics, through community

based programs like CFTSS and Ontrack and through our housing programs.

One unique program is Emerson Davidson Family Development Center, which works to help children with their parents by addressing the mental health challenges parents face so that they can care for their children. It's also a way to end homelessness. I'm sure that I don't need to tell you that nothing is more important to the development of a child and to their future well-being than growing up with a consistently present adult who loves them unconditionally. We strive to ensure every child that Emerson Davidson has that opportunity, and we have been extremely successful.

As from a society perspective, what I think is really important about a program like Emerson is its success in prevention. Clearly the better we do at addressing mental health challenges before they escalate, the better off we all are. But the fact is, everyone can get better. Nonprofits do this work and are committed to supporting everyone in their journey to well-being. But there is only so much we can do. We need supports, specifically in form of dollars and workforce development. I know you all

know about the struggles nonprofits face in paying workers for wages and that people who work in nonprofits are mission driven, but unfortunately landlords and grocery stores won't take that as a form or payment.

We also need to attract more people to the field, which is what I previously heard, and maybe there is something that the City of New York could do to make social service more attractive [TIMER CHIMES] beyond the pay. We need creative campaigns to inspire people to ender the field, and we look forward to more help on both fronts.

And, thank you for the opportunity to testify here.

CHAIRPERSON STEVENS: Thank you.

I have a real quick question around, where do you provide your services at mostly?

JOSE COTTO: So, we are in all of the boroughs. We have big, big emphasis in Brooklyn. Uh, and we have over 100 types of programs, because we serve children, youth, adults, and families. So, it's a broad spectrum.

CHAIRPERSON STEVENS: Okay, thank you.

JOSE COTTO: You're welcome

KIMBERYLY SCHERTZ: Good afternoon, Chairs Lee, and Stevens.

Hi, my name is Kimberly Schertz, I am an attorney from the Legal Aid Society, and I work in the Juvenile Rights Practice.

We represent the vast majority of children in family court in abuse, neglect, and juvenile delinquency proceedings.

The lack of increasingly needed mental health services for children and their families further increases the likelihood of family separation by The Administration for Children's Services.

Children who are moved from their parents typically experience significant trauma on top of any preexisting mental health issues. As a result, many children in foster care have a high and immediate need for mental health services. Almost all children placed in foster care are Medicaid eligible. And, therefore, they typically need to access mental health services through providers who accept Medicaid. Unfortunately, children and families often face appalling delays in accessing mental health care. It is all too common to see that our clients have to wait months to begin treatment with a

provider. This lack of services can have lifetime negative consequences for these children. Parents are also denied timely access to mental health services and supports. As a result, they are unable to obtain services that would facilitate timely reunification, further extending childrens' stay in foster care unnecessarily.

Even where families are reunited, reunification can often fail without timely access to mental health services -- and I have seen this first hand.

Primary preventive services, which are services that are not tied to ACS investigations or family court proceedings, are the best way to address needs arising from mental health issues with any family. Primary preventive services not only reduce the risk of court involvement and family separation thereby reducing harm to children. But they can also reduce the likelihood of involvement in the juvenile legal system.

Additionally, services for LGBTQ+ youth must be [TIMER CHIMES]... I am almost finished, thank you...Additionally, services for LGBTQ+ youth must be increased, and this includes to creative pathways such as mobile crisis units and advertising campaigns

to increase awareness. Further funding is needed to support youth shelters that specialize in supporting youth with more serious and persistent mental health needs among the runaway and homeless youth population.

To serve youth generally, community and home-based services, including primary preventive services, require more funding and additionally, the City must incentivize providers to accept Medicaid in order to increase the availability of providers and [INAUDIBLE] access for children and their families to adequate mental health care, thank you.

PHOEBE RICHMAN: Hi can you hear me?

My name is Phoebe Richman, I am a licensed clinical social worker; I am the Clinical Supervisor for the Counseling and Adolescent Health Center at The Door where I have worked for about eight years.

The Door was established in the early 70's with the vision of meeting young people where they are and providing comprehensive services and integrated services so they can reach their full potential.

We serve up to 11,000 young people a year across four locations in New York City. Our sort of central location in Soho has comprehensive services. We have

health care, education, career services, legal services, nutrition, arts, and mental health. So, all of this free and it's in a diverse caring environment -- is kind of the plan.

So, the mental health support at The Door is grounded in these same principles of holistic and youth centered care. We have a range of options across our mental health continuum from individualized psychotherapy and psychiatry to more embedded supports in our career services and our legal services and our medical center. And all staff at The Door, whether mental health trained or not, create a safe nonjudgmental space for youth and build trusting relationships that reduce barriers to more formalized care.

So, we are really seeing that since the pandemic started, our young people are really isolated. They were removed from the supports, from the activities that helped them cope in the past; existing mental health symptoms were exacerbated, and new mental health symptoms began to arise. For those who were unhoused or disconnected from their families, this pandemic worsened a crisis that already existed. And for folks who had left unsafe home environments, many

were forced back into those situations without the supports that they had in the past.

So, this has really significantly increased demand for mental health services specifically [TIMER CHIMES] at The Door. Sorry...

And as you have all mentioned, at the same time, mental health workers have experienced all of the same traumas and losses and stressors in the vicarious trauma of all of this and are leaving the field. It is increasingly difficult to hire. We have positions that stay open. And for those of who are left, are really struggling to kind of hold all of that. The folks who were up here before were talking about kind of those integrative services, difficulty finding these access points. The system feels opaque. There are waitlists up to six months and clinics who are not taking new clients at all. So, we find ourselves kind of stuck with not really knowing where to go outside of our walls.

So really, we are just advocating for clarify, advocating for... Yeah, the sort of embedded mental health care, increased funding for mental health in all sectors of programming I think has been really successful at The Door. And this is something that

we really support. And then also just funding to support mental providers and decrease burnout.

Thank you.

ANNA ARKIN-GALLAGHER: Hi, good afternoon, my name is Anna Arkin-Gallagher. I am a Supervising Attorney and Policy Counsel in the Education Practice at Brooklyn Defender Services.

Thank you to Chairs Stevens and Lee for holding this hearing and for the opportunity to testify.

BDS's Education unit provides legal representation and informal advocacy to our school-age clients and to parents of children in New York City schools. Many of our clients are involved in the criminal legal system or have cases in children in family court.

Like some others you will be hearing from later today I think, we are also a member of the Campaign for Effective Behavioral Supports in Schools (CEBSS).

Across our practices, we often see a pattern where mental health supports are not offered or made available until things have reached a crisis point. Whether that is a school making a call to EMS for a student experiencing behavior challenges, a new case being filed by ACS, because a family was unable to

access therapy, or a young person with mental illness being unable to access services until after an arrest. And even then, the young people we work with are often unable to access all of the services that they need. Today I want to focus specifically on behavioral supports in schools, though.

We frequently interact with schools that lack the toolkit and school personnel to inclusively educate students with behavioral and mental health challenges. When students begin experiencing behavior issues in schools, schools often do not appropriately create or implement and review behavior plans for these students or provide the other mental health and behavioral supports these students need. Consequently, as these behavioral challenges get more severe, their parents report repeated calls to pick up their children from school early, calls to E. M. S., sometimes ACS cases. At this point, our clients often feel their only option is to move their children into more restrictive settings like District 75, where students are completely segregated from their non-disabled peers. And even there, we often find that students aren't given the clinical and behavioral support they need to make progress and are

instead subject to exclusionary discipline and policing.

