NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Dave A. Chokshi, MD, MSc
Commissioner

Testimony

of

Dave A. Chokshi, MD, MSc
Commissioner
New York City Department of Health and Mental Hygiene

Before the

New York City Council

Committees on Health, and Mental Health, Disabilities and Addiction

on

Fiscal Year 2023 Preliminary Budget

March 9, 2022
Virtually
New York, NY

Good afternoon, Chairs Schulman and Lee, and members of the Committees on Health, and Mental Health, Disabilities, and Addiction. I am Dr. Dave Chokshi, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined today by my colleague Dr. Ashwin Vasan, Senior Public Health Advisor to the Mayor and the City's incoming Health Commissioner, Dr. Torian Easterling, First Deputy Commissioner and Chief Equity Officer, Sami Jarrah, Deputy Commissioner for Finance, and other members of the Department's senior leadership team. Thank you for the opportunity to testify on the Department's preliminary budget for fiscal year 2023.

As this is my last time testifying in front of these committees as Health Commissioner, I would like to start by taking a moment to thank you and the entire City Council for your partnership over the last year and a half, and for your ongoing care and commitment to the New Yorkers we serve.

To say this has been a challenging two years would be an understatement. The Health Department has been activated in its Incident Command Structure since January 2020 for COVID-19, and our staff have collectively worked over 3.5 million hours on the response, while doing their "day jobs" of controlling other disease outbreaks, preventing HIV, implementing evidence and equity-based policies to address maternal mortality, child health, asthma, and mental health issues, and inspecting our restaurants, child care centers, and cooling towers, to name a few. Our staff are true public health heroes, and I can't wait for you to learn more about their work during your time on the Council.

Concurrently with our COVID-19 response work, we have launched new programs that have drawn the interest of public health agencies across the world—and often their emulation. Let me give you an overview of what we have accomplished over the past year, by highlighting just a few pieces of our work.

First, to further our core value of equity in all of our work, we took immediate action to fulfill last October's Board of Health resolution on racism as a public health crisis. The Health Department has begun developing and implementing priorities for a racially just recovery from COVID-19, and short- and long-term strategies to address the impact of racism on the health of New Yorkers. Our focus is on action and results. For example, last summer, only 14 (or 19%) Taskforce for Racial Inclusion and Equity (TRIE) neighborhoods had a vaccination rate of 70% or higher. But thanks to our comprehensive and focused efforts, as of early this year, 73 of 74 (over 98%) zip codes in the TRIE neighborhoods are at least 70% vaccinated.

A major reason for these results is our new Public Health Corps – a groundbreaking program designed to employ and deploy trusted community members to better link New Yorkers to the clinical, public health and social services they need. Through the Public Health Corps, more than 500 community health workers have already begun leveraging existing relationships with houses of worship, local businesses, and community groups to build a network committed to creating a healthier neighborhood. Collectively thus far, the Public Health Corps teams have reached millions of New Yorkers with COVID-19 prevention information and resources via more than 24,000 outreach events. But their work does not stop there.

Going forward, their work includes providing education on chronic disease prevention and management, like working with residents to re-fill hypertension prescriptions or conduct environmental assessments for asthma triggers in their home, then arrange for addressing any issues. The Corps members may facilitate education sessions on healthy foods, cooking demonstrations, or farmers market tours; they can connect patients with primary care physicians for diabetes management or even accompany a patient to a diabetes prevention course. We have invested over $125 million in this work with Community Based Organizations (CBOs) thus far, and through these key investments, we are advancing health equity directly on the ground with community members. This holistic view of health is

fundamental to ensuring that all neighborhoods in New York City are able to not just recover from this pandemic, but flourish.

And then in November 2021, the City announced the operation of the first sanctioned Overdose Prevention Centers (OPCs) in the country. 2020 was the deadliest year on record for drug overdoses, both in NYC and nationally, and over 2,000 New Yorkers died of an overdose that year – more deaths than from homicides, suicides, and motor vehicle crashes combined. We needed bold action around preventing overdose, going even further than the many evidence-based initiatives already implemented by the Health Department. The two operational OPCs have already averted over 100 overdoses, while offering connections to harm reduction and other health services, including substance use disorder treatment, and addressing community concerns around syringe litter and public drug use.

Before I turn to the specifics of the fiscal year 2023 preliminary budget, I want to drive home the fact that robust investment in public health is more critical now than ever. We have all heard a lot about healthcare delivery over the past two years, in the context of COVID-19: issues like supply shortages, hospital capacity and nursing shortages have driven much-warranted renewed public investments in healthcare infrastructure. And while this is fundamentally important, public health – because of its focus on upstream prevention – is separate, though complementary, to healthcare delivery. I like to remind folks of the adage – "public health saved your life today, you just didn't know it."

Our work is quiet, often behind the scenes, and not always the star of the show. But when it's properly resourced, driven by data and equity, and executed with expertise like ours, public health not only prevents death and illness, it also improves the quality of our lives, and unlocks opportunity for individuals and communities. We saw this with our historic COVID-19 vaccination campaign, estimated to have saved 48,000 lives and prevented over 300,000 hospitalizations, according to an analysis done by Yale epidemiologists supported by the Health Department. More difficult to measure is all the ways that this public health campaign allowed the rest of society to function and flourish—from fully reopening schools to enabling the fledgling economic recovery by averting further lockdowns.

In this way, public health is always a smart investment long-term – it often saves money, generates economic growth, and will make us a healthier, more resilient city for the future. In another example, recent data shows that our anti-smoking campaigns have resulted in thousands of people quitting smoking and have saved the health care system and society $32 for every $1 spent, by avoiding emergency hospitalizations, ambulance rides, Medicare costs, and more. And it's estimated the NYC Poison Control Center saves $55M annually in healthcare costs by preventing unnecessary emergency department visits.

I could provide many more examples, but these illustrate the need to consider public health funding as an investment in basic infrastructure, like roads and bridges, but for our city's health and economic wellbeing. As I turn to the Preliminary Budget, I'd like to thank Mayor Adams for his support and commitment to the public health of all New Yorkers.

City

I will now speak to the Preliminary Budget. The Department currently has approximately 7,000 employees and an operating budget of $1.98B for fiscal year 23, of which $958M is City Tax Levy (CTL). The remainder is federal, state, and private dollars. And we are excellent stewards of the City's money – I like to say we "double every dollar" – because every CTL dollar the Administration and City Council invests in DOHMH is effectively doubled by outside dollars the agency attracts.

In this budget, the Department received $29.5M in CTL in FY23 for new needs. This funding baselines the New Family Home Visiting program. Launched in 2021, New Family Home Visiting provides evidence-based home visiting services via trained health care workers—from breastfeeding support and creating a safe home, to mental health screenings, to doula services. The program is open to first-time families in public housing, engaged with child welfare, or who live in neighborhoods with the greatest social burdens. Becoming a new parent can be overwhelming, and many families need help and support to raise healthy and thriving children. The New Family Home Visiting program provides that support, and thereby works to interrupt the intergenerational transmission of inequity and illness, by investing in maternal and infant health. We look forward to sharing the outcomes of this program with Council in the coming months, as it expands and progresses.

This investment demonstrates the upstream approach this Administration is taking to public health. And this commitment extends beyond just the Health Department. For example, Mayor Adams has proposed expanding the NYC Earned Income Tax Credit, meaning more economic security for many families, which in turn improves health outcomes. The Mayor has made clear that this is a public health administration, and we are committed to holistic, evidence-based policies that support the physical and mental health and wellbeing of all New Yorkers.

State

I will now turn to the State budget: the Governor's FY23 executive budget proposes significant investments in health care, but not enough for public health. In particular, the Article 6 reimbursement rate for New York City remains at 20%, compared to 36% for the rest of the State – and in total, this translates to a nearly $60 million loss in public health funds for New Yorkers. Article 6 funds core public health services and activities, like sexual health, tuberculosis, and immunization services – activities we know help people lead healthier lives, and in the long run have immense economic benefits. We thank the Governor for the proposals to increase Article 6 funding through higher base grants and reimbursement of fringe benefits, but it is not enough. We need this funding for mission-critical activities, such as the implementation of our Hepatitis Elimination Plan, which details strategies to reduce new hepatitis infections, premature deaths, and health inequities related to the 300,000 New Yorkers living with viral hepatitis. Viral hepatitis is a disease that is both preventable and treatable – but we need adequate resources to do so. To that end, the State has an obligation to fund public health in New York City, and we must receive an equal reimbursement rate as other localities.

Beyond Article 6 funding, I thank the Governor for proposing much-needed investments in the people who have working tirelessly over the past two years to keep our fellow New Yorkers safe. The cost-of-living adjustment for human service providers, Nurses Across New York program, and the health worker bonuses would help to recruit and retain talent in these professions, enabling them to better support the people they serve. The inclusion of public health agencies for the health and mental hygiene worker bonuses is of particular importance for our agency to support our eligible staff.

Federal

On the federal level, we thank President Biden and his administration for their continued support for New York in the response to COVID-19 and his commitment to public health. However, we remain concerned with the overall level and longitudinal sustainability of public health funding from the federal government. We continue to advocate for resources for the Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP) which, respectively, help health departments strengthen their ability to respond to disease threats, and build health care system preparedness for a range of other disasters, from hurricanes to bioterrorism. During COVID-19, this funding allowed us to

deploy nurses to overwhelmed hospitals, and quickly ramp up surveillance and laboratory capacity to better understand and respond to the virus. As with all federal funding, it is essential that resources are appropriated and allocated directly to local health departments with flexibility for localities to determine how to deploy resources as they see fit at on the ground.

We also encourage Congress and the federal government to take action to support public health across the country, because we need to see investment and structural changes happen at the national level, not just here in New York City. For example, we applaud Senator Gillibrand's call for an additional $55 billion in the President's budget to establish programs like our NYC Public Health Corps across the country. Additionally, we support the PREVENT Pandemics Act, which is focused on strengthening the nation's public health preparedness for the next pandemic, through better coordination, funding, and workforce development across all levels of government. The time for such investment is now, when the devastation of COVID-19 is still fresh in our collective memory. And the Public Health Workforce Loan Repayment Act would directly incentivize public health work, strengthening the workforce overall at this pivotal time. In addition, we urge Congress to pass the CARE Act, which would allocate resources to the local level – for both government and community-based partners – to prevent overdoses through harm reduction programming.

Further, we very much look forward to legislation related to the President's recently announced "Strategy to Address our National Mental Health Crisis" – we support efforts as proposed to strengthen capacity, reduce stigma, and bring mental health services to schools. Finally, I will note the importance of the social investments proposed in the Build Back Better Act, particularly the child tax credits that would mean immediate financial relief for many families who may still be struggling with the economic or health impacts of COVID-19. As I mentioned earlier, the public health and economic recovery from the pandemic are one and the same, and Congress must act now to set the stage for a meaningful recovery.

And that's what we – as public health experts – strive to do: prevent, protect, promote. To that end, I'd like to again acknowledge the Department's leadership team and every single one of our staff members who have worked over the past two years and continue to serve New Yorkers day in and out. They are worn out and exhausted, but they are hardworking, passionate experts in their fields. Their mission-driven work is why we are able to double every dollar the City invests in the Department. You don't go into public service for the praise or the glory. At the Health Department we do it because we believe in the science, the people of this great city, and in our vision – a city where all New Yorkers can realize their full health potential, regardless of who they are, where they are from, or where they live. Being the 43rd NYC Health Commissioner has been the honor of my lifetime and it was a privilege to serve with this team of indefatigable public servants during this moment in history.

Thank you, Chairs Schulman and Lee, and members of the committees, for your ongoing partnership and support. I am happy to answer your questions.

Testimony

Of

Dr. Jason Graham, Acting NYC Chief Medical Examiner

NYC Office of Chief Medical Examiner

Before the

New York City Council Committee on Health and Committee on Mental Health, Disabilities and Addiction

For the

FY 2022 Preliminary Budget Hearing

March 9, 2022

Good morning Chair Schulman, Chair Lee, and members of the Committee on Health and the Committee on Mental Health, Disabilities and Addiction. Thank you for the opportunity to testify here today. We at the Office of Chief Medical Examiner value your leadership and thank the City Council for its support of our mission to serve the people of New York City during their times of profound need.

I am Dr. Jason Graham, the acting Chief Medical Examiner for New York City, and I embrace my charge to protect the public health and to serve criminal justice through forensic science. Attending with me are Dina Maniotis, Executive Deputy Commissioner, and Dr. Michele Slone, acting First Deputy Chief Medical Examiner. Like my predecessors before me I recognize the responsibility of my office to preserve a medical examiner's office that is independent, unbiased, immune from undue influence, and as accurate as humanly possible; qualities that NYC has long valued.