As you heard earlier [TIMER CHIMES] the City has taken some promising steps to confront this problem -- like the mental health continuum which you heard about and the PATH Program, which is an inclusion model for students with behavioral disabilities, but these programs are small and cannot serve the large number of students who could benefit. So the City has to work to ensure a range or behavioral and mental health supports are available in all schools to make sure the students receive the assistance they need when they need it -- without being suspended or arrested, having EMS called on them, risking ACS involvement or being sent to an overly restrictive environment.

Thank you for the opportunity to testify today.

CHAIRPERSON STEVENS: Of course, I have questions.

So ,you know, I hear like the running theme of ,you know, we are talking about the workforce development. What are some ideas... What do you think City Council can do to help with this issue? Do you guys have any suggestions or ideas?

And then the next question I have is -- One of the things that I found when I was in the nonprofit world, a lot of the things that were kind of keeping young people in there and having internships and giving them opportunities and really growing them throughout the agency. So, starting out as a group leader, and a lot of them ended up being our directors and things like that.

Are your programs using those types of models to kind of get young people excited and interested in the field?

CHAIRPERSON LEE: And also, I will notate that, I think we agree ,you know, obviously increased funds, COLAs, ,you know, pay parody, loan forgiveness, all of these things are things that we have been discussing, but would love to hear from your perspective.

CHAIRPERSON STEVENS: I am literally the #JustPay princess, so everybody knows, I am out here fighting for you all's money.

PHOEBE RICHMAN: Yes, I was really just going to say more money.

[LAUGHTER IN CHAMBERS]

But I do... I do think that a lot of what we [INAUDIBLE] about sort of like the nontraditional mental health support is the big one as well and really empowering folks to be youth development workers, to be mental health advocates without necessarily the formal training or licensing. I think one of the things that we always say at The Door when we are hiring new people, that it's like ,you know, whatever expertise you are coming in with, whether you're a job placement specialist or you're a chef, or you're a nurse practitioner, that you are a youth development worker first at The Door. And so, part of that really involves I think training people in what that means. And then some of the things that you were talking, Chair Stevens, it's like just asking questions, being curious, being nosy, however you want to frame it. Yeah, I'm... (CROSS-TALK)

CHAIRPERSON STEVENS: It's nosy, it's okay. I'm very nosy.

PHOEBE RICHMAN: deeply nosy. Yeah, so, uhm, really just if there is something that a young person says that prompts you to ask a question, ask that question. And so really kind of empowering people in

all sectors to feel more re comfortable with engaging in the more difficult conversations.

CHAIRPERSON STEVENS: Yes, I just think it was important. Because even my journey in youth development, I started out teaching Government part time to young people. And they sought... Like, I was working at [INAUDIBLE]... They saw that I was nosy, which is why I then got hired to be a case manager, and then I was a program director, and all of these things just... And, like I said, I never thought I would end up working with young people, because I didn't want to be a teacher. But I think those things are really important. And I think it is important to uplift those models in a lot of the agencies and workforces. And I think it will be helpful.

Yes, and Council Member Paladino said [INAUDIBLE] high schools, right? Like, thinking about ,you know, we have been talking a lot about vocational high schools and things like that. This should be part of that conversation.

KIMBERLY SCHERTZ: Just to add, in addition to youth development, and I wanted to go back to the funding issue, from my conversations speaking with

mental health providers, part of the issue with having a sufficient number of providers who accept Medicaid, is that to receive reimbursement for Medicaid, it is an incredibly bureaucrat, tedious process for very little pay. And so, I think the City should explore subsidizing the Medicaid reimbursements that providers receive in order to incentivize them.

And additionally, in line with... I'm sure, I didn't catch your... with what Phoebe just said, exploring alternative modalities such as art therapy, music therapy, and also supporting, where it appropriate, access to Telehealth. Because we are seeing, at least for exceptional rate, children receiving exceptional rate foster care, it is my understanding that some, if not all, are prohibited from receiving Telehealth. And in some circumstances, it may be appropriate, because they are an older youth, or it may be an important stopgap until something in person becomes available.

CHAIRPERSON STEVENS: Yes, I just want to echo even around the Medicaid issue of thinking about how we work with our state and federal partners. Often the can is kicked to the City around subsidizing

these things, and people forget about our other colleagues. And I think that it is important that we also hold them accountable in the same way that folks often like to hold the City accountable. Like, oh we should subsidize, no, they should actually be pushing to fight for that a little bit more.

CHAIRPERSON LEE: Well, also the sad reality, too, and I'm sure you know this from the... It's an Article 31 right, clinic? It's not an Article 31? Okay...

UNKNOWN: [INAUDIBLE] 28

CHAIRPERSON LEE: Twenty-eight? Oh, okay, so FQHC's right? So, coming from staring in Article 31, Medicaid actually does reimburse the most. Which is sad. It's the private insurance companies and Medicare that reimburse less. And so that is something that we need to work on with our state partners. Because that's... That's all state. Medicaid is all state. And so that is something that we need to push actually, yes. I'm sorry, I think you had a question?

UNKNOWN: [INAUDIBLE]

CHAIRPERSON LEE: Okay.

COMMITTEE COUNSEL: Thank you all... (CROSS-TALK)

CHAIRPERSON STEVENS: Well, I think he was going...

COMMITTEE COUNSEL: Oh...

JOSE COTTO: Sorry, I finally got the gist of the button. You saw me holding it down earlier...

[LAUGHTER IN CHAMBERS]

Very embarrassing.

CHAIRPERSON STEVENS: No, it's not, you are fine.

JOSE COTTO: Thank you.

No, I was just going to add that, uh, really focusing on the marketing and messaging for our communities, because there is still too much stigma. Uh, so breaking that down. So, I also teach at NYU, and it's just a common theme in all of the different settings that I'm part of, where even when we are trying to work with organizations that have been established in communities for years, their biggest fear is that community rejecting them when they all of the sudden partner with a nonprofit. So, part of that is what has been mentioned already, is about being very creative with how you brand mental health and behavioral health needs in general, so that people... It's more appealing, people buy into it quicker, especially like key informants in the

community. It almost makes me want to do like a parade, like, one of those parades that we have, uhm, like I'll just replace the Puerto Rican Parade one weekend and [INAUDIBLE] and mental health... (CROSS-TALK)

CHAIRPERSON STEVENS: Let's talk about it, because I'm all about the... I'm all about the parades. So, we should definitely talk. Because that sounds great!

JOSE COTTO: I also do salsa dancing on the side, so we could do a lot of things [INAUDIBLE] message... (CROSS-TALK)

CHAIRPERSON STEVENS: Creative, I think we should do a Salsa... (CROSS-TALK)

JOSE COTTO: out there... (CROSS-TALK)

CHAIRPERSON STEVENS: Mental Health Day... (CROSS-TALK)

JOSE COTTO: Yes!

CHAIRPERSON STEVENS: We'll talk offline.

JOSE COTTO: Yes, we'll talk... (CROSS-TALK)

CHAIRPERSON STEVENS: All of those things sound great.

JOSE COTTO: So, yes, just that piece, thank you.

COMMITTEE COUNSEL: Thank you all.

CHAIRPERSON STEVENS: Thank you.

COMMITTEE COUNSEL: The next in person panel will be Amy Morgenstern from JCCA, Melanie J. Wilkerson from Center for Court Innovation, and Nelson Mar from Bronx Legal Services.

COMMITTEE COUNSEL: Whoever... You may begin.

DOCTOR MORGENSTERN: Okay, thank you.

Good morning, Chair Lee and Chair Stevens, and members of the Committee. Thank you for allowing me to testify on behalf of the clients and staff of JCCA, a 200-year-old organization that provides mental and behavioral health services, foster and residential care, prevention, and educational services to 17,000 of New York State 's children and families each year.

My name is Dr. Amy Morgenstern, and I am the Assistant Vice President of Behavioral Health and Wellness at JCCA.

Our Behavioral Health and Wellness programs support youth with serious behavioral and mental health challenges, many of whom have experienced complex trauma.

Our programs include Health Homes, Community and Family Treatment Services, Home and Community Based Services, Center for Healing, Psychology Services, and an Article 31 Clinic.

Last year, JCCA also became the first Youth Act provider in New York City, providing intensive wrap around clinical and social supports to youth at risk of, or recently discharged, from psychiatric hospitalizations.

Many of our programs provide services to youth directly in their homes and communities. Our continuum of care allows us to serve clients as their needs change over time with fewer gaps to fall through.

In addition to therapy and assessments, we provide referrals for housing and food assistance, psychoeducation, so parents can better support their child, and advocacy in schools.

Meeting our clients where they are is key to improving engagement, thereby reducing self harm, hospitalizations crisis, and severe outcomes.

The current mental health crisis among young people has been widely documented. Depression, anxiety, and disordered eating are on the rise, not

to mention suicide, which is already the third leading cause of death among young adults. Mental health-related emergency department visits among teens increased by 31% during the pandemic. In New York, demand for behavioral health services increased by 77%. Programs are stretched beyond capacity. Reimbursements, workforce, and equity issues directly affect service accessibility and availability. Providers like JCCA need more funding to recruit and retain talented employees [TIMER CHIMES] cover indirect costs... I'm almost done... And expand services in the fact of the crisis. In particular, in light of current workforce challenges and high inflation, the City should fund an enforce an automatic annual cost of living adjustment on all contracts. And to increase diversity and support in our mental health workforce, the City should establish incentives like loan forgiveness, tuition assistance, and salary scales that include competitive wages for non masters level staff. We ask for City Council to advocate on behalf of New York's children and families and commit to equitable funding for behavioral health. Effective life

changing interventions are very much possible and especially worth investing in at this crucial moment.

Thank you for the opportunity to testify, I look forward to collaborating to help New York City's youth access critical mental health services. Thank you

MELANIE WILKERSON: May I begin?

Thank you. Good afternoon, Chair Lee, Chair Stevens, and members of Youth Services The Mental Health, Disabilities, and Addiction Committees. My name is Melanie Wilkerson, I am a Program Manager of Youth and Community Programs with the Center for Court Innovation's Staten Island Justice Center site. And I am here today to represent the center to continue to reiterate our mission and vision that we exist to help contribute to a fair, effective, and humane justice system in improving public safety and community driven solutions.

Our firsthand experience operating direct service programs and conducting original research uniquely positions us to offer insights to this council, which hopefully could apply as you consider initiatives that respond to young New Yorkers. I cannot stress this enough, mental health and the justice system

cannot be siloed from each other. They are inextricably intertwined and especially now more than an ever compounded by the effects of COVID-19 -- which still weights heavily on already under-resourced communities -- are teaching us in real us time and hopefully equipping us with more proactive solutions on what we feel youth and families are needing to improve their holistic sense of wellness.

My work in on Staten Island has really been able to evolve and adapt to meet the needs of youth and families over the past several years I've been at the center... Such as our Youth Wellness Initiative, which markets itself as a program that only provides mental health supports but also has a specific emphasis on holistic wellness to combat the lack of... to address the variety of issues that also come with addressing a young person and family's mental health, such as combatting lack of health care, affordable housing, food insecurity, life skill development, and excreta. [TIMER CHIMES]

And to conclude, knowing we becoming low on time, you will see with the materials that I submitted to you all, that our footprint across the City has exponentially grown. And our ability to

connect with a variety of communities throughout New York City, we have a good pulse on what has been going on in real-time and what we feel are the supports needed to be responsive to.

I will conclude my testimony by saying this: I know our mantra together many other community based organizations, city agencies, and schools of thought invoke the same, "We meet youth and families -- or people -- where they're at," but I want to positively push the pen of our collective sense of accountability here. Instead of meeting people where they're at, the charge of CCI and my call to your committees today would be that we continue to dismantle the barriers of accessing mental health services, environmental disparities, and systemic disparities that way too often are a part of a larger culprit of what effects youth and families throughout the City. The center stands ready to go beyond transforming the justice system itself and cultivating vibrant and prosperous communities that center health, wellness, and security to promote wholeness for youth and families throughout the City. Thank you

NELSON MAR: Thank you, good Chair Lee, Chair Stevens, and the rest of the committees for the opportunity to testify at this oversight hearing today discuss the mental health services for New York City's youth.

My name is Nelson Mar, I am an attorney at Bronx Legal Services, which is part of the legal services NYC umbrella. We are the largest legal services provider in the country, and we provide free civil legal services to low income individuals, and we are funded by the federal, state, and city governments.

I work in The Education Law Unit. Our unit provides representation to families regarding any issues in the New York City public schools. Most of our casework involves representing students with disabilities, ensuring that they receive a free and appropriate public education, and also representing students who are facing, uh, disciplinary action.

For the longest time, our organization was one of the few organizations in the City providing that type of representation. And through that work, we have sort of honed into the intersection of these two issues, because our experience through that direct representation is that children who lie at that

intersection are actually the most at risk -- children with disabilities and who are facing disciplinary action, and who are exhibiting behavioral issues.

And that led us to the work around the issue of EMS-ing. And our office filed the groundbreaking lawsuit, back in 2013, against the City to stop the inappropriate use of... by school officials of calling EMS on children who are having emotional and behavioral crises. That work also led us to form ,you know, a coalition of sorts, the campaign for Effective Behavioral Supports for Students. [TIMER CHIMES] We supplied you with our vision statement.

I want to just spend a quick minute, if that's possible, to uplift two of what we believe are the most important recommendations in this vision statement. And the first is the healing the Healing Centered Schools approach. You have heard a lot talked around the issues of workforce development, about meeting the need, and what we really need to get at is a universalist approach. And this something that would really address that because we cannot really be talking about all of the top tier

issues ,you know, relying on the fact that children will have to get individualized services.

So, Healing Centered Schools approach is an approach that we have actually pushed into the public schools already. It was initiated under Mayor de Blasio's administration, and unfortunately it hasn't been renewed this year. We were able to get the City to agree to train all staff on trauma responsive educational practices.

We also got the City to agree to initiate a Parent Healing Ambassador program, which would actually help parents get engaged with this work and then turn key it into their communities. So, this really, we believe, an important approach to really address the universalist issues.

And then the second recommendation that I really want to uplift is The Mental Health Continuum. And that is something that The City Council has already supported. And we believe it is important to address those students at the highest level of need. You know, to ensure that they are getting the access to services. And as you have heard from prior testimony, that is not necessarily happening, because everyone is siloed. And the agencies, as you

mentioned, Chair Stevens, are not connecting with each other, and there is no throughline.

So, we really want to highlight that issue, that there is that huge need for the Mental Health Continuum. Thank you

CHAIRPERSON STEVENS: Thank you, uhm, ,you know, I... To just even look at some of this briefly, and even, and even what you're talking about, I would love to sometime talk offline about this, because I think that it is important... And apparently to Council Member Lee as well. But I think that this is important, and obviously this is the schools, but I think we also should be thinking about how we are doing this through programming, throughout the City. Because, often the alternative for programming, kids just get kicked out. Right? Uhm, and we don't talk about that, because people see enrichment and after school as a luxury when it's really not. Because we know that students who are in those programs thrive because of all of the things that they get. And so really, uhm, I think that this is important, but we should be thinking about how to roll this out in all programs where young people are at, because it's important. Because I have been in multiple programs

where students would just be kicked out of the program or suspended for a number of days. And it isn't really addressing the issue that needs to be addressed. Thank you... I'm sorry.