The Office of Chief Medical Examiner (OCME) sits at the crossroads of public safety and public health, and we serve the people of NYC through four primary operational areas. First, our forensic medical examiner function responsible for investigating all sudden, unexpected or violent deaths that occur in the City; this includes performing autopsies to determine cause and manner of death and issuing death certificates in medical examiner cases. Supporting our medical examiners and the criminal justice system more broadly is the OCME laboratory function involving our five forensic laboratories, which I will revisit momentarily. Thirdly, the OCME serves as the City's mortuary caring for individuals who may have died with no family or no one capable of making final arrangements; these decedents who remain unclaimed are taken into our custody and ultimately provided burial, if needed. Finally, the OCME has an emergency response role as the lead agency in managing mass fatality incidents occurring in the city, it has been this role which has dominated our efforts for the past two years in helping the City get through the COVID pandemic, the largest mass fatality event in modern US history.

While our city has been carefully returning to normal, the OCME remains engaged in the pandemic response as we manage the dead with the respect and dignity they deserve and in the service of our fellow New Yorkers. I want to take this opportunity to publicly recognize the

contributions made by the OCME team. The entire agency continues to work incredibly hard to support New Yorkers and I am humbled and grateful for their dedication, inventiveness, and perseverance.

The OCME's rapid and comprehensive fatality management response to the pandemic emergency was made possible from more than a decade of extensive pandemic planning and preparedness. This work enabled the agency to quickly operationalize planning into active response while concurrently surging our cadre of renowned forensic experts into pandemic field operations.

As the pandemic waned last year, the administration directed the OCME to demobilize and deconstruct the long-term storage disaster morgue facility at the South Brooklyn Marine Terminal and that was accomplished by the target date of September 30, 2021. The facility had been operational for nearly 500 days.

This past December 2021, the emergence of the Omicron variant spurred OCME to quickly augment its fixed facility mortuary capacity to provide support to local hospitals to decompress their limited morgues and to handle the increased city deaths. Additionally, we amplified our capacity in case intake, recovery teams, forensic investigations, and outreach by reassigning agency physicians and scientists to auxiliary field operations and by integrating approximately 140 National Guard Units into our field operations to meet the demand of the increased fatalities.

Our laboratories have also been returning to normal operations. The Forensic Toxicology Laboratory has made excellent progress in reducing its turnaround time to complete cases and issue reports which had been elevated due mainly to the impacts of COVID which demanded a temporary suspension of our labs from Mid-March 2020 until June 2020. Aside from working on the very highest priority, urgent cases, our laboratory scientists had to be rapidly redeployed to pandemic forensic operations ranging from disaster morgue functions to medicolegal death investigations; OCME criminalists were needed for these roles, as this forensic expertise rarely exists from outside sources during normal times, even less so during the pandemic with NYC as epicenter in the US. At the same time, drug-related deaths have significantly increased with

New York City recording the highest ever accidental overdose deaths during 2020-2021. A 22% increase corresponding to more than 1,100 postmortem cases submitted to the laboratory in 2021 could impact our turnaround times in the next Mayor's Management Report for 2022. The Forensic Toxicology Laboratory is therefore developing strategies to quickly address over the next six months the consequences of an increased caseload for postmortem, road traffic, and sexual assault cases.

The Forensic Biology Lab has also made great progress with a 40% improvement in turnaround time to complete all DNA cases, and specifically a 20% improvement for homicide cases and 10% improvement for sexual assault cases, all better that the target limits set out in the PMMR for median turnaround time. The improved turnaround time was achieved despite an overall 6.9% increase in cases submitted by the criminal justice system compared with the previous year, each case with numerous samples to be analyzed and reports generated. The laboratory completed a total of 13,882 cases in 2021. By the end of fiscal year 2022 we anticipate a temporary increase in turnaround time as we are implementing several new mandatory DNA technology upgrades which invariably slows case work while we conduct required training of all laboratory scientists.

I want to turn now to molecular genetics. While supported by a National Institute of Justice Research and Development Grant, our exemplary Molecular Genetics Laboratory tested a large number of previously unresolved cases using the current technology and identified genetic causes of death in numerous decedents. Testing results not only impact death certificates, but also alert family members to receive appropriate clinical care to prevent additional premature deaths. Furthermore, 2021 marks the laboratory's 10th continuous year of accreditation from College of American Pathologists Laboratory Accreditation Program recognized by the U.S. government as leading program for its stringent criteria to ensure the highest standard of care.

There are roughly 500 board-certified forensic pathologists in all the United States, a crisis-level shortage, and 35 of those 500 are here at the NYC Office of Chief Medical Examiner. The

OCME has developed a renowned forensic pathologist medical fellowship program, which is also a tool for developing new medical examiners for our office. Through this program we have trained over 100 forensic pathologists over the past 30 years, hired almost all our current staff from these graduates and also helped develop 25 pathologists who have become Chief Medical Examiners across the country.

City Budget

I want to turn now to the preliminary budget. The NYC OCME has approximately 759 employees and an operating budget of $121 Million, of which $91 Million is city tax levy. The OCME was not subject to the program to eliminate the gap in recognition of our critical role for the city, including the fight against the pandemic. We continue to work with our administration to secure the resources to help NYC families during the most difficult time in their lives, while effectively serving criminal justice and protecting public health through forensic science and medicine.

I am happy to answer your questions.

PUBLIC ADVOCATE FOR THE CITY OF NEW YORK

Jumaane D. Williams

**TESTIMONY OF PUBLIC ADVOCATE JUMAANE D. WILLIAMS
TO THE NEW YORK CITY COUNCIL HEALTH COMMITTEE JOINT WITH
COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION
MARCH 9, 2022**

Good morning,

My name is Jumaane D. Williams, and I am the Public Advocate for the City of New York. Thank you to Chair Linda Lee and the members of the Committee on Mental Health, Disabilities, and Addiction for holding this hearing today.

New Yorkers have experienced an unprecedented crisis over the past two years, with many in our city experiencing heightened stress and trauma. Many have become newly disabled by the effects of long COVID. Combined with the high numbers of people who already needed mental health resources and treatment and accessibility services prior to the pandemic, it is critically important to prioritize accessible, affordable services for people with mental health needs and disabilities.

I request that New York City invests in expanding its Mobile Crisis Teams and NYC Well, allocating $26 million for 18 new teams and a 50 percent increase in NYC Well resources. The city should also invest $7 million for two new Respite Care Centers. Respite Care Centers provide an alternative to hospitalization for those in crisis. Offering stays for up to one week in supportive settings that allow individuals to maintain their regular schedules and have guests visit while receiving services that resolve crisis situations. Currently there are only eight centers operating in the city. Developing a new center in and with high volumes of 911 calls would provide these critical services to those who need them. The city should also fund a three-digit number that New Yorkers in crisis can call to receive emergency mental health services from trained non-police providers.

HealingNYC directs government efforts to address the opioid crisis and provide substance use treatment. I recommend $5 million to expand this program. Support and Connection centers provide police officers with alternatives to arrests and hospitalization for people with mental health needs who do not pose a risk to public safety. When police interact with people in crisis or people for whom mental health needs appear to be the cause of unusual behavior, police can bring them to these 24-hour diversion centers to receive services, and they will not be arrested or booked. The budget should include $20 million for four new Support and Connection Centers.

These investments will expand resources and services for some of New York City's most vulnerable, who need them now more than ever—for example, Mayor Adams and Governor Hochul recently announced their plan to remove people experiencing homelessness from the subways, many of whom will need to be connected with mental health and substance use treatment services in addition to housing.

With this new budget, New York City has an opportunity to prioritize its disabled residents, who

face numerous challenges at work, school, in the community, and on public transportation. The city should expand programs like NYC: ATWORK, an employment program that recruits, pre-screens, and connects New Yorkers with disabilities to jobs and internships, and EmpoweredNYC, which provides free and confidential financial counseling for people with disabilities.

School- and preschool-age children with disabilities and other health needs experienced significant disruptions to their services due to the pandemic, with many not receiving any services to which they were entitled for many months or even years. The budget must specifically address early intervention services for young children with disabilities and fund compensatory services so children can begin making up for the time they have lost.

It is imperative that our city's new mayor and City Council make those with disabilities and mental health needs a priority. For too long these New Yorkers have been overlooked and underfunded. I hope that we can work together to ensure that the budget reflects our commitment to the most vulnerable in our city.

Thank you.

Asian American Federation

Testimony to the New York City Council
Committee on Mental Health, Disabilities, and Addiction
& Committee on Health
March 9, 2022

Written Testimony

I want to thank Chairs Lee, Schulman and the Council Members of both Committees for holding this hearing and giving the Asian American Federation (AAF) the opportunity to testify on the mental health needs of our community and our mental health service providers. I'm Ravi Reddi, the Associate Director of Advocacy and Policy at AAF. AAF represents the collective voice of more than 70 member nonprofits serving 1.5 million Asian New Yorkers.

With the pandemic recovery beginning, this conversation on mental health is one of the most critical dialogues we need to have. And as we've consistently been saying, while our City is in recovery mode, our community is still very much in crisis.

The FY2023 budget is a critical opportunity for our City to address systemic inequities in funding for innovative and effective mental health work already being done by our community-based organizations. Just this past week, the first-ever Asian mental health directory went live on the Asian American Federation website, hosting a searchable database of providers providing mental health services in 17 Asian languages across all five boroughs. Although our community is in crisis, our member organizations have continuously demonstrated that they're the experts in providing the services most-needed and we are making tangible progress towards addressing mental health accessibility in our communities. The funding support is the last piece of this puzzle.

Community Needs

Mental health service delivery in the city's most diverse community is notoriously difficult. More than 20 Asian ethnic groups are represented within our city, speaking dozens of languages. Aside from the logistics of mental health service delivery in a crisis, cultural stigma around mental health adds an additional layer of service delivery complexity. The shortage of linguistically and culturally competent mental health practitioners and services, which is particularly serious in areas of specialty, highlights the urgency to address these gaps and ensure that our community has equal access to mental health services that cater to their unique needs.

Recent surveys we've done with our small business community and our senior serving organizations and their clients highlight the dramatic needs for mental health care in our community. A survey report we published late last year about Asian small business owners showed that over 60% of respondents said they were worried about anti-Asian bias and hate crimes for the safety of themselves, their staff, and their business establishment. More than 80% of respondents in a survey of seniors who use services from our Seniors Working Group coalition members reported that "mental health and social isolation" were either "important" or "very important."

This is part of a broader narrative. Asians were the only racial group for which suicide was one of the top 10 leading causes of death from 1997 to 2015. Asian American women are particularly vulnerable, with women ages 65 and older having the highest suicide rate across all racial and ethnic groups, and young women ages 15-24 having some of the highest rates of suicide across all racial and ethnic groups. Asian Americans are the least likely of groups to report, seek, and receive medical help for depressive symptoms; a challenge that is further exacerbated in New York City by the fact that 22 percent of Asian New Yorkers live in poverty. Furthermore, the lack of disaggregated data and funders' proposal criteria that often exclude integrated or alternative service models has limited the scope of research on our community's mental health needs and service models that work best for the Asian community.

The recent violent killings of two Asian-American women and the attack of a South Korean diplomat have contributed to the trauma felt by all Asian-Americans. The mental health implications of anti-Asian hate on our already-reeling community deserve urgent, substantive action beyond expressions of solidarity. And these stressors have only compounded the fears and anxieties relating to the last Presidential administration's anti-immigrant rhetoric and policies that separated families and threatened to remove essential safety nets.

Nonprofit Support

These challenges have compelled community-based service providers to innovate amidst stagnant funding and rising demand for mental health services. Our community members, especially our more vulnerable populations like our seniors and immigrants, have consistently demonstrated that they are more likely to come to community-based organizations that have demonstrated cultural competence before utilizing City services. Examples of innovative wrap-around services like including wellness checks with basic needs deliveries show that Asian CBOs have been leading by example in how City dollars can be most effectively put to use in our communities.

But Asian-led, Asian-serving organizations continue to struggle to receive the funding they need to provide services the way our community members best receive them. From Fiscal Year 2002 to 2014, the Asian American community received a mere 1.4% of the total dollar value of New York City's social service contracts. Our analysis showed that over that 12-year period, the Asian American share of DOHMH funding was 0.2% of total contract dollars and 1.6% of the total number of contracts. This was over a 12-year period, representing a trend.

Broadly, across communities of color, BIPOC-led and BIPOC-serving organizations are leading the fight to make mental health care more accessible. Our service-providers are the experts on the ground. We know that addressing mental health is a fundamental part of the policy solutions to help those who are unhoused and address other policy challenges. It's time the City prioritizes our mental health providers, the very providers who have been the go-to resources for the victims of anti-Asian hate and the very providers who have worked on addressing the root causes of so much of this trauma across the City.

Recommendations

We are asking City Council to address the access and capacity challenges to mental health care for Asian New Yorkers by prioritizing funding for mental health providers with demonstrated language access and cultural competence. With this investment, AAF plans to expand and sustain a citywide effort to build mental health service capacity to meet the burgeoning yet underserved needs of the Asian community, made worse by COVID-19 and the rise of Anti-Asian violence, specifically by:

- Funding and investing in Asian-led, Asian-serving organizations so that we can lead in addressing the ongoing mental health crisis that is disproportionately impacting our community.
- Developing the capacity of Asian-serving community-based organizations to identify mental health needs and provide non-clinical interventions.
- Maintain and expand our newly-released Asian Mental Health Directory of clinical and non-clinical mental health service providers with the linguistic and cultural competency to serve Asian New Yorkers.
- Increased, consistent investment in Asian mental health organizations to build staff capacity and expertise to address the increased needs of clients with severe mental illnesses, as well as implement preventive measures where possible;
- Invest in creating a well-coordinated network of mental health support for vulnerable Asian immigrants that prioritizes collaboration between formal service systems and Asian nonprofits that have the language capacity and cultural competency to advise on and treat clients with severe mental illnesses;
- Address systemic issues informing hospital systems allowing clients to be released before they are stable enough, leading to relapse/decompensation among clients and constant burden on Asian nonprofits to provide care for patients who were released prematurely; and
- Improve on programs like NYC Care to ensure mental health care access for those with the greatest barriers to care, like uninsured, underinsured, and undocumented individuals.

As we've said before, CBOs have led by example in how to spend City dollars effectively, and we have the opportunity with this Budget to show that New York City can still lead by example in protecting its most vulnerable. We at the Asian American Federation thank you for allowing us to testify and look forward to working with all of you to make sure our communities get the mental health support they deserve.

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Testimony of Arab-American Family Support Center Before the City Council Committee on Health joint with Mental Health, Disabilities & Addiction Committee

March 9th, 2022

I would like to begin by thanking Chair Schulman, members of the Committee on Health, Chair Lee, members of the Committee on Mental Health, Disabilities & Addiction, and the New York City Council for holding this hearing and inviting community-based organizations to testify. My name is Salma Mohamed, and I am the Partnership & Capacity-Building Specialist at the **Arab-American Family Support Center (AAFSC).** I am honored to testify alongside the Coalition on Asian Children and Families on behalf of marginalized immigrant and refugee families throughout New York City.

At the **Arab-American Family Support Center (AAFSC)**, we have dedicated ourselves to creating an inclusive haven for immigrants and refugees since **1994**. We promote well-being, prevent violence, and prepare families to learn, work, and succeed. Our organization serves all who are in need, but with over **27** years of experience, we have gained cultural and linguistic competency serving New York's growing AMEMSA (Arab, Middle Eastern, Muslim, and South Asian) communities. As a research-driven, culturally and linguistically competent, trauma-informed organization, AAFSC has expanded to offer services at **13** service locations across each of the five boroughs. Our staff speak **36** languages – including Arabic, Bangla, Hindi, Spanish, and Urdu – enabling us to serve populations that mainstream providers struggle to reach.

Immigrant communities have historically faced challenges accessing the health care system, which the COVID-19 pandemic has exacerbated. Numerous journals and studies published in the National Institute for Health have found that immigrant communities in the US are at high-risk for both getting COVID-19 and suffering from its severe symptoms. AAFSC has noticed, and as a journal published in NIH noted, this is primarily because of the complexities of poverty, inaccessibility of healthcare, and fear of legal challenges. As a city that is composed of nearly **40%** of immigrants, and that heavily relies on immigrant communities to keep the economy running, we need to address these issues in every neighborhood across NYC.

As immigrants and refugees across NYC grapple with the long-term ramifications of the COVID-19 public health crisis, ranging from heightened discrimination and hate crimes to acute financial insecurity, they are turning to trusted, community-based resources like **AAFSC** for support. Over the past year, the **AAFSC Research Institute** has challenged the mainstream tendency to paint AAPI and AMEMSA communities in broad strokes through community-based data collection and disaggregation, working diligently to understand their nuanced and multi-layered needs.

Over the course of our needs assessments, we identified that demand for support in the immigrant and refugee communities has reached an all-time high. **66%** of respondents reported at least one unmet health-related need. Alarmingly, there has been a **625%** increase in the proportion of households reporting a need for mental health support over the past **2 years.** AAFSC experienced a **325%** increase in Mental Health Counseling referrals over the past year. Food insecurity in our communities has also reached an unprecedented level. In 2021, AAFSC experienced a 59% increase in demand for food assistance and **44%** of our Needs Assessment respondents reported inadequate access to food.

In response, **AAFSC** has worked to scale our initiatives, offering uninterrupted service delivery throughout COVID-19 and serving **10,000** New Yorkers in **2021** alone. **AAFSC** has distributed over **$550,000** in Emergency Relief Funds during the pandemic, offering an essential lifeline to thousands of beneficiaries facing acute food and housing insecurity. We provided **8,190** clients with mental health counseling, food security assistance, and legal services, understanding that family separation and lack of basic necessities can have ramifications on mental and physical well-being. Access Health NYC enabled us to enroll **2,144** people in health insurance and **839** people in SNAP and

GetFood benefits. **94%** of SNAP recipients reported being food-secure after receiving our case management support. Further, positioned as a unique and linguistically accessible resource within each of the five Family Justice Centers, **AAFSC** served **2,029** survivors of domestic violence across all **5** boroughs in **2021**. We take pride in our holistic approach to addressing the mental and physical health needs of our communities.

Through these and our full range of other wraparound programs, the **Arab-American Family Support Center** continues to rise to the challenge, serving as an essential safety net even as we have faced budget cuts. However, as the external landscape introduces further challenges such as the recommencement of evictions and the alarming prevalence of hate crimes, current allocations will fall short of ensuring we can meet the needs of NYC's most marginalized. It is critical that the City Council honors existing budget contracts and invests in supporting community-based organizations throughout New York City. As the demand for linguistically accessible and culturally responsive programs like ours grows, our services are consistently at capacity, with limited options for external referral destinations that share these unique, but deeply in-demand competencies. We are committed to remaining a resource for AAPI, MENA, and immigrant/refugee communities, but we cannot do it without the city's ongoing support.

AAFSC joins the Coalition of Asian Children and Families in respectfully requesting that the Committee expand funding for Citywide Initiatives that ensure more AAPI, MENA, and immigrant-led and serving groups like the **Arab-American Family Support Center** are adequately funded to support those with the most pressing needs. In particular:

- We request that City Council expands Access Health NYC to **$4m** to address the rising need and allow community-based organizations to educate and assist hard-to-reach New Yorkers on healthcare access and coverage.
- We request that the AAPI Community Support Initiative be funded at **$20m**. This fiscal year, **AAFSC's** allocation through this emerging initiative has been essential as we responded to the rise in hate crimes against AAPI communities and worked diligently to mitigate the disproportionate impact of the COVID-19 pandemic on these households.
- We request a new **$30m** investment in BIPOC-led and BIPOC-serving mental health providers and services to address anti-Asian hate and violence by funding those who are already working in our communities. In **2021**, **AAFSC** offered direct mental health counseling to **114** youth and adults over **1,247** sessions. However, as our agency is one of the only providers offering free mental health counseling in AAPI languages like Bangla, Arabic, and Urdu, we receive hundreds of external referrals and often have an extensive waitlist.
- We request that initiatives that center the well-being and empowerment of marginalized communities are prioritized and increased in the budget for the upcoming year. These include DoVE, the Cultural Immigrant Initiative, the Immigrant Survivors of Domestic Violence Initiative, the Young Women's Leadership Development Initiative, and Access Health.
- Finally, we request that City funding solicitations and decisions prioritize cultural-competency and language accessibility.

Amid the landscape of heightening discrimination, hate crimes, and social isolation, AAPI and AMEMSA communities are seeking out trusted community-based resources now more than ever. We hope we can count on City Council's continued support to ensure that we can remain an accessible resource to the immigrant and refugee communities who have come to rely on **AAFSC** after **27** years of service.

Thank you for your attention. As always, the **Arab-American Family Support Center** stands ready to work with you in ensuring the most vulnerable among us can thrive.

Academy of Medical and Public Health Services

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Testimony on the New York City Fiscal Year 2022 Budget
for the Health & Mental Health Committee
March 9, 2022

Mon Yuck Yu

Good Afternoon. My name is Mon Yuck Yu, Executive Vice President & Chief of Staff at the Academy of Medical & Public Health Services (AMPHS). Thank you, Chair Lee and Chair Moya, for the opportunity to testify.

AMPHS is a not-for-profit healthcare organization in Sunset Park that works to bridge the health equity gap among communities of color by providing free clinical screenings and bilingual mental health therapy integrated with individualized health education and social services to the immigrant populations of New York City, free of cost and regardless of immigration status. We work primarily with undocumented immigrants who suffer high risks of chronic, infectious, and behavioral health issues due to their lack of health insurance access.

I want to tell you the story of Maria, an undocumented immigrant. She never learned to read or write. Turned away at hospital reception because she could not communicate in English, Maria borrowed money to see a private doctor to find out she had COVID-19 and diabetes. When she came to AMPHS, our social worker connected her to follow-up care, helped her navigate free treatment and complicated online patient portals so she could understand her results, and helped her secure funding for diabetes medications, while our mental health therapist provided free, ongoing care in Spanish. Our cash assistance program helped her pay off her bills and she even enrolled in our adult literacy classes with individualized tutoring. Maria is one of the 1,500 residents that receives food deliveries and distribution from us every week. This is the type of holistic support that organizations like ours provide.

During the pandemic, our work has become more important than ever before, reaching over 400,000 people through our outreach and education efforts. Our Community Health Workers offer interpretation in Spanish, Arabic, and three Chinese dialects to help community members navigate our healthcare and social assistance systems. Every month, we are holding in-language workshops and distributing thousands of pieces of literature to community members through canvassing and our weekly food distribution events, and postering at over 700 businesses. Since last year, we have distributed over 500,000 pieces

of PPE. Now, we are fielding COVID-19 vaccine vans biweekly and visiting schools throughout the community to conduct vaccine education. Requests for assistance have also tripled. Every day, our team fields 40-50 calls for individuals like Maria seeking clinical and social assistance. We have a waiting list of nearly 50 individuals seeking support from our free mental health services, which in part has been supported for which we cannot meet by our current funding levels. Finally, we are also offering preventative health screenings on a regular basis in the community, streamlined with social work support.

We would like to thank the City Council for its historical support of our funding through the Immigrant Mental Health Initiative. I would like to urge the City Council to continue and enhance funding for the Immigrant Health Initiative and Mental Health Services for Vulnerable Populations to support this work, and in particular advocate for maintaining Article VI funds. Cuts to funding during the pandemic have been detrimental, while demand for services have tripled; many of our staff are stretched thin and we need sustained funding to maintain our current staff and expand our team.

What has been a mental health stressor in the past has now been exacerbated. Rising costs as a result of international crises have led to financial strain, leading to food insecurity and worse health outcomes. At the same time, lack of continued state investment in excluded workers and the end of the eviction moratorium had led communities to now fear eviction. Families with a history of domestic violence are facing more tension. Community members experience heightened levels of anxiety and depression with the loss of loved ones. Our Asian communities are feeling the stress of racism and harassment every day when they ride the subway going to work; there is a 339% spike in anti-Asian hate crimes nationwide since last year, with Sunset Park, Brooklyn being the neighborhood with the highest reported rates of hate crime.

We have a waiting list of nearly 50 individuals seeking support from our free mental health services, which we cannot meet by our current funding levels. We are one of few organizations offering bilingual therapy services and the need is high. It has been particularly difficult to sustain bilingual therapists due to personnel scarcity and competition with larger institutions that can offer higher salaries, not to mention the outreach we must do to combat the mental health stigma. We can only afford to hire part-time therapists at this time, but many therapists are seeking full-time opportunities. Currently, Mental Health for Vulnerable Populations Initiative only supports mental health services in one Asian-serving organization and we, in addition to a number of other organizations doing this work, have not been funded.

We are here for our communities, and we ask that you be here for us to make our work possible. I humbly thank the City Council for supporting organizations like AMPHS working on providing on-the-ground, culturally-competent services during this challenging time. We look forward to working together to ensure that healthcare is not a privilege, but a basic human right.

Testimony of the American Heart Association

Before the New York City Council Committee on Health
and the Committee on Mental Health, Disabilities, and Addiction

March 9, 2022

Greg Mihailovich, Community Advocacy Director
American Heart Association, New York City

Thank you, Chair Schulman, Chair Lee, and the members of the New York City Council Committees on Health, and Mental Health, Disabilities, and Addiction. On behalf of the volunteers of the American Heart Association, we are grateful for the opportunity to present testimony related to key health initiatives that our organization believes will support healthy behaviors in New Yorkers.

As the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke, of which approximately 80% of diagnoses are preventable[1], we believe every person deserves the opportunity for a full, healthy life. Our mission – *to be a relentless force for a world of healthier, longer lives* – is more important than ever.