COMMITTEE COUNSEL: Thank you, all.

NELSON MAR: Thank you

COMMITTEE COUNSEL: Oh, let's see.... Thank you, if there is anyone else in the room who has not testified and wishes to, please raise your hand and ensure that you fill out a witness slip from the sergeant.

As a reminder, testimony may be submitted to the record up to 72 hours after the close of this hearing by emailing it to testimony@council.nyc.gov.

Seeing no one else, we will now proceed to remote testimony.

If you are testifying remotely, once your name is called a member of our staff will unmute you, and you may begin once the sergeant cues you.

The first panel will be Nadia Chait from Coalition for Behavioral Health; Jessica Fear from VNS Health; Mary Adams from University Settlement; and Daphne Torres-Douglas from Children's Village.

Nadia, you may begin once the sergeant cues you.

SERGEANT AT ARMS: Time has begun.

NADIA CHAIT: Good afternoon, Chairs Lee, and Stevens. Thank you so much for holding this hearing today.

Throughout this discussion today, we have highlighted a lot of the issues that our youth are facing and the challenges that they face in accessing mental health care.

I am Nadia Chait; I am the Assistant Vice President at the Coalition for Behavioral Health. We represent about 100 mental health and substance use providers throughout New York, many who you have already heard from today, and many more of whom you are going to hear from in the rest of the testimony. And I will leave it to them to really talk in detail about the challenges that they are facing in serving youth and staffing their programs.

But I want to highlight a couple of the solutions that we think would be really helpful as we look to improve access to services for youth as well as the cultural competency of the services that they receive.

So, first I would like to really lend my support to what has already been mentioned today about the

importance of a COLA on mental health contracts and the need to provide additional salary and support for the staff who work in our programs. And I really want to say that that's critical at all levels. That's critical for those who might not have a degree or might have a bachelor's degree; it's critical for peer and family support staff; and it's critical for licensed clinical staff at every level up to and including child psychiatrists who are almost impossible to find.

So, some of the solutions for that staff will look a little different depending on the level. But at every level of staff where we are experiencing really scary vacancies and challenges recruiting staff. So, it's critical that we address, uh, every level.

I was really excited to hear the discussion about how we expose youth more to these careers. That's something that our members have been talking about a lot. How do we get folks to understand what this work is? That it is rewarding and meaningful and they can help their communities.

And we actually have some recommendations [TIMER CHIMES] on that that came out of, uh, workforce development... (CROSS-TALK)

SERGEANT AT ARMS: Time has expired... (CROSS-TALK)

NADIA CHAIT: group that we had. So, I would really love to share those in greater detail of how we can get into high schools and build out ,you know, internships and pathways for youth to get into these careers and to understand the breadth of these careers -- that it’s not just social work, it’s a really wide range of things that you can do in this field.

I also think it’s really critical that we expand access to services in schools. Schools are such hubs for students. And so, we think it’s really important to expand access to school based mental health clinics. These are full mental health clinic locations that operate onsite in schools. They can really integrate services with schools in very exciting ways. They can provide crisis services, medication, peer support, and they can serve the whole family by both being in the school and the community; they can serve the child during the school

day; they can serve the parents maybe on the weekends or later at night when that's a better time for the parent. They can serve siblings who might go to a different school and really keep that child engaged in care as they shift through their life.

Unfortunately, these clinics currently are pretty financially challenging for agencies to provide and tend to lose money. So, we would really like to see the council step up and provide some operating support for those clinics to both help the existing clinics and to expand services to an additional 100 schools that do not currently have that service on site.

I would also like to note on the payment side that while the City does not control the Medicaid rates, the City is a large employer that, uh...

(CROSS-TALK)

SERGEANT AT ARMS: Time

NADIA CHAIT: I'll just make my last point.

The City is a very large employer that maintains commercial health insurance plans for its own employees, and the City's plans often pay, as many plans like these do, very abysmal rates for these services. That is something that the City can

directly address -- is the mental health reimbursement rates that's its own employees are able to access, and that can have a critical impact both in helping its employees' children access services, but also as the City as a leader for similarly large employers and how to do this well and expand access to services.

Thanks for the opportunity to testify today.

COMMITTEE COUNSEL: Thank you.

Next, we will hear from Jessica Fear. You may begin once the sergeant cues you.

SERGEANT AT ARMS: Time has begun.

JESSICA FEAR: Okay, thank you. I am hoping you can hear me okay.

Good afternoon, Chairs Lee and Stevens, and members of the committees.

My name is Jessica Fear, I am the Senior Vice President for Behavioral Health at VNS Health, formerly the Visiting Nurse Service of New York. I appreciate the opportunity to testify today. And I will just summarize from my submitted written testimony.

VNS Health provides home and community based treatment and care management services to vulnerable

children and adolescents in every borough primarily through our children's mobile crisis teams, home based crisis intervention teams, an Article 31 Clinic, and children's health home teams, and several other crisis intervention services in the South Bronx.

About 98% of the youth we serve are members of racial or ethnic minority communities, and almost all or either uninsured or qualify for Medicaid.

You have already spoken to the distressing statistics about the state of children's mental health services today. Decades of underinvestment in the system, has led to an overwhelming workforce and access shortage. While, at the same time, the need for services only continues to dramatically increase. So, with that in mind, here are our recommendations:

To recruit and retain a sustainable mental health workforce, which many people have spoken to today.

We need some key investments, a COLA for New York City funded programs, parity between contracted City employed mental health workers; tuition assistance and loan forgiveness to build a mental health workforce pipeline, and especially, support for safety in the field training for staff working in

areas at times when public safety is a significant concern.

In addition, we strongly encourage the expansion of children's mobile crisis teams. Today there is one per borough, and an expansion of resources to ensure all of these teams are able to continue to respond quickly to the crises.

We strongly support investment in [TIMER CHIMES] and expansion of home based crisis intervention... (CROSS-TALK)

SERGEANT AT ARMS: Time has expired... (CROSS-TALK)

JESSICA FEAR: teams. As you know, these teams offer critical family centered intervention to divert youth from costly inpatient stays. HBCI has been operating for more than 25 years yet has not seen a meaningful funding increase since its inception.

And lastly, and quite possibly most importantly, as others have stated, we really encourage the facilitation of true partnerships with the New York City Department of Education and community behavioral health agencies. As you have heard repeatedly, there is an ongoing shortage of resources to assist school personnel with successfully intervening in behavioral

health crises on campus. This results in over reliance on law enforcement, emergency departments, and it often compounds the trauma already facing the very youth they are trying to help. We really encourage the city to facilitate these meaningful partnerships between schools and behavioral health agencies in order to provide rapid responses to behavioral health crises on campus, safe interventions, and of course connection to treatment in the home and in the community.

Thank you, Chairs Lee, and Stevens, for dedicating this oversight hearing to mental health services in NYC for the youth of our communities. We stand ready to partner with you to address this crisis. And I am sort of shocked that I made it within my two-minute window.

COMMITTEE COUNSEL: Thank you

Next will be Mary Adams from University Settlement.

You may begin once the sergeant cues you.

SERGEANT AT ARMS: Time has begun.

MARY ADAMS: Thank you, Chairs Lee and Stevens and committee members, for the opportunity to speak.

I am Mary Adams, The Associate Executive Director for Mental Health at University Settlement.

For over 130 years, we have provided a wide variety of services, including mental health programs, to families and children across Manhattan and Brooklyn. We know firsthand the increased need for mental health services for youth. We see it in our clinic, in our home visits, and in schools everyday. To meet this need, the City must allocate the necessary funds to support the operations and expansion of preventive and supportive mental health programs.