A strong public health enterprise that prevents and protects all individuals and families living in New York City from all diseases and preventable conditions—communicable and noncommunicable—requires robust, sustained investment. The American Heart Association fully supports equitable investments in social, economic, and environmental conditions to achieve optimal health, mental health, and well-being for all. As you begin the process for the first budget of this term, we ask that you prioritize funding for programs and initiatives that address systemic health inequities.

<u>Hypertension management and remote care</u>

High blood pressure, or hypertension, is a key risk factor for heart disease and stroke and often there are no obvious symptoms to indicate something is wrong. As of 2019, 2.5 million adults, or 31% of New Yorkers,[2] report having high blood pressure.[3] That is ten times the capacity of Yankee, Citi Field, MetLife, and Dodger stadiums combined.

[1] "Preventable Deaths from Heart Disease & Stroke." Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 3 Sept. 2013, www.cdc.gov/vitalsigns/HeartDisease-Stroke/index.html.
[2] City of New York. (2017, February 2). 2020 population. Retrieved October 2020, from https://data.cityofnewyork.us/City Government/2020 population/t8c6 3i7b
[3] New York City Department of Health and Mental Hygiene. (2017, November). Epi Data Brief, No. 95. Retrieved October 2020, from https://www1.nyc.gov/assets/doh/downloads/pdf/epi/databrief95.pdf

Only 47% of those diagnosed with high blood pressure are under control.[4] The NYC Department of Health and Mental Hygiene (DOHMH) has undertaken a significant effort to promote awareness, clinical guidelines and treatment adherence called *Take the Pressure Off, NYC*. The program's goal was to reduce the number of New Yorkers with raised blood pressure by 150,000 by 2022 and NYC placed 300 blood pressure kiosks around the city for public use. The world has changed a lot since then.

Those with heart disease, including high blood pressure and congenital heart defects, may face an increased risk for complications if they become infected with the COVID-19 virus. People with diabetes, compromised immune systems, chronic lung diseases and other underlying conditions also may be at risk of more severe illness, according to the CDC.[5] High blood pressure also accelerates memory loss and other cognitive declines for middle-aged or older adults, even when it only goes up slightly and for a short time, new research shows. Conversely, controlling high blood pressure slows the speed of cognitive decline.[6]

The pandemic and our increased reliance on remote medical care underscores the importance of access to self-monitoring devices. Just like having a thermometer will help someone tell if they have a fever or are just feeling flushed, access to blood pressure cuffs helps someone determine whether need to seek in-person care if they are feeling unwell. This is especially important if that person struggles with accessing telehealth services.

Self-measured blood pressure (BP) monitoring, the measurement of BP by an individual outside of the office at home, is a validated approach for out-of-office BP measurement. Several national and international hypertension guidelines endorse self-measured BP monitoring, which has high potential for improving the diagnosis and management of hypertension in the United States. However, to adequately address barriers to the implementation of self-measured BP monitoring, financial investment is needed.[7]

NYC should increase funding to its hypertension program to support increased education and outreach, as well as support self-measuring of blood pressure at home by investing in blood pressure cuffs to provide to community partners (FQHCs, Health Systems, other clinics, CBOs) for distribution to those who do not have access to them.

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[4] Angell, S. Y., Garg, R. K., Gwynn, R. C., Bash, L., Thorpe, L. E., & Frieden, T. R. (2008, September). Prevalence, Awareness, Treatment, and Predictors of Control of Hypertension in New York City. Circulation: Cardiovascular Quality and Outcomes, 1 (1), 46 53.

[5] Centers for Disease control and Prevention. (n.d.). Retrieved February 16, 2021, from https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html

[6] De Menezes, S. T., Giatti, L., Brant, L. C., Griep, R. H., Schmidt, M. I., Duncan, B. B., . . . Barreto, S. M. (2021). Hypertension, Prehypertension, and Hypertension Control. Hypertension, 77(2), 672-681. doi:10.1161/hypertensionaha.120.16080

[7] Shimbo D, Artinian NT, Basile JN, Krakoff LR, Margolis KL, Rakotz MK, Wozniak G; on behalf of the American Heart Association and the American Medical Association. Self-measured blood pressure monitoring at home: a joint policy statement from the American Heart Association and American Medical Association. Circulation. 2020;141: e•••–e••• doi: 10.1161/CIR.0000000000000803.

We ask the NYC Council to dedicate an additional $1 million for NYC's hypertension program to provide increased support for New Yorkers struggling with high blood pressure.

Reducing Food Insecurity

The devastating economic impact of the pandemic means that there is no more important time to assure there is a robust food safety net. New York City made significant investments in emergency food services to help keep New Yorkers fed and provide access to affordable healthy food. Food assistance programs are critical for reducing disparities across race/ethnicity, income, and geography. Unfortunately, nearly 1.6 million New Yorkers - one in five - are facing food insecurity.[8] That includes school children, seniors, parents, and working adults.[9] Every family should have access to the foods that help support a balanced diet and a healthier life. Higher intakes of fruit and vegetables – at least 2 daily servings of fruit and 3 daily servings of vegetables – have been associated with lower mortality.[10]

Last fiscal year, NYC matched $5.5 million in federal funding for a total investment of $11 million dollars in the Health Bucks and Get the Good Stuff programs.[11] This is a good first step but, to put it in perspective, $11 million would provide an additional $5 per month for 185,000 SNAP recipients. SNAP serves nearly 1.5 million New York City residents, or 20 percent of the population, on average each month[12] so there are still many more New Yorkers that are in need. We ask that NYC double its contribution to $11M, for a total $16.5M investment in the continued expansion of Health Bucks and Get the Good Stuff.

Additionally, Pharmacy to Farm is a fruit and vegetable prescription program that provides $30 in Health Bucks each month to SNAP recipients who fill a prescription for high blood pressure medication at select pharmacies. The Health Bucks can be used to purchase fresh produce at participating farmers markets. The federal funding supporting this initiative has expired and NYC is winding this program down. We ask that NYC include $1 million in the next budget to keep this program operating.

Expanding the reach and impact of these effective initiatives will have significant long-term health and economic benefits for New York City.

Living Tobacco Free

[8] NYC Mayor's Office of Food Policy. (2021). Food Forward NYC: A 10-Year Food Policy Plan. https://www1.nyc.gov/assets/foodpolicy/downloads/pdf/Food-Forward-NYC.pdf
[9] Ibid.
[10] Wang, D. D., Li, Y., Bhupathiraju, S. N., Rosner, B. A., Sun, Q., Giovannucci, E. L., . . . Hu, F. B. (2021). Fruit and vegetable intake and MORTALITY: Results from 2 prospective cohort studies of us men and women and a meta-analysis of 26 cohort studies. Circulation. doi:10.1161/circulationaha.120.048996
[11] Good Health, Good Value: NYC receives $5.5 million grant to make healthy food more affordable to New Yorkers. (n.d.). Retrieved March 22, 2021, from https://www1.nyc.gov/site/doh/about/press/pr2021/good-health-good-value-nyc-receives-grant-for-affordable-healthy-food.page
[12] NYC Mayor's Office of Food Policy. (2020). Food Metrics Report 2020. https://www1.nyc.gov/assets/foodpolicy/downloads/pdf/food_metrics_report_2020-two_page_spread.pdf

According to the World Health Organization, smokers are likely more vulnerable to severe and potentially life-threatening cases of COVID-19. Smokers often suffer from lung disease and reduced lung capacity, which would greatly increase the risk of serious complications from COVID-19 infection. While there is currently no direct data about the role of vaping in COVID-19 infection or outcomes, a growing body of evidence shows that vaping can harm the health of your lungs. While more research is needed, limited evidence suggests that using e-cigarettes may suppress your immune system, making you more susceptible to respiratory infections and delayed recovery.

The growing evidence around tobacco and e-cigarette use and adverse outcomes from COVID-19 has strengthened the American Heart Association's position that we need New Yorkers to quit their addiction as urgently as possible. With the enactment of the city law banning all flavored e-cigarettes – hopefully to be soon followed by companion legislation restrict access to all flavored tobacco products, including menthol – New York City needs to invest in more cessation programs and support for those now struggling with a nicotine addiction because of heavy e-cigarette use. Those cessation resources also need to available virtually or online to be easily accessible during for these socially distant times.

We ask the NYC Council to invest an additional $1 million in NYC's smoking prevention and cessation programs to help New Yorkers live tobacco-free lives.

Thank you for everything you have done and will do to protect the lives of the people of New York City. The American Heart Association is a reliable and trusted source of information based in credible science, and we will continue to be your partner in ensuring the health and well-being of all New Yorkers.

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Preliminary Budget and Oversight Hearing for Committees on Health & Mental Health, Disabilities and Addiction
12:00pm, Friday, March 09, 2022

Good morning Chairs Schulman and Lee, as well as members of the Committees on Health and Mental Health, Disabilities and Addiction. My name is Yvette Bairan, and I am the Chief Executive Officer at Astor Services for Children & Families, serving both the Bronx and the Mid-Hudson Valley. In my role as CEO, I lead Astor in the administration and oversight of our children and youth mental health services, child welfare services, school-based mental health services, and early childhood development programs. Astor collaborates closely with community, NYS oversight partners, Coalitions, and civic leaders, as well as elected officials, to ensure that our programs and support services are available for all who need them.

I would like to speak with you today about the alarming workforce shortage facing mental health service providers that is only getting worse by the day. We need investments in the children's mental health workforce – a group that has been traditionally underpaid, yet on the front-line caring for the most vulnerable.

Astor currently employs close to eight hundred staff agencywide that range from direct care workers to clinicians and mental health counselors. All these roles are crucial in maintaining our infrastructure needed to bring our State back to normalcy. More than 50% of our Bronx clients identify as Hispanic and we are asking for more support and enhanced salaries to keep and attract talent that is in line with our mission to provide services in a culturally and linguistically appropriate manner. Our largest age cohort is between the ages of 8-17 which encompasses a sizable proportion of our school-aged population with the three top diagnoses being attention deficit hyperactivity disorder (ADHD), depressive disorder, and disruptive/oppositional disorder. These three make up over 60% of the overall primary diagnoses we see in the Bronx and require trained and competent staff that can speak and understand the cultures and communities in which we serve. That is why Astor is looking to expand and reinvest in its bi-lingual Spanish workforce that will enable us to not only hire Spanish speaking clinicians and non-clinical staff, but also allow us to provide language professional development opportunities to our current staff so that we can create an internal language bank to provide the best service and support possible.

Capacity and workforce retention has always been an issue in the human services field. Providers are expected to do more with less and that cannot be more evident than in the current backlogs and wait times that most families in our communities are facing when trying to schedule appointments. That is why we are also working with our Coalition partners to change the scope of practice as it pertains to the role of Licensed Mental Health Counselors in our state to be able to continue to diagnose as it is in danger of being taken away. There is currently legislation being proposed from both the Assembly and Senate (A.6008-A, S.5301-A, and S6378) to address the critical workforce shortages in the public mental health and substance use disorder systems of care across the State. Providing a mechanism that

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allows qualified mental health practitioners to diagnose will help provide services efficiently and effectively and avoid significant access to care issues.
In the last six months, Astor has seen an eight percent shift in vacancies across the agency that has led to the need for many of our programs to shut down intakes and review caseloads on a weekly basis. In our outpatient clinics, we offer 40-70 slots each week and fill them but still have 178 children on the referral waitlist. Other programs like our HBCI (Home Based Crisis Intervention), SYNC (Serving Youth iN Their Communities) and CFTSS (Children and Family Treatment and Support Services) services will just not take referrals when we do not have capacity. Our Bronx Day Treatment program could be accepting referrals right now but are not due to staffing shortages and we are currently facing a 20% reduction of students in our therapeutic pre-school program on Dyre Avenue due to a lack of staffing.

To turnaround this current trend in underemployment, investments need to be made to not only support employee recruitment and retention, but also allow employers sustainable reimbursement rates to be able to compete with our larger competitors. Expanding funding and reimbursements for outpatient and school-based health clinics will allow us to reach more clients and families and allow us to partner/integrate mental health within the school buildings by providing both in-person and tele-health services as needed by clients and staff. We need to increase the rates for Residential Treatment Facilities and increase tuition rates for non-public schools who serve children with disabilities to create parity within the industry and across sectors.

We are all aware of the unprecedented challenges ahead but considering the exasperating mental health challenges facing our communities because of the pandemic, we must remain optimistic that you will partner with us on this journey by recognizing how imperative it is for us to secure the crucial and multicultural mental health workforce who will provide the vital services desperately needed to help our State's vulnerable children and families.

Thank you.

Bowen
Public
Affairs
Consulting

Andy Bowen's Testimony Before the New York City Council
Committees on Health and Mental Health, Disabilities and Addiction
Chairs Lynn Schulman and Linda Lee
FY23 Budget Hearing
March 9, 2022

Thank you Chairs Schulman and Lee, Council Members and staff. I am Andy Bowen, and I am Principal of Bowen Public Affairs Consulting, here to discuss the importance of continuing to fund the Trans Equity Programs Initiative, in FY23 at the level of $4.1 million.

Trans Equity Programs Initiative was started in FY19, with the advocacy effort of community legend Cecilia Gentili, and leadership from Kimberly McKenzie. Trans Equity has, from its inception, included all the kinds of services needed by TGNCNB communities: workforce programming, legal services, physical and mental health, support groups, street outreach, immigration support services, and so much more. The organizations have taken on COVID 19 by maintaining services, frequently with outdoor outreach; dropping off PPE along with safe sex kits; referring people to vaccination information, and getting people appointments; attending to physical health, mental health, and legal needs that continued in spite of the pandemic. Last year, the organizations involved also worked to teach TGNCNB communities more about the State's Gender Expression Non-Discrimination Act, building education about making complaints into their regular work, helping people with legal complaints under the act, doing research and evaluation on these efforts. The initiative also grew to encompass several new partners last year, at the funding level of $3.275, allowing the initiative to expand its reach in Queens. I'm presently sitting in the offices of Trans Equity partner ColectivoTRANS in Jackson Heights, where today I've seen the staff bring in the fresh food needed to feed food

insecure community members, staff drop-in services, and which will hold a meeting tonight to discuss legal issues being faced by community members.

The organizations funded last year did astounding work, and just some of the outcomes reached so far with FY22 funds include, as sample statistics from just some of the providers:

- 350 individuals served via name change services with one provider;
- 305 services to intake clients, 58 of new clients, the total amount indicating repeat service provision, from another provider;
- From yet another provider, literally thousands of in-person "passive" drop offs of PPE, safe sex kits, and food pantry items.

There are many social services offered by the City and nonprofits, but very few are tailored for the specific needs for the TGNCNB community. Even with the creation of new programs for the LGBTQ and TGNCNB community over the last few years from City and private partners, there is a death of programming for TGNCNB adults—as many programs are targeted for youth— and TGNCNB immigrants. With a large shortcoming in supportive services for job training and preparedness, education on available healthcare solutions, legal and social service supports (especially vital as the economic implications of the COVID crisis result in lost jobs, benefits, food security), this initiative, which joins together funding to be distributed to several TGNCNB-serving organizations, will fund new services to fill this gap specifically for the TGNCNB community.

The COVID crisis has had a deeply deleterious effect on TGNCNB communities, with the most recent LGBT New York State Health and Human Services Needs Assessment finding 36.1% of survey respondents having incomes below 200% of the federal poverty line, with

people of color and TGNCNB respondents yet more likely to be below 200% of the poverty line (https://tinyurl.com/7pxpz7zy). There is evidence that this has been exacerbated by the COVID crisis, with one report early in the pandemic finding that 66% of LGBTQ+ households have experienced "serious financial problems" (e.g., losing savings, accumulating new debt) during the COVID crisis, compared with 44% of non-LGBTQ+ households, with those problems deeply exacerbated for Black (95% of respondents facing financial problems) and Latinx (70%) respondents (www.lgbtmap.org/2020-covid-lgbtq-households).

The organizations funded by Council's Trans Equity Programs Initiative tackle the socioeconomic struggles of TGNCNB people through a variety of methods. Their work speaks for itself, and it is absolutely vital that they continue to receive funding commensurate to their asks, equating to $4.1m. Thank you for your time and consideration, and I am happy to answer any questions you have.

CACF

Coalition For Asian American Children+Families

New York City Council Fiscal Year 2023
Preliminary Budget Hearings
Committee on Health and Committee on Mental Health, Disabilities, and Addiction
March 9, 2022

Testimony of Medha Ghosh, MPH, Policy Coordinator
Coalition for Asian American Children and Families (CACF)

Good afternoon, my name is Medha Ghosh and I am the Health Policy Coordinator at CACF, the Coalition for Asian American Children and Families. Thank you very much to Chair Schulman, Chair Lee, and Chair Moya for holding this hearing and providing the opportunity to testify. Today, I am testifying on behalf of Access Health NYC, a critical city-wide initiative that funds community-based organizations that provide culturally responsive and language accessible outreach to New York City's hard-to-reach populations with vital information on accessing healthcare and health coverage. CACF urges the New York City Council to **expand Access Health NYC for $4 Million**.

Founded in 1986, CACF is the nation's only pan-Asian children and families' advocacy organization and leads the fight for improved and equitable policies, systems, funding, and services to support those in need. The Asian American Pacific Islander (AAPI) population comprises nearly 18% of New York City. Many in our diverse communities face high levels of poverty, overcrowding, uninsurance, and linguistic isolation. Yet, the needs of the AAPI community are consistently overlooked, misunderstood, and uncounted. We are constantly fighting the harmful impacts of the model minority myth, which prevents our needs from being recognized and understood. Our communities, as well as the organizations that serve the community, too often lack the resources to provide critical services to the most marginalized AAPI New Yorkers. Working with over 70 member and partner organizations across the City to identify and speak out on the many common challenges our community faces, CACF is building a community too powerful to ignore.

AAPI's hail from South, Southeast, East, and Central Asian countries, as well as from the Pacific Islands. In NYC, we represent over 40 ethnicities, languages and religions, and a multitude of cultures and immigration experiences. AAPIs have the highest rate of linguistic isolation of any group in New York City at 42%, meaning that no one over the age of 14 in the household speaks English well or at all. Moreover, more than 2 in 3 AAPI seniors in New York City are limited English proficient (LEP), and approximately 49% of all immigrants in NYC are LEP. Language access, especially in healthcare settings, is a major need for AAPIs and other immigrant communities here. As one of the four lead organizations of the Access Health NYC initiative, CACF urges the Council to ensure that New York City communities of color and immigrant communities, which

includes the AAPI community, have access to much-needed linguistically accessible and culturally responsive services, which Access Health NYC organizations provide.

Since 2015, Access Health NYC has filled the information gap between healthcare systems and vulnerable communities. Access Health awardees conduct outreach that targets individuals and families who are uninsured, have limited English proficiency, are LGBTQ+, and/or homeless and are experiencing physical and cultural barriers to healthcare and/or coverage. The four lead agencies train, monitor/evaluate, and provide information and technical assistance/guidance to the awardees as well as support a consumer helpline. Throughout the past 7 years, Access Health NYC has conducted over 1,400 educational workshops, trainings, and outreach events and has reached tens of thousands of individuals through this work. With our collaboration over the years with council members and leadership, Access Health NYC partners on the ground have tripled from 12 community-based organizations and Federally Qualified Health Centers to 38 current awardees across all five boroughs.

As the COVID-19 pandemic continues, the needs of our already marginalized communities have intensified and our community-based organizations have had to fill in the gaps for our strained healthcare system. On top of facing job loss and poverty, many families remain under-insured or uninsured, undocumented, and ineligible for unemployment or the federal stimululs for individuals. In addition, AAPI New Yorkers have faced the trauma and fears from growing violence towards our communities. It is now more critical than ever that New York City Council **expand Access Health NYC to $4 Million**, to sustain our efforts to provide critical culturally relevant and language accessible health outreach and education services, as well as, bring a few recently added awardees up to a sustainable award level. New Yorkers must be able to continue to receive the access to health services and information they need during this difficult time.

Thank you very much for your time.

CALLEN-LORDE

TESTIMONY BEFORE THE NEW YORK CITY COUNCIL

Committees on Health and Mental Health, Disabilities and Addictions

March 9, 2022

Submitted by Finn Brigham
Director of Project Management

Good afternoon and thank you - Chairs Schulman and Lee, Chair Brannan, Speaker Adams, and Committee Members - for the opportunity to testify today.

My name is Finn Brigham, and I am the Director of Project Management at Callen-Lorde Community Health Center. For the past 50 years Callen-Lorde has been the global leader in LGBTQ healthcare, providing excellent comprehensive care, free of judgement and regardless of ability to pay. We serve 17,000 patients annually who are often left out of the larger health care systems. And, as one the largest TGNB healthcare providers in the world Callen-Lorde serves over 4,000 TGNB patients.

I am here today to urge the City Council to renew and increase funding for the Trans Equity Initiative at $4.1M for fiscal year 2023. The Initiative was groundbreaking when it was first created and supported by the City Council. It is one of the very few funding streams aimed at the TGNB community even though the TGNB community has documented health disparities and poorer health outcomes.

I want to highlight some of the vital things this funding has allowed us to do in the past. We were able to build and implement a TGNB clinical template in our electronic medical record system. Almost no electronic health records were built with TGNB people in mind. When we were running reports of who was due for a mammogram, or a pap smear, the reports excluded many TGNB patients as they were listed as male or female and not with documentation of which body parts they have. This new clinical template allows us to ensure we are accurate with our 4,000 TGNB patients around their preventative screenings and health needs.

It also allowed us to work on a self-injection video. As you can imagine during COVID most of our patients were not able to come into the clinic to get their hormone injections and no one was home with them. This video allowed people to learn how to safely do hormone self-injections at home during COVID and beyond.

I urge you to **renew and increase funding for the Trans Equity Initiative at $4.1M** in order to continue vital programming like I just described. Thank you for your time and consideration.

For more information, please feel free to contact Kimberleigh J. Smith at ksmith@callen-lorde.org

Good Afternoon,

The purpose of my testimony today is to discuss the severity of the scatter site supportive housing funding crisis, the breadth of the problem, and how deeply it affects nonprofit human services agencies such as CAMBA. CAMBA has contracts with both HRA/HASA and DOHMH to provide scatter site services throughout the city. Currently, CAMBA administers 723 scatter site units citywide through HRA HASA and DOHMH. This housing serves people who have experienced homelessness, have physical or mental health diagnoses, and need additional supports to maintain stability in the community. The City needs more supportive housing, but the low funding for scattered site programs jeopardizes existing units and the tenants they serve.

Agencies like ours whose mission it is to service the most fragile of populations, continue to fund these programs with money that we do not have. The situation has reached a critical mass, where if we cannot receive some relief, we will be forced to give the contracts back to DOHMH. We ask that increased rates be provided in the FY 2023 budget process.

Today I will highlight three of our DOHMH contracts that illustrate the insufficiency of the base funding, the funding that covers rent and services.

The first, the Justice Involved Supportive Housing (JISH) contract, serves formerly incarcerated clients re-entering society. This 30 unit contract is funded by DOHMH at the rate of $485,341. A contract amendment to restore previously reduced funds of $293,925 has not been processed as of yet. Even if and when it does, this program will end the year approximately $60,000 in deficit. To fund rent escalating rent increases since the inception of this contract, direct service staff positions have been eliminated or significantly reduced. This includes a full-time Housing Specialist a full-time Client Advocate, and a full-time Maintenance Worker. In addition, the full-time Program manager who is responsible for staff supervision and program compliance was reduced from 1 FTE to 0.25 FTE.

The second contract, the citywide scatter-site program, was originally a 63 unit program at a level of $1,155,671, or $18,344 per unit. This program has historically been so deficient in funding that DOHMH agreed to allow us to fill only 48 apartments and collect the full funding. Even doing that, the program will end the year in deficit. Rents for the 48 occupied units eat up more than $780,000 and leave us with an unacceptable $8,800 per unit for services.

The final contract, referred to as 932 Supported Housing, is a 65 unit contract with funding at $1,509,123, or $23,217 per unit. With most of these units at Fair Market Rent (FMR), rents total nearly $1 million dollars and even after DOHMH allowing us to de-lease 4 units and collect the full contract, this contract is expected to still end more than $100,000 in deficit.

Contracts are further hampered by DOHMH's unrealistic assumptions about the portion of the rent the tenants themselves can pay. In the three contracts that I analyzed, a total of $363,063 was supposed to be paid toward the rent by the tenants directly. But this fiscal year, we anticipate being able to collect roughly $172,000, less than half of that number. CAMBA has to foot the bill for the difference with money we do not have. Furthermore, many the apartments that are below FMR this year are up for

lease renewal, and we expect the landlords to raise rents even further, which will place these programs in deeper deficit.

Our extensive analysis has determined that funding these contracts at the FMR, plus $17,500 per unit for services will provide enough money to service our clients, and face the challenges that lie ahead.

Thank you for the opportunity to testify today.

Testimony Presented at the New York City Council Fiscal Year 2023 Preliminary Budget Hearing
Committee on Health
Committee on Mental Health, Disabilities, and Addiction

March 9, 2022

Since 1944, CCC has served as an independent, multi-issue child advocacy organization dedicated to ensuring that every New York child is healthy, housed, educated, and safe. CCC does not accept or receive public resources, provide direct services, or represent a sector or workforce. We document the facts, engage, and mobilize New Yorkers, and advocate for New York City's children.