University Settlement has a strong and robust continuum of culturally responsive mental health services for children and adults of all ages. We treat very young children exposed to trauma, provide clinical services for children and adults, and offer children's home based crisis intervention and family support programs that reach into the community.

In the past two years, we have expanded our innovative family centered holistic mental health services to thousands more children in multiple ways including through a partnership with District 1, in which we are providing mental health support for all children enrolled in the district.

Still, due to insufficient funding, there are too many children and families we cannot serve. Our clinics waitlist is approaching 100, and we continue to see an increase in referrals from schools in the community.

CBOS and nonprofits with decades of community based expertise in mental health operate on shoestring budgets. Insurance reimbursement rates barely cover our clinician salaries, and many children in need are uninsured or undocumented. Inadequate funding limits our ability to recruit and retain staff undermining longevity and sustainability in the workforce. It's alarming that as the need for service is rising, the workforce is shrinking. Prevention and supportive mental health would offset the need for more intensive and expensive services in many cases. But there is limited funding [TIMER CHIMES] allocated for these programs. And, importantly, no funding for the administrative... (CROSS-TALK)

SERGEANT AT ARMS: Time expired [INAUDIBLE]... CROSS-TALK)

MARY ADAMS: infrastructure such as the electronic health data base and billing management systems that are necessary for these programs to succeed.

We have an opportunity to be bold and to do what hasn't been done before. The Mayor's Child and Family Mental Health Taskforce, which we are honored to be a part of, is a step in the right direction bringing together leading experts in our city to build a framework for child and family mental health. However, we need far more investment from the City. Investment that funds the infrastructure necessary to run these programs so that CBOs like University Settlement, with expertise that communities trust, can recruit and retain quality staff and provide mental health support to all New Yorkers... (CROSS-TALK)

SERGEANT AT ARMS: Time...

MARY ADAMS: that all New Yorkers deserve.

Thank you for your time. I'd be happy to answer questions.

COMMITTEE COUNSEL: Thank you.

Next will be Daphne Torres-Douglas from Children's Village. You may begin once the sergeant cues you.

SERGEANT AT ARMS: Time has begun.

DAPHNE TORRES-DOUGLAS: [INAUDIBLE]

COMMITTEE COUNSEL: Sorry we cannot... (CROSS-TALK)

CHAIRPERSON STEVENS: You're muted... (CROSS-TALK)

COMMITTEE COUNSEL: We can't... We can't hear... We can't hear you. Are... Are you... Can you double check if you're unmuted?

DAPHNE TORRES-DOUGLAS: Can you hear me now?

COMMITTEE COUNSEL: Yes, go ahead.

DAPHNE TORRES-DOUGLAS: [INAUDIBLE]

COMMITTEE COUNSEL: Sorry, we... The audio cut off again.

DAPHNE TORRES-DOUGLAS: [INAUDIBLE]

COMMITTEE COUNSEL: We're having some technical difficulties. Apologies. It keeps unmuting you and then muting you automatically. Just give us a couple of seconds to figure something out.

DAPHNE TORRES-DOUGLAS: [INAUDIBLE]

COMMITTEE COUNSEL: Oh... Uh, due to the difficulties, we are going to bump to the second panel. But we are going to keep you on. It seems like you are having audio difficulties. Maybe if you

could try logging in through your phone to connect with the audio or something like that. But we will put you first for the next panel. Thank you so much for your patience.

So, we will move to the next panel right now, and it will be Marsha Jean-Charles from The Brotherhood Sister Sol, and Gisela Rosa from The Brotherhood Sister Sol; as well as Bo Feng The Coalition for Asian American Children and Families; as well as Ada Lin from The Coalition for Asian American Children and Families.

We are going to let Marsha go first, and then we are going to try Daphne after her -- just to let everyone know.

Marsha, you may begin once the sergeant cues you.

SERGEANT AT ARMS: Time has begun.

DR. JEAN-CHARLES: Hi, everyone. Again, my name is Dr. Marsha Jean-Charles the [INAUDIBLE] The Brotherhood Sister Sol, of which I am the Director of Organizing.

For more than 25 years, we at The Brotherhood Sister Sol (BroSis) have been at the forefront of social justice, educating, organizing, and training

to challenge inequity and champion opportunity for all.

We, at BroSis, continue to be deeply concerned by the fact that our schools remain underfunded, under-resourced, and without holistic support for student success. Our vision for education in New York City includes safe, restorative, and healing environments where all students have the opportunity to learn and grow. To meet this goal, we must equitably resource New York State --including the City, clearly -- public schools with support staff and not police.

In a nation in which 14 million students are in schools with police but no counselor, nurse, psychologist, or social worker, New York City has more school safety agents (SSAs) than any other school district in the U.S. The presence of police in our schools has disproportionately impacted students who are low-income, Black, and Latinx, who are more likely to be the subject of exclusionary discipline and police response at school than their white peers. Ending the school-to-prison pipeline must be seen as something of equal importance to student mental health as is increasing student supports.

For some context: this past school year (2021-2022), the youngest person restrained was 6 years and the youngest person restrained by metal handcuffs was 8 years. This is all, even though no one under 12 is to be restrained per the 2019 reforms under former Mayor de Blasio. Last year, 12 youth under 12 were. Furthermore, a total of 827 young people were restrained using metal handcuffs – and we have no way to know who was in distress thereafter or because of their detainment. A grand total of 91.3% of youth who were detained in metal handcuffs last year -- 755 young people -- were Black and Latinx and this number is consistent with data from previous years.

The need for mental health support for our young people has also increased due to the COVID-19 pandemic. People have spoken about this time and again. [TIMER CHIMES] In December of last year...

(CROSS-TALK)

SERGEANT AT ARMS: Time is expired.

DR. JEAN-CHARLES: of 2021, U.S Surgeon General Vivek H. Murthy issued a public health advisory, stating that we are experiencing a quote "devastating mental health crisis among American youth," end quote, one made much worse by the COVID-19 pandemic.

For this reason, we implore New York City and State elected officials to create a budget that funds a student-to-student-support-staff ratio of 1:100. This will necessitate an increase in the budget for New York City public schools... (CROSS-TALK)

SERGEANT AT ARMS: Time has expired.

DR. JEAN-CHARLES: so as to quadruple the number of student support staff – including but not limited to Guidance Counselors, Career Counselors, College Counselors, Therapists, and Social Workers.

In order for New York City and State to reach industry recommended ratios for school social workers and guidance counselors, it would cost an estimated additional $401 million and $147 million, respectively, per year. This kind of change will require investment on the city and state levels and we really hope you will do it. Thank you

COMMITTEE COUNSEL: Thank you.

We are actually going to move next to Gisela since you both are from the same organization.

So, Gisela, you may begin once the sergeant cues you.

SERGEANT AT ARMS: Time has begun.

GISELA ROSA: My name is Gisela Rosa, and I am a Youth Organizer and Alumni Facilitator at The Brotherhood Sister Sol.

I was born and raised in New York City, and I attended public schools my entire life. While in high school in NYC, I always noticed the lack of support students were receiving academically, emotionally, and mentally. The inability to provide NYC students with the resources needed in order to deal with the hardships they come across speaks volumes. Imagine being a student dealing with so much, that it is mentally and physically taking a toll on you -- affecting your sanity, your performance in school, draining you. Imagine too that there is nothing you can do about it and that the people who can fix this refuse to. What do you think it's like believing that your school, the whole public school system, and your city does not intend to ever give you the support you desperately need?