We would like to thank Chair Lee, Chair Schulman, and all the members of the Committee on Health and the Committee on Mental Health, Disabilities and Addiction for holding today's hearing on the Preliminary Budget for Fiscal Year 2023. The COVID-19 pandemic has been devastating to the wellbeing of New Yorkers. To ensure recovery, we must make strong and robust investments in supportive structures for all families in the city.

Supporting Children's Behavioral Health Needs

It is difficult to overstate the deep and long-lasting impact the pandemic is having on the mental health of children and adolescents. The American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association have all declared a national state of emergency in child and adolescent mental health.[i]

The foundation for these challenges were laid well before COVID-19 arrived, driven by chronic underinvestment in the children's behavioral health system, deeply inadequate reimbursement rates, and a focus on crisis intervention rather than the full continuum of behavioral supports for children and their families. Even prior to the pandemic, death by suicide was the second leading cause of death for children 15-19 and the third leading cause of death for children 5-14 statewide, and approximately half of children who needed behavioral health services were unable to access them.

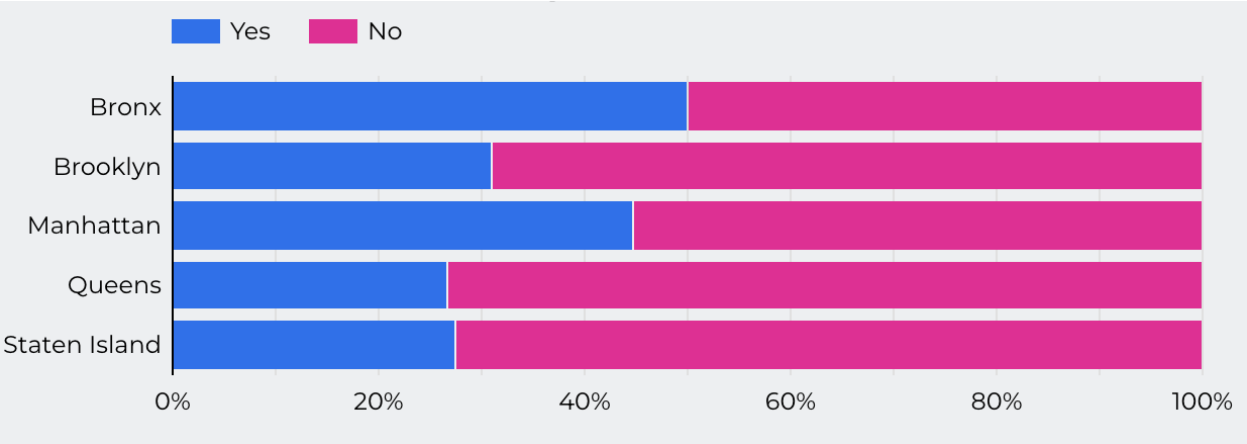
COVID-19 entered this dramatically under-resourced system to devastating effect. More than 7,000 children have lost a parent or caregiver to COVID-19 statewide, and approximately 325,000 children were thrust into or near poverty.[ii] Children are entering their third year of profound personal loss, economic instability, housing and food insecurity, and unprecedented educational disruption.

In New York City and across the country, the pandemic has led to declines[iii] in critical mental health screenings and access to services, even as rates of anxiety, depression, substance use, and suicidal ideation have risen.[iv] Children are experiencing serious emotional distress, yet have been unable to access adequate primary and preventive services, resulting in stark increases of

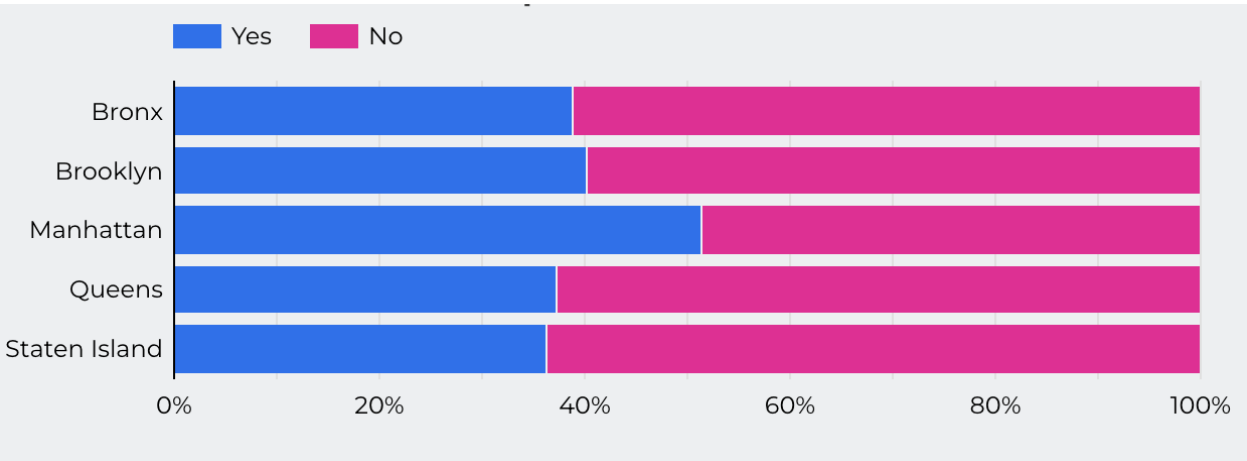
psychiatric symptomatology and hospitalizations.[v] This has created a perfect storm that is impacting all children, and disproportionately impacting low-income communities and families of color.

In February 2021, youth advocates and Citizens' Committee for Children launched a survey that collected responses from more than 1,300 young people (ages 14 to 24) across New York City, with a representative share from all five boroughs.[vi] More than a third (35%) of youth report wanting or needing mental health services from a professional, particularly youth in the Bronx and Manhattan. Among youth who want/need mental health services, only 42% reported receiving these services. Youth identified mental health as one of the greatest challenges and needs in their communities.

Did You Want or Need Mental Health Services from a Professional?



Of Those Who Wanted/Needed Services: Did You Receive Mental Health Services from a Professional?



Source: Voicing Our Future Survey of 1,300+ Youth in NYC, Ages 14-24, February 2021.

Though families in New York have faced significant challenges accessing much-needed behavioral health services, the City has an opportunity to identify and enhance services and interventions that work. With the commitment of our city and state leaders, it is possible to

reverse course and transform the children's behavioral health system into one that supports and lifts up families in the face of crisis. Please see recommendations below for how New York can support the behavioral health needs of young people and their families.

1. **Address Chronic Shortages in Behavioral Health Care for Children and Families.**

- **Strengthen the Behavioral Health Workforce.**

Fundamentally, the provider network is inadequate to meet the wide array of behavioral health needs of New York's children and families. This shortage is largely due to a deeply under-resourced system, which is itself driven by historically inadequate reimbursement rates in Medicaid and commercial insurance, as well as in city and state contracts. New York City cannot address access without addressing the workforce.

At the state level, advocates are fighting in support of a 5.4% COLA for the behavioral health workforce. **New York City should match the state's 5.4% COLA in order to ensure parity between providers of city and state contracts, and to help ensure a stable and sustainable behavioral health workforce.**

Additionally, the city must recognize the complex ecosystem of children's behavioral health supports, and the importance of providing sustained funding for the full continuum of children's services. Specifically, City employees who provide behavioral health supports receive significantly higher salary and benefits than community-based providers paid through city contracts. As a result, the community-based workforce has faced instability, often seeing qualified staff leave CBOs in order to take positions paid through the City. The resulting vacuum in staff leaves providers facing staffing shortages, and pulls providers out of the lives of families and communities who may have relied on those services. **New York City should ensure contracted behavioral health workers have comparable salary and benefits to City providers.**

Finally, we urge city leaders to work closely with community-based providers to determine what supports they need in the wake of the pandemic. With COVID-19, clinics and community-based organizations had to adapt rapidly to the increased and quickly changing needs of their communities. Too frequently, these providers have had to rely on philanthropic funding to meet changing needs, as city, state or federal funds have had neither the speed, flexibility, nor scope to address new crises as they arise. We urge the City to identify strategies for responding quicker to the needs of communities and the organizations that serve them. Examples of critical areas include:

- Technological supports to families and providers to continue providing telehealth and other remote services.
- Flexible grants to support services not reimbursable through Medicaid, including collateral engagement with family members; care coordination; group therapy, parent groups, and grief groups for families; and in-house professional development.
- Stable funding to support innovative practices to integrate mental health supports in early child and education settings.

- Reimbursing organizations for food and basic needs provided to families.

- **Support City Council Mental Health Initiatives.**

City dollars also allow for a unique level of flexibility and wraparound support that state funds, Medicaid, and commercial insurance cannot offer. City Council initiatives, for instance, have for years used non-traditional, community-based settings to help identify children and families in need and offer developmentally appropriate services and support. These trusted community services have been able to adapt to the specific needs of communities and support programs that are challenging to fund through state and federal sources. **As the City Council considers the Fiscal Year 2023 budget, we urge you to maintain funding for essential City Council Mental Health Initiatives, including:**

- **The Mental Health Services for Children under Five** Initiative (CU5) allows organizations to work with children to develop psychosocial and educational skills, as well as cope with trauma resulting from witnessing or experiencing domestic violence, sexual abuse, or physical or mental abuse.
- **Opioid Prevention and Treatment** Supports neighborhood-based prevention & treatment efforts around opioid abuse, including overdose reversal drugs.
- **Mental Health Services for Vulnerable Populations** supports community-based behavioral health programs, including medication for individuals in transitional housing and mental health services for families with child welfare involvement.
- **Developmental, Psychological and Behavioral Health** helps individuals with behavioral health needs and developmental disabilities, supporting harm reduction, clubhouses and more.
- **The Court-Involved Youth Initiative** helps identify youth involved in the justice system who require mental health services and provides family counseling and respite services to families of court-involved youth.
- **LGBTQ Youth Mental Health** supports comprehensive mental health services for vulnerable LGBTQ youth, focusing particularly on youth of color, youth in immigrant families, homeless youth, and youth who are court-involved.
- **Autism Awareness** supports wraparound services for children with autism spectrum disorders (ASD) in after-school and summer programs and during school closings.

2. Support the Behavioral Health Needs of Students

Schools play an essential role in meeting the behavioral health needs of children, yet New York City's approach to addressing the social-emotional needs of students in schools has often been fragmented and insufficient. Far too many students experiencing an emotional crisis are still sent to emergency rooms, subjected to police intervention, or punished with disciplinary practices such as suspension. In the 2018-2019 school year, the NYPD reported that 3,5444 students experiencing emotional distress were removed from school by police and sent to a hospital for psychological evaluation. Nearly half of these students were Black, despite Black students accounting for only a quarter of the NYC public school population.

Schools need the resources and training necessary to support the mental health of all students, rather than relying on punitive and traumatizing responses to student behavior. CCC is a member of the Campaign for Effective Behavioral Supports in Schools (CEBSS), a coalition of advocacy, social service, and community-based organizations, formed in 2012 to combat the increasing practice of school staff unnecessarily sending students to hospital emergency rooms via Emergency Medical Services when staff were unable to address students' social-emotional needs.

Below are recommendations for how New York schools can adequately support students' behavioral health needs, informed by the work of the Campaign for Effective Behavioral Supports in Schools.

- **Follow recommendations made by the Healing-Centered Schools Task Force.**

Healing-centered schools are schools that have removed harmful structures such as punitive discipline, school policing, metal detectors, and exclusionary or biased curricula. Instead, these schools have worked through a community-led process to intentionally adopt trauma-responsive classroom practices, integrated mental health and wellness supports, school-wide restorative and supportive practices, parent and student engagement, anti-racist and culturally-responsive curricula, strengths-based learning, and opportunities for enrichment and creative expression. Healing-centered schools are not one size fits all – they are holistic learning environments that have undergone an individualized, whole-school culture shift co-created through the valued input of students, parents and caregivers, and staff. More detail can be found through the Healing-Centered Schools Task Force recommendations.[vii]

- **Invest in and scale the Mental Health Continuum for students with significant mental health needs.**

Last year, the City allocated $5 million for a promising model called the Mental Health Continuum, which aim to integrate a range of direct services and develop stronger partnerships with hospital-based mental health clinics to provide more effective and efficient supports for students with significant mental health needs. This model aims to meet the needs of students with significant mental health challenges in the schools and neighborhoods with the highest rates of NYPD interventions, suspensions, and chronic absenteeism. The Mental Health Continuum represents the first time ever cross-agency collaboration (DOE, Health + Hospitals, and DOHMH) to help students with significant mental health challenges access direct mental health services in school and connect students to other services throughout the city. However, the City allocated only one year of funding for the Mental Health Continuum. Unless extended, the funding will expire in June 2022. To fully implement the model initiated in FY22 in 50 high-needs schools in the South Bronx and Central Brooklyn, the $5 million must be included and baselined in the FY23 Adopted Budget.

- **Ensure behavioral health services at each public school are effectively communicated to families and communities.**

Many parents and students are unsure where to turn when seeking behavioral and mental health services in schools. The DOE should make clear the mental health services available in each

school, the populations they are designed to serve, and the processes for accessing them, in easy-to-understand materials for parents, caregivers, and communities, both on school websites and school choice guides. The DOE should also conduct outreach to families using multiple methods that do not require digital literacy or internet access—such as sending notices on paper directly to families, phone calls, and text messages—informing them about the mental health services at their school in their home language.

- **Expand access to school-based mental health clinics and partnerships with community-based mental health providers.**

School-based mental health clinics provide on-site clinical services to students. These clinics provide essential clinical supports to students, including diagnosis, individual and family counseling, and more.

SBMHCs bill Medicaid and insurance directly for services provided to students. However, City funding is essential for enabling clinics to offer a more comprehensive and inclusive array of services, including services for uninsured children, services for children without a diagnosis, and trainings and support for school staff and the school population more broadly. Unfortunately, many school clinics lack the City funding necessary to provide the types of wraparound supports that are so essential for ensuring a school-based mental health clinic is part of a continuum of whole-school supports for students. It is critical for the City to provide additional funding to support existing SBMHCs so they can be more comprehensive, inclusive, and effective.

Moreover, far too few schools have access to School-Based Mental Health Clinics. There are approximately 280 schools with a School-Based Mental Health Clinic, out of 1,866 schools (15% of schools). In addition to supporting the operation of existing clinics, the City should significantly increase the overall number of school-based clinics so more students can benefit from their services.

- **Ensure social workers in schools have adequate clinical supervision to effectively serve students.**

We applaud the City's commitment to hire 500 new social workers to support students this school year. Now, more than ever, our students need staff in schools who can provide direct support to meet their social-emotional needs. While we support this investment in our students and school communities, we recommend that the DOE: ensure social workers have access to clinical supervision, limit social workers' capacity solely to providing direct services to students, as opposed to programmatic or administrative duties, and provide opportunities for professional development and culturally-relevant training.

- **Expand and fully complete implementation of restorative justice practices.**

To fulfill their commitment to students, the City must expand and complete the full implementation of school-wide restorative justice practices in all schools. Restorative practices address the root causes of behavior, hold students accountable while keeping them in school

learning, build and heal relationships, and teach positive behaviors. They also correlate with improved academic outcomes, school climate, and staff-student relationships.

- **Revamp and enhance supports for students with behavioral disabilities in Districts 75 and 79.**

Currently, many students with behavioral challenges are referred to District 75, the DOE's Specialized School District only for students with disabilities, and District 79, the DOE's Alternative Schools District. However, many of these students do not make progress and do not receive the intensive behavioral and mental health support they need. Instead, they are regularly subjected to policing[viii], exclusionary discipline, and illegal informal removals, where students are removed from educational settings without due process and other protections for students with disabilities in violation of the law and the DOE's disciplinary policy and procedures. Given these students' significant behavioral needs, the DOE must provide District 75 and 79 school staff with training on developing effective behavioral intervention plans and coaching to implement the plans, and provide these students with individualized support and clinical mental health services.

3. Support the Mental Health of the Youngest New Yorkers.

The stressors of COVID-19 can have a unique impact on children under 5 years of age, who are at a critical developmental and behavioral health stage and may have experienced trauma while lacking the capability to fully understand it or access needed services and care. New family stressors on top of the loss of routine, social interaction, and comfort at an early age can have lasting impacts on early childhood development and social-emotional wellbeing. Fortunately, there are effective models and interventions that are designed to help the youngest children and their families weather these types of challenges and support their healthy development. Unfortunately, far too few of these supports are well-funded or universally supported with public resources.

New York can support the emotional needs of young children by financially supporting and embedding best practices in early childhood contracts, and by baselining Council discretionary dollars that support these practices.

More providers operating both center-based and/or home-based child care would benefit from additional resources to support the integration of behavioral health and developmental supports into their classrooms and from training and resources to promote these practices. However, with limited funding, many programs offered through the city can only offer periodic consultations, rather than ongoing support throughout the year.

DOE should fully fund and expand upon what is working, by embedding resources for training and service integration into standing contracts. Service integration would also be improved through greater coordination between the Department of Education and the Department of Health and Mental Hygiene, which possesses expertise in the types of best practices for young children's developmental and mental health that should be brought to scale in early care and education settings.

Additionally, the New York City Council funds some providers directly for mental health treatment to children aged five years and younger through the Children Under Five Mental Health Initiative. Services include screening and clinical evaluations and individual, small group, and child-parent psychotherapy. The City should maintain funding for this critical initiative.

Supporting Children's Healthy Development

1. Invest in Programs and Interventions that Protect Children from Lead Poisoning.

CCC is a member of The NYC Lead Poisoning Prevention Roundtable, a coalition of advocates who first came together to create and pass Local Law 1 of 2004 as the New York City Coalition to End Lead Poisoning. Now, the Roundtable focuses on closing loopholes in Local Law 1 and ensuring lead laws are adequately implemented and enforced.

In 2004, New York City enacted Local Law 1 (LL1), the most ambitious lead poisoning prevention law in the country, with the stated goal of ending childhood lead poisoning by 2010. LL1 has had an enormous positive impact: according to the Department of Health and Mental Hygiene (DHMH) the number of children under age 6 with elevated blood lead levels (EBLL) declined from some 37,344 during 2005 to just 3,050 in 2019. Nevertheless, our city's children continue to needlessly suffer permanent neurological damage from exposure to lead-based paint and lead dust in their homes. Moreover, childhood lead poisoning disproportionately impacts children of color and low-income in New York City. As of 2019, 82% of children under age six with EBLLs were Black, Latino/a/x, or Asian. 67% of the children were also in high-poverty neighborhoods. Preventing lead poisoning is a matter of environmental and racial justice.

Accordingly, the CCC and our partners in the Roundtable make the following budget recommendations to help combat lead poisoning in children:

- **Fund legislation that enhances proactive inspections and tenant notifications (LL39)**

Local Law 39 was passed in 2018 and requires DHMH to: (1) inspect and test any residence or other location where the lead-poisoned child spends 10 or more hours a week, (2) inspect all other units in the primary residence where a child under the age of 1 resides, (3) improve the education and notification given to the child's parents, including providing information about special education services for the child and posting notices in buildings and other facilities where lead paint hazards are found that alert other residents to the availability of free inspections by HPD, (4) conduct investigations for the sources of exposure in instances of EBLL in pregnant women, and provide additional information to new or expectant parents about blood lead testing, safe work practices, and lead inspections. The City must allocate appropriate funding to DHMH to carry out this work.

- **Fund legislation that enhances tenant notifications of lead hazards (LL40),**

Local Law 40 was passed in 2018. This legislation requires that where DHMH inspects and finds lead hazards in a common area, it must post notices alerting tenants in that building, which

include an explanation of the hazards of lead, precautions for lead dust, and a phone number for getting free blood lead screenings. The City must allocate appropriate funding to DHMH to create and post notices.

- **Fund lead poisoning prevention programs to reach the Center for Disease Control (CDC)'s lowered blood lead reference level from 5 to 3.5 ug/dL.**

The CDC recently announced a lowered blood lead reference level, which is the minimum level of blood lead that is considered "high" in children and triggers action. The DHMH is now tasked with finding and treating children with a lower level of lead in their blood, meaning more children will require intervention. The city must fund the DHMH for the expected increase in cases of childhood lead poisoning.

2. **Protect funding for Article 6 public health services.**

In State Fiscal Year 2020, the state reduced its reimbursement for NYC's Article 6 General Public Health Works Program from 36% to 20%. CCC has joined many of our partners – including those within the City – to adamantly oppose these discriminatory cuts, which have cut tens of thousands of dollars from NYC's public health budget. These cuts are particularly unconscionable as we try to recover from a public health crisis that has disproportionately impacted New York City.

The Article 6 General Public Health Works program supports a broad range of services that are heavily accessed and relied on in communities that have been disproportionately impacted by the pandemic - including communities of color, Indigenous New Yorkers, and immigrant households, as well as people with disabilities and those experiencing chronic illness impacting their physical and mental well-being. Cuts to Article 6 impact programs providing immunizations; tuberculosis outreach, education, and testing; and sexual reproductive health. They also impact community-based preventive services addressing maternal and child and maternal health; mental health; substance use; and chronic diseases. These cuts put the health and well-being of children and families at risk, at a time when our city and state can least afford to slash public health.

We continue to advocate for the State budget to restore its reimbursement to 36%. However, failing this, we urge the City Council and the Administration to backfill these funding cuts for both DOHMH and CBOs, as it did in CFY 2020 and CFY 2021.

3. **Develop a comprehensive plan to ameliorate the secondary health impacts of COVID-19 on young children.**

National data showed a precipitous decline in preventive and primary care rates following the declaration of a state of emergency due to the pandemic, including a 22 percent decline in vaccinations, a 44 percent decline in physical, cognitive, and developmental child screening services, and a 69 percent decline in dental services.[ix]

While these rates are improving, much of the damage has been done, as many children have gone months without the preventive and primary care services that are so important for their development. Early Intervention stands as a stark example of this loss. A December 2020 report from Advocates for Children found that during the 4-week period beginning March 22, there was an 82% decline in referrals from earlier in the year. From mid-April through mid-May, there was 67% decrease in evaluations, and the total number of infants and toddlers receiving EI services between July and September 2020 was 15% lower than the same time period in 2019—a difference of nearly 2,900 children.[x]

These rates underscore the urgent need to make additional investments to identify which children have been left behind and develop a campaign to reconnect children and their families to essential preventive and primary services.

We urge city leaders to commit additional investments in these efforts to enable both the Department of Health and Mental Hygiene and community-based organizations to connect families to care, including strategies such as:

- Baselining funding for Access Health, which provides essential culturally and linguistically competent services through community-based organizations to help connect New Yorkers to healthcare.
- Increasing and baselining funding for the Maternal and Child Health Services initiative, which supports a range of maternal and child health services provided by community partners.
- Identifying and implementing strategies to improve children's access to oral health services, including by promoting mobile dental service models and ramping up school-based dental services once students are able to return safely to school.
- Enhancing funding for child find efforts to identify children who may have missed developmentally appropriate screenings. Additionally, the City should invest in efforts such as the United for Brownsville Early Intervention Ambassador program, designed to combat racial inequities in EI referral and evaluation rates.

Thank you for your time and commitment to New York City's children and families.

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[ix] Centers for Medicare and Medicaid Services. "Service use among Medicaid and CHIP beneficiaries age 18 and under during COVID-19." September 2020.

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NEW YORK CITY COUNCIL
PRELIMINARY BUDGET HEARING
COMMITTEE ON HEALTH
JOINT WITH
MENTAL HEALTH, DISABILITIES & ADDICTION COMMITTEE
MARCH 9, 2022

TESTIMONY BY CORRECT CRISIS INTERVENTION TODAY - NYC

Correct Crisis Intervention Today - NYC (www.ccitnyc.org) is a broad coalition of peers (individuals with lived mental health experience, service providers, advocacy organizations, and other advocates committed to disability and racial justice. We launched CCIT-NYC in 2012 with the aim to end the trauma, abuse, injuries, and even violent deaths, that people with mental health needs experience during a moment of crisis. Our goal is to remove police from mental health crisis responses and instead institute a peer-driven health response.

A Peer's Lived Experience

The experiences of one our Steering Committee members, Evelyn Graham-Nyaasi, clearly underscores the need for removing police from crisis response:

... Now let's fast forward to 2017/2018 in NYC and 25 years after my last hospitalization. I was sitting on my sofa when there was a knock at my door. When I opened the door, there were 8-9 police officers in the hallway. A police officer told me that someone from my home had called 911 and said that I had a knife! He then said that

I had to go with him and to bring my medication with me. I was afraid of cops, and I knew what they could do to me, so I grabbed my coat and medication.

I was escorted outside, and the police officer asked me if I wanted to go in the police car or ambulance. I chose the ambulance because I didn't want to go to jail. I was taken to Bellevue hospital and dropped off. They put me in a locked room, where people were screaming and yelling. We were locked up like animals. I asked for my high blood pressure medication, but I was ignored and sent back to my seat. It was Dr. Martin Luther King, Jr's birthday weekend, so nothing would be done until Tuesday. I was angry that I was lied to. Angry that I was taken to Bellevue hospital and angry that I was stuck there until Tuesday! And then when Tuesday finally arrived, I was taken upstairs to the ward and wasn't released until two weeks later!

After being home for a year, I put in an application for Howie the Harp Advocacy Center to be trained as a Peer Specialist -- a person who has been successful in the recovery process and is able to work with others diagnosed with a mental illness I learned motivational interviewing, active listening, interpersonal communication, cultural competence, group facilitation and more. The program lasted for 20 weeks, and I had to do a 12-week internship.

Peers know what it is like to go through a mental health crisis. And with the proper training, peers can be very instrumental in helping the person experiencing a mental health crisis. There should be "Nothing About Us Without Us." We need peers with lived experience in all areas of the mental health system, especially in crisis response.