When I was 17 years old and a senior in high school, I co-created, with the Liberation Program at The Brotherhood Sister Sol, a campaign to increase student support staff -- guidance counselors, therapists, social workers, college advisors, and

more -- in public schools. Four years have passed since we created that campaign; I am now a college graduate with a bachelor's degree organizing with the same organization and nothing has changed. Four years and nothing. Let that sink in for a few seconds: four years later for me, decades later for some on my team, and the same conversation continues to resurface over and over and over because nothing has been done about it. Is it not sad? Is it not embarrassing? Are y'all not ashamed?

Trigger warning: Suicide -- Students in New York City public schools are still not being taken seriously when it comes to their mental health. Folks never take mental health serious until someone commits suicide and the conversation about mental health like this circles around, for the millionth time, and it is all talk, but nothing is done. So, when are you all finally going to do something about it? This mental health crisis has always been around, it never stopped, it did not just begin. It has simply gotten worse throughout the course of time and especially during the pandemic. After being on lockdown for months, in isolation, wearing masks, social distancing, classes through Zoom – students

lack the proper tools or resources needed to navigate the world and their futures with mental health issues.

We all know students should have access and opportunities to take care of their mental health in schools. Many students are always in survival mode.

We need therapists, guidance counselors, social workers in schools. We need our students to be supported academically, emotionally, and mentally...

[TIMER CHIMES]

We need them to be heard and to feel seen. We need them to feel like someone cares about the things affecting them, draining them, making it hard to get out of bed... (CROSS-TALK)

SERGEANT AT ARMS: Time has expired.

GISELA ROSA: Uh, I do not want to be having the same conversation whether it is a year or four from now. I want better for students now! Please do not let a tragedy happen for you all to finally step in and do what you all been asked to do for years. Increase student support staff. Prioritize mental health in New York City public schools. Let students have access and the opportunity to take care of their mental health. Listen to youth! Listen to youth when

they talk about their mental health issues and what they are going through. You all have already disappointed 17 and 21-year-old me, do not disappoint 26-year old me. Thank you.

CHAIRPERSON STEVENS: Thank you, Gisela, for being here with us today. We really appreciate it.

COMMITTEE COUNSEL: So, we are going to just circle back to Daphne and see if we can resolve those audio issues.

Uh, Daphne? You can begin once the sergeant cues you, and we will see if this works out.

SERGEANT AT ARMS: Time has begun.

DAPHNE TORRES-DOUGLAS: Thank you for your patience. Can you hear me?

COMMITTEE COUNSEL: Perfect.

DAPHNE TORRES-DOUGLAS: Great. Well greetings to the committee and thank you again for your patience and for allowing me to testify.

I am Daphne Torres-Douglas, the Vice President at The Children's Village. We provide one of the broadest continuum of preventive programming in New York with an emphasis on trauma informed evidence-based family and community programming to keep at risk youth safe and home with families.

Mental health stability and wellbeing are essential building blocks in youth development. When met, youth have the foundation needed to navigate life successfully into adulthood. Mental health stability and wellbeing means that youth are developing appropriate social skills, coping skills and distress tolerance skills. Three key ingredients necessary for building socialization, communication, and relationships.

In addition to increased depression and anxiety, the pandemic induced social isolation has directly and indirectly impacted mental health among young people as evidenced by the increased by the increased disconnection from family members, positive peer, faith and social activities, and school. And this disconnection that is negatively impacting school re-entry and truancy in certain neighborhoods with 40% truancy.

Over 100,000 school children were homeless last year. Youth who lost parents and caregivers to COVID are struggling. There are real issues of mental health and unmet needs due to lack of qualified practitioners. But for most, mental health is a symptom of years of stress resulting from

intentionally segregated communities that lack thoughtful sustained investment burdened by high density, low quality housing, a lack of safe public spaces, and under performing schools.

Here is what our experience informs us works; youth need access to peer interaction opportunities that foster social skill building, conflict resolution, and perspective taking. Youth need access to extra educational support and outreach from preventive treatment models embedded in schools that help parents link with schools and partner.

[TIMER CHIMES]

Youth and families who want mental health services need access... (CROSS-TALK)

SERGEANT AT ARMS: Time has expired... (CROSS-TALK)

DAPHNE TORRES-DOUGLAS: [INAUDIBLE] and intentional shift and transformational systemic approach to racial equity and financial investment in the mental health workforce, schools, communities, and high quality, affordable prosocial interactive opportunities to reduce the impact of trauma, grief, poverty and social isolation. Thank you

COMMITTEE COUNSEL: Thank you

Next, we will move to Bo Feng from Coalition for Asian American Children and Families. You may begin once the sergeant cues you.

SERGEANT AT ARMS: Time has begun.

BO FENG: Hi, good afternoon. First, I want to thank Chair Stevens, Chair Lee, and The Council for allowing this conversation.

My name is Bo Feng, and I am a senior at Thomas A Edison High School in Jamaica. I am a Youth Advocate for the Asian American Student Advocacy Project Mental Health Campaign.

Our Mental Health Campaign aims to identify mental health needs and challenges faced by API youth in New York City public high schools and to advocate for cultural humility and culturally responsive mental health services in schools.

My school is definitely not a school with an abundance of recourses. The first impression of the school for a lot of our students is that it's a great technical high school that will teach you a lot about the fields of studies it offers. Like every other school, my school has its benefits. It gives you a head start if you want to pursue careers in Automotive Technologies or Computer Programming.

However, despite this one benefit, the resources that the school offers are close to none.

Mental health to me and API youth is a very serious topic. In general, API students like myself find it very difficult to discuss feelings about school with their families -- often related to fear and stigma surrounding mental health. At the same time, some teachers also have the bias that API students to not face mental health challenges. It should never be up to the individual to simply "figure it out."

In my own experiences there were many times where I would feel under the weather because of pressure and stress. Being overly stressed can lead to anxiety and worse depression.

In addition, many schools, including my own, lack culturally responsive staff, mental health providers, and services. In my school, there is no one checking up to see how the students are doing when the students are not causing any academic or behavioral troubles. Some teachers will ask you how you are feeling if they see you in a bad mood, but they are definitely not trained to help you with your mental health. There are no counselors that can regularly

sit with students to talk unless a student specifically asks for support. Moreover, some teachers and staff have...

[TIMER CHIMES]

the tendency to emphasize the importance of academics, which leaves us to internally minimize the importance of mental health... (CROSS-TALK)

SERGEANT AT ARMS: Time has expired.

ED FENG: Many of my classmates and API identifying friends face difficulties with depression and anxiety. I am a senior, which means that there is a lot of stress with the college application process. Many of my senior classmates are also struggling with the immense pressure that the application process brings.

I know there are some people who are also dealing with depression or trauma, yet many of us keep these feelings and struggles bottled up. API youth face microaggressions in school on a regular basis. However, the school administration is not doing anything to make the school community a safe and welcoming space. There is just not enough culturally responsive care for us. The lack of mental health resources definitely adds another layer to the

challenges for my community. My school is nothing close to a specialized high school, nor is it a high income area, but I believe mental health should be taken seriously no matter the environment. I believe that everyone deserves to have access to care and support when they need it. They should not be the ones going out of their way just for some mediocre help, but instead have open arms offered to them whenever they the warmth. In order to achieve this, I believe to understand that mental health is more than the absence of clinically diagnosed mental illness.

I do not have depression, anxiety, or any mental illness, but that is not to say that I haven't struggled or that I don't deserve care. We all need and deserve to feel well and cared for. I hope the City and school can hire more culturally responsive therapists if counselors and care more about the students' mental health from a holistic perspective. Thank you.

COMMITTEE COUNSEL: Thank you.

Next will be Ada Lin from Coalition for Asian American Children and Families. You may begin once the sergeant cues you.

SERGEANT AT ARMS: Time has begun.

ADA LIN: Good afternoon, my name is Ada Lin, I am Program Coordinator at The Coalition for Asian American Children and Families.

Thank you to Chair Stevens, Chair Lee, and rest of the council members [INAUDIBLE] families.

As the nation's only pan-Asian children and families' advocacy organization, Coalition for Asian American Children and Families (CACF), aims to improve the health and well-being of Asian American and Pacific Islanders (AAPI) children and families in New York City.

I am the Program Coordinator for Asian American Student Advocacy Project (ASAP). ASAP is a youth leadership program where Asian American youth join across the City.

In ASAP, we have a mental health [INAUDIBLE] that aims to [INAUDIBLE] identify mental health needs and challenges faced by API youth in New York City public high schools and to advocate for culturally humanity and socially responsive mental health services in schools and communities.

Some of the challenges our youth face is that API students generally lack [INAUDIBLE] in discussing

their feelings in school or their life with their families as well as for school teachers. Often times, which is due to the fear and stigma around mental health as well as biases from teachers and school staff due to the result of [NO AUDIO] [INAUDIBLE] minority [NO AUDIO] [INAUDIBLE]. API students not only face mental health challenges, but there are also assumptions that students who perform well in school do not need mental health resources and do not have mental health needs. In fact, many students experience a great deal of performance anxiety that might be linked to their self worth as well as self esteem. Moreover, there is also a lack of culturally responsiveness staff and mental health providers that have been mentioned in this hearing.

We ask the City and DOHMH to provide detailed guidelines to principals to emphasize the needs of social workers, school counselors...

[TIMER CHIMES]

as well as other mental health professionals...

(CROSS-TALK)

SERGEANT AT ARMS: Time has expired.

ADA LIN: in school. We believe that it is very critical to support and to raise awareness for

holistic care options that can provide a large cultural responsive care to the API community.

CBOS have been crucial with providing linguistic assessable and cultural responsiveness services for our communities and [INAUDIBLE]. These direct connections allow our community members to feel welcome and included in the City. Therefore, the City government must provide funding the API [INAUDIBLE] and serving CBOs. Thank you.

COMMITTEE COUNSEL: Thank you.

Our next panel will be Alice Bufkin from Citizens Committee for Children; Dawn Yuster from Advocates for Children; Patrick Boyle from Volunteers of America, and Fiodhna O'Grady from The Samaritans of New York.

Alice, you may begin once the sergeant cues you.

SERGEANT AT ARMS: Time has begun.

ALICE BUFKIN: Good afternoon, my name is Alice Bufkin, I am the Associate Executive Director for Policy and Advocacy at Citizens Committee for Children a multi-issue child advocacy organization dedicated to ensuring that every New York child is healthy, housed, educated, and safe. We are also a

member of the Campaign for Effective Behavioral Supports in Schools.

Thank you, Chair Lee and Chair Stevens, and members of these committees for holding this very important hearing.

I first have to just reiterate what we have heard throughout today. New York City's youth are facing a behavioral health crisis. We all know that even before COVID-19, we had some rises in anxiety and depression and suicidal ideations in the state with a disproportionate impact on youth of color. Obviously COVID-19 entered this landscape with a devastating affect. From a survey from youth involvement, CCC's work, it found that 35% of young people reported needing mental health services, but only 42% of them actually received mental health care.

In addition, recent CDC data shows that just this month 32% of households with children in the New York City metro area reported children having behavioral health needs.

And I can speak to conversations we have had with families and providers, [INAUDIBLE] their waitlist for services that are in the hundreds with families

waiting months and months to get children into the care that that need to get.

So, given all of that, it's clear we need to take urgent action to address the mental health needs of children and youth in our city.

I think the city council made an important step last year by funding a second year of the Mental Health Continuum; however, without baselining this funding, our city will not be able to continue implementation of this important initiative. So, we urge you to support this unprecedented collaboration between DOE, Health + Hospitals, and DOHMH by baselining funding in this year's budget.

Additionally, we believe it's essential for the City to support the important work of school based mental health clinics, which provide an array of diagnostic services and mental health treatments onsite. They are uniquely able to draw down state and city funding, but as you have heard today... state and federal funding, but as you have heard today, there are a lot of challenges with the reimbursement and [INAUDIBLE] making sure that we can provide services for children without a diagnosis for students who don't have insurance, and that we can

provide those kinds of whole school trainings and supports that make clinic onsite not just a clinic, but also something integrated with a broader array of supports within a school.

So, we really feel there's an important [TIMER CHIMES] opportunity to provide both additional funding and wrap around... (CROSS-TALK)

SERGEANT AT ARMS: Time has expired!

ALICE BUFKIN: funding.

And I will let go with what everyone else has said around workforce supports and, uh, enhancing, uhm, community engagement with schools. Thank you so much.

COMMITTEE COUNSEL: Thank you.

Dawn, you may begin once the sergeant cues you.

SERGEANT AT ARMS: Time has begun.

DAWN YUSTER: Hi, everyone, good afternoon. My name is Dawn Yuster, I am the Director of the School Justice Project at Advocates for Children of New York.

For 50 years, Advocates for Children has worked to ensure a high-quality education for New York students who face barriers to academic success, focusing on students from low-income backgrounds.

We are a member of Campaign for Effective Behavioral Supports in Schools as well as member of Dignity in Schools Campaign-New York.

We are here today to discuss the youth mental health crisis and urgent need for a comprehensive system to ensure that our young people have access to and receive behavioral and mental health supports in schools.

Students are 21 times more likely to seek support for mental health issues at school than at a community-based clinic, if at all. According to School-Based Health Alliance, of students who successfully engage in mental health treatment, over 70% initiated services through school. Access to school-based mental health services can reduce disparities in access to behavioral health care as well. However, too often when New York City students are struggling, they are unable to access effective, or even any, behavioral and mental health supports in school.

An August 2022 audit by the Office of the State Comptroller, found that nearly 40% of the DOE's 1,524 schools did not have one of the six mental health programs the DOE claims to offer in NYC schools. To

date, the DOE has failed to do a comprehensive mapping of all the behavioral and mental health services, supports, and programs inside the New York City school system. So, we are asking for the DOE... We are saying that they must make a public mapping of these behavioral and mental health services in schools and expand access to school-based mental health services to students equitably and comprehensively.

In addition, we want to make the point that we urge the City to work towards creating a comprehensive integrated system of mental health [TIMER CHIMES] behavioral health supports for students... (CROSS-TALK)

SERGEANT AT ARMS: Time has expired.

DAWN YUSTER: by making... Thank you, I am almost finished.

We are requesting that the City work towards making the following investments in policy changes in Fiscal Year 2024:

Baselining $5 million for the Mental Health Continuum, the promising model integrating a range of direct services and developing stronger partnerships between schools and hospital-based mental health

clinics so the DOE, Health + Hospitals, and the Department of Health and Mental Hygiene can provide more effective and efficient supports to students with significant mental health needs in high-needs schools.

In addition, we are asking that the City expand and implement school-wide restorative justice practices in all schools.

Finally, in addition to the mapping of citywide behavioral and mental health supports, we urge the City to pass Intro Number 3-2022 to sign to significantly limit the use of handcuffs on students in emotional crisis and strengthen the bill by making a few key amendments, including deleting the provisions related to NYPD training because law enforcement should not respond to students in emotional crisis.

Thank you so much for the opportunity to testify, we look forward to continuing to work with members of these committees and ensure that all students receive the behavioral, mental health support they need to be able to learn and succeed in healing-centered schools. And I would be happy to answer any questions you may have.

COMMITTEE COUNSEL: Thank you.

Our next panelist will be Patrick Boyle from Volunteers of America. You may begin once the sergeant cues you.

SERGEANT AT ARMS: Time has begun.

PATRICK BOYLE: Hi, my name is Patrick Boyle; I am an Assistant Vice President for Public Policy here at Volunteers of America of Greater New York. We are a social services organization. We run many different shelters for different, uh, populations. We are a nonprofit developer of affordable and supportive housing.

At Volunteers of America, we have a mission that really anchors all of the programming we do. And that is a mission towards ending homelessness in the region through health, wealth-building, and housing. To reach that goal is going to require breaking the cycle that feeds homelessness and certainly mental health strains on our youth and children is a big part of that cycle. It's clear from us, from our staff and our many tiered-two family shelters -- our DV Survivor shelters that includes families, and then our Supportive Housing programs that included families -- that we are simply managing homelessness

in this way, and we are not addressing those root causes. And this system is really not built to get at those traumatizing triggers for children and young people in particular. So, the social workers who work in our shelter system -- which is really where I will try to concentrate my comments today -- you know, they are equipped to work with the family kind of unit as a whole and they are empowered to do that. They look for development milestones for children to make sure and access whether the children seem to be hitting those milestones developmentally. But there is not much one on one interactions with the children themselves. That requires parental consent, which is obviously going to be difficult to get in many circumstances. And it's just not really a system that is built for that. In the contracts, which many other, uh, the speakers today have spoken about and alluded to. Our clinicians who work at our shelters witness all sorts [TIMER CHIMES] of issues...

SERGEANT AT ARMS: Time has expired... (CROSS-TALK)

PATRICK BOYLE: [INAUDIBLE] across the [NO AUDIO] [INAUDIBLE] uh, and I will just wrap up to say that ,you know, we second a lot of the comments that have

been made by others the need to have cost of living adjustments for our contracts. But there really needs to be a lot more focus on addressing root causes which include mental health concerns among our youth and children, because it's just going to continue to feed the homelessness cycle.

So, I will direct you to the rest of my written testimony which I will submit. And I thank you again for the opportunity.

COMMITTEE COUNSEL: Thank you.

Next will be Fiodhna O'Grady from The Samaritans of New York. I'm apologize for butchering your name, I know it's Irish or Scottish Gaelic, so I apologize in advance. But you may start when the sergeant cues you.

SERGEANT AT ARMS: Time has begun.

FIODHNA O'GRADY: Thank you, Chairs Lee, and Stevens, for the opportunity to speak today.

I'm Fiodhna O'Grady, and I am here representing The Samaritans of New York's Suicide Prevention Center who for 40 years has operated New York City's only anonymous and completely confidential suicide prevention hotline -- thanks to your funding -- and our education programs in all five boroughs.

Almost a year ago, US Surgeon General, Vivek Murthy, issued an advisory on the youth mental health crisis stating, "It would be a tragedy if we beat back one public health crisis only to allow another to grow in its place."

I am here today to echo those sentiments. Mental health outcomes for our children and young people have continued to deteriorate and the impact is most severe on vulnerable populations. We must do more and sooner.

In New York City Latina adolescents have the highest rate of suicide attempts among their peers; Black children die by suicide at twice the rate of white children; one in three transgender youth in New York City have seriously considered suicide, and two in five report having attempted suicide.

Two-thirds of LGBTQ+ youth said their mental health has deteriorated because of recent anti-LGBTQ+ legislation across the country, and 36% of New York City high school students report feeling "persistently sad or hopeless"; and as we know mental health emergency department visits have increased by 50% for adolescent females across the US.

Again, we must do more and sooner to support our youth and the providers who are tasked with caring for them.

In this constantly changing, fast-paced landscape we currently occupy, caregiver's are often playing catch-up to the pressing issues facing young people. It is paramount that providers are given the tools, education, training and support they need.

Samaritans education program adapts to real-time concerns and doesn't take a "one- size fits all" approach.

In FY22, with Council funding, Samaritans provided this essential suicide prevention and awareness education, training, and support to 1,972 [TIMER CHIMES] guidance counselors, social workers, psychologists... (CROSS-TALK)

SERGEANT AT ARMS: Time has expired... (CROSS-TALK)

FIODHNA O'GRADY: and more working in hundreds of New York City schools, CBOs, and government agencies.

We are bolstered by our Council-funded Hotline which is staffed entirely by community volunteers who donate $800,000 in free labor being one of the most cost-effective in crisis services.

We appreciate and applaud the Council's continued commitment to making New York City's youth and well-being a top priority.

We are here to help, and if you have any questions, we are available.

Thank you for your time.

COMMITTEE COUNSEL: Thank you. We will now move... (AUDIO INTERFERENCE)

Okay, so, next we will move to Joelene Johnson; you may begin once the sergeant cues you.

SERGEANT AT ARMS: Time has begun.

JOELENE JOHNSON: (AUDIO INTERFERENCE)

COMMITTEE COUNSEL: Sorry, Joelene, sorry we are having a little trouble hearing you.

JOELENE JOHNSON: (AUDIO INTERFERENCE) (NO RESPONSE)

COMMITTEE COUNSEL: Joelene, are you prepared to testify?

JOELENE JOHNSON: (NO RESPONSE)

COMMITTEE COUNSEL: I guess she's muted. You may begin once the sergeant cues you. We are going to unmute you.

JOELENE JOHNSON: [INAUDIBLE]

SERGEANT AT ARMS: Time has begun

JOELENE JOHNSON: [INAUDIBLE]

COMMITTEE COUNSEL: If... Okay. Alright.

Next, I am going to call Lauren Galloway.

SERGEANT AT ARMS: Time has begun.

LAUREN GALLOWAY: [NO AUDIO]

COMMITTEE COUNSEL: Next is Rohini Singh and then Dante Bravo. If any of you are on Zoom, please raise your hand.

Joelene Johnson, if you would like to testify, please raise your hand right now on Zoom.

Alright, thank you.

If there is anyone present in the room or on Zoom that hasn't had the opportunity to testify, please raise your hand. Seeing no one else, I would like to note that written testimony... Oh...

Dawn, I've been you have your hand up, but you have already testified.

DAWN YUSTER: Thank you. I just wanted to let you know that Rohini Singh is on my team, and either I or she was going to testify. And so, she's not here because I testified on behalf of our organization.

And I just wanted to add, since I have a couple of seconds, it's just that we had a much more complete testimony, so I would love for you to be

able to read our written comments, and there is a report attached as well. Thank you so much.

COMMITTEE COUNSEL: Thank you. Just for further notice, if someone is not going to be testifying on Zoom, we would just ask that they use the livestream on The Council Website -- just for further notice.

Thank you so much.

So, we are going to wrap it up. Seeing no one else, I would like to note that written testimony, which will be reviewed in full by committee staff, may be submitted to the record up to 72 hours after the close of this hearing by emailing it to testimony@council.nyc.gov .

Chair Lee, we have concluded public testimony for this hearing.

CHAIRPERSON LEE: Okay, great, I just want to thank all of the folks who are online right now for all of the tremendous work that you guys do. I am very familiar with a lot of your organizations, and so, I just want to say, thank you for the continued work that you are doing on behalf of the City. And I also want to thank again all of our staff and Chair Stevens.

And, with that, uhm, I am going to conclude the hearing for today. Thank you so much, everyone.

[GAVELING OUT] [GAVEL SOUND]

C E R T I F I C A T E

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

Date November 30, 2022