Transforming New York's Mental Health Crisis Response – Overhaul B-HEARD

CCIT-NYC advocates a total overhaul of the City's current mental health crisis response, as well as a total overhaul of MOCMH's B-HEARD pilot, which it has dubbed as a "non-police" crisis response, but which in fact, after six months in operation, still has 82% of pilot calls responded to by police, and intends to ultimately have at least 50% of all calls responded to by police. The program was created without

input or consultation with providers, community leaders, and other key stakeholders in the East Harlem and Harlem communities. As a consequence, the program is sorely inadequate, notwithstanding the City's extensive promotion to the contrary.

- The mobile response teams have had a difficult time linking program participants to needed support services and coordinating their work with programs that have been serving the same population for many years.
- The hiring policies, which focus exclusively on recruiting licensed social workers, excludes many qualified individuals, including peers, who have the lived experience which make them key to crisis response.
- Police continue to respond to 82% of the 911 calls that involve an urgent mental health issue.
- There is no planning process that engages peers, providers, call dispatchers, community leaders, and others around developing strategies to improve outcomes and avoid unnecessary trauma for consumers.
- There are no measurable goals, weekly review meetings, or avenues for quality improvement.

The planned expansion of the program into six more precincts in Northern Manhattan and the South Bronx without fixing its many flaws will be a waste of resources and a lost opportunity to help people needing urgent mental health care.

The key distinctions between the B-HEARD program and CCIT-NYC's can best be seen in the following chart:

Critical Attributes of a Mental Health Crisis Response System	**CCIT-NYC Proposal**	**NYC's "B- HEARD" Proposal**
Removal of police responders	**YES**	**NO** (currently approximately 80% of calls are still responded to by police, and even when all kinks are removed, 50% of calls will still be responded to by police)
Three-digit phone number such as 988, in lieu of 911.	**YES**	**NO**
Response team to consist of an independent EMT and a trained peer who has lived experience of mental health crises and know best how to engage people in need of support	**YES**	**NO** (licensed clinical social worker and EMT employed by the New York City Bureau of Emergency Medical Services)
Crisis response program run by community-based entity/ies which will provide culturally competent care and will more likely have a history with the person in need and can intervene prior to a crisis	**YES**	**NO** (run by New York City Police Department and other City agencies)
Peer involvement in all aspects of planning/implementation/oversight as peers must have a say in the policies that affect them and must have a seat at the table -- nothing about us, without us	**YES**	**NO**
Oversight board consisting of 51% peers from low-income communities, especially Black, Latinx, and other communities of color	**YES**	**NO**
Creation/funding of non-coercive mental health services ("safety net"), including respite centers and 24/7 Mental health care to minimize crises in the first place and to serve those for whom crisis de-escalation is insufficient	**YES**	**NO**

Response times comparable to those of other emergencies	**YES**	**NO** (Response time of 14 minutes, compared with average response time of 8-11 minutes for non-mental health emergencies)
Response available 24/7	**YES**	**NO** (Response only available 16 hours/day)
Training of the teams to use a trauma-informed framework, be experiential, and use skilled instructors who are peers	**YES**	**NO**

Transforming New York's Mental Health Crisis Response – Establishing CCIT-NYC's Proposed Model

In place of B-HEARD, the Council **must ensure that CCI-NYC's model – which is based on the CAHOOTS model in Oregon with over thirty years prove success -- is implemented.** CCIT-NYC's model is also in strict accordance with the principles of the Council of State Governments Justice Centers for the development and operation of "community response" programs, including:

- Developing a program in collaboration with community members and local providers
- Identifying how the program can help address existing systemic biases

The $112 million which the Council allocated to a non-police mental health crisis response – and which to date has not been used to that end – should be allocated in support of the CCIT-NYC non-police proposal,

The Mayor's "Subway Safety Plan"

The City Council must exercise tight oversight over the Mayor's subway plan which, although it discusses voluntary services for those with mental disabilities, it

heavily emphasizes involuntary forced treatment which is neither beneficial to those individuals, nor does it provide the freedom violence that the Plan seeks. The literature is clear that forced treatment is of limited utility and is not capable of reducing violence – which notably affects only 4% of those with mental health diagnoses and is in fact the same percentage of violence among those who do not have mental disabilities.

The City Council must **ensure that New Yorkers have access to a wide range of non-hospital, community-based mental health services that promote recovery and wellness, as well as a full panoply of community services, including housing, employment, and education, by allocating funding for such programs as Crisis Respite, Housing First, Safe Haven, Family Crisis Respite, Living Room Model, Safe Options Support Teams, INSET, and Pathway Home.**

The City Council must also **reject the portions of the Mayor's Plan that seek to force individuals with mental illness into out-patient and in-patient care, and provide tight oversight over the portions of the Plan that seek to provide voluntary services to individuals with mental illness.**

Summary

We ask the Council to:

- Enact into legislation the CCIT-NYC proposal to create a non-police, peer-driven mental health crisis response.
- Allocate at least $112 million annually to fund the CCITNYC proposal for a non-police, peer-driven mental health crisis response.
- Enact legislation to amend the operation of MOCMH to:
    - Add peers, mental health advocates, and providers to the oversight board;
    - Require development of an annual strategic plan to enables all New Yorkers with mental illness to connect to mental health services and appropriate housing; and
    - Require publication of quarterly reports showing progress made on achieving the strategic plan's objectives.

- Ensure that New Yorkers have access to a wide range of non-hospital, community-based mental health services that promote recovery and wellness, as well as a full panoply of community services, including housing, employment, and education, by allocating funding for such programs.
- Reject the portions of the Mayor's "Subway Safety Plan" that seek to force individuals with mental illness into out-patient and in-patient care, and provide tight oversight over the portions of the Plan that seek to provide voluntary services to individuals with mental illness.

Thank you for the opportunity to provide this testimony, and we would welcome the opportunity to elaborate on our recommendations. You can reach us at info@ccitnyc.org.

Center for Court Innovation

Research. Development. Justice. Reform.

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Courtney Bryan. Director

Center for Court Innovation
New York City Council
Joint Committee on Health and Committee on Mental Health, Disabilities and Addiction
Preliminary Budget Hearing
March 9, 2022

Good morning Chair Lee, Chair Schulman and esteemed councilmembers of the Committee on Health and Committee Mental Health, Disabilities, and Addiction. Since its inception, the Center for Court Innovation (the Center) has supported the vision embraced by Council of a fair, effective, and humane justice system and building public safety through sustainable community-driven solutions. The Center's longstanding partnership with Council over the past twenty-five years has helped bring this vision to life through evidence-based and racially just programming that spans the entire justice continuum, which include:

- prioritizing the rapid engagement and treatment of individuals suffering from mental health issues and substance use disorders;
- expanding diversion and alternatives to incarceration options across all parts of the justice system;
- implementing gender and family justice programming to offer supports for the whole family.

Our firsthand experience operating direct service programs and conducting original research uniquely positions us to offer insights that the Council can apply as it considers the development of initiatives that respond to needs of all New Yorkers. In each instance, our aim is to provide a meaningful and proportionate response, to treat all people under our care with dignity and respect, to prioritize public safety, and to produce much-needed cost savings for the City. And, as an anti-racist organization, to ensure the needs of marginalized New Yorkers are addressed.

The Center's Innovative Core Funding

This year, we ask the Council to continue and expand support for **the Center's Innovative Core Funding**. The Center uses this funding to flexibly respond to the immediate needs of New Yorkers by piloting novel and effective community-based pilots to test for scalable solutions. Through this work, the Center is making a deep investment in engaging individuals as far upstream as possible, to limit, and ideally prevent, justice system involvement. An increase in investments from Council would support the very issues at the heart of this committee–mental health. Support would also go to further mental health services, homelessness prevention, youth development programs, and community-based violence interventions, in all five boroughs.

Examples of the programming this funding supports are reflected across the City. They include the Center's Midtown Community Court's Client Navigators, who build meaningful connections with individuals battling mental illness, homelessness, and/or substance use disorder to engage them in support services through two new pilot programs: Midtown Rapid Engagement Initiative and the Community First Program. At the Center's Staten Island Justice Center, the Youth Wellness Initiative provides robust mental health services to justice-involved youth and allows participants to co-design community engagement and service activities aimed at reducing mental health stigma. In the Bronx, the Center's Bronx Child Trauma Supports uses this funding to provide therapy sessions to young people, ages 3-15, who have been victims of or witnesses to violent crime, thereby improving community health and reducing intergenerational trauma. We ask the Council to expand the Center's core funding so that we can continue innovating scalable solutions in response to issues we are seeing on the ground, and effectively serve the most vulnerable New Yorkers.

Upstream, Precinct-, and Court-Based Supports for Individuals with Complex Mental Health Needs

Mental health and the justice system cannot be siloed; they are inextricably intertwined. Properly addressing the mental health needs of all New Yorkers—necessary now more than ever before with the stressors of COVID-19 weighing heavily on already under-resourced communities—will allow us to lessen harmful interactions with the justice system and law enforcement. And, on the flip side, ensure that contact with the system is humane, with an emphasis on providing culturally competent treatment and programming.
Ideally, we address the mental health needs of individuals before they ever intersect with the justice system. The Center offers trauma informed mental health programming in communities experiencing high rates of violence in all five boroughs.

We urge Council to continue and expand support for the Center's Queens Community Justice Center's UPLIFT Program and Staten Island Justice Center's Youth Wellness Initiative. To address high levels of exposure to community violence and trauma among young men of color in Queens, the Center's **UPLIFT Program** provides trauma and healing services to justice involved male youth and young adults by offering client-driven individual therapeutic sessions and supportive group workshops. Through case management, victim services assistance, and advocacy and mentoring, participants are supported to recognize, process, and heal their own trauma, resulting in better life outcomes. In Staten Island, the Center's **Youth Wellness Initiative** provides robust mental health services that address trauma and promote healing for young people involved in the justice system or at-risk of justice system involvement. Additionally, the initiative is geared towards providing holistic support to the families by supporting the parents and caretakers of youth enrolled in the initiative.

For those who do intersect with the system, the Center seeks funding for Midtown Community Court's **Rapid Engagement Initiative** (the Initiative) which works in partnership with select NYPD precincts**.** The Initiative serves as a dedicated resource for the precinct-based rapid engagement of individuals who may have complex needs on the same day of an arrest. The Initiative offers individualized care to people arrested on cases that are DAT-eligible who want

to connect to services by employing a highly skilled social worker from Midtown as the precinct's "on-call" social worker and Peer Navigator.

This timing is critical because often an arrest of someone may be the direct result of their dire need for mental health services and/or harm reduction services, along with other services. The intervention will use clinically informed best practices to help address any mental health, substance use, and other social service needs and connect individuals with local community-based organizations. We urge Council to fund this rapid support for justice-involved people, helping them to address needs while also resolving cases quickly and avoiding warrants.

Finally, the Center's **Brooklyn Mental Health Court** (BMHC) provides specialized support to youth ages 18 to 24, who have unique social and cognitive needs and represent a growing percentage of cases served. With Council's continued support, BMHC offers twice monthly programs specifically for youth, including arts programs, movie trips, and meditation classes, all designed to nurture close engagement with the youth population to help them comply with their court mandates and avoid future contact with the justice system. The court's new Youth Engagement Specialist, a bilingual member of our clinical team, ensures young people are not left behind due to language barriers. Renewed funding will enable BMHC to continue and strengthen youth-focused programs, maintain the critical Youth Engagement Specialist role, and provide meaningful activities and healthy meals and snacks to participants, fostering close relationships that help youth to lead healthy non-justice involved lives.

Reducing Incarceration: Alternatives to Incarceration

The Center is committed to reducing unnecessary incarceration and identifying practical paths to safely shrink the jail system. We played a central role in crafting the plan to shutter the jail complex on Rikers Island by coordinating the Independent Commission on New York City Criminal Justice and Incarceration Reform, otherwise known as the Lippman Commission. The Center has measurable experience in implementing data-driven programs that meaningfully reduce incarceration without decreasing public safety.

Our research shows the mental health needs of the incarcerated population to be changing. With more than half of incarcerated New Yorkers flagging for a mental health concerns, there is an opportunity for policymakers to apply new manners to coordinate and provide treatment and offramps for individuals before they suffer an extended jail stay while battling mental illness.[1] Alternatives to incarceration have been used to effectively maintain public safety, stakeholder engagement, fairness, and effective accountability. Alternatives to incarceration can prevent unnecessary disruption to individual lives, while providing linkages to additional services to decrease criminogenic factors that would otherwise grow in confinement. These models are studied to be safe, effective, and cost efficient, and avoid unnecessary incarceration that reduces the long-term adverse impacts it has on individuals, families, and communities.

Felony alternatives to incarceration programs for more serious charges pave the way for diversion at all levels of the justice system, and we ask Council to maintain and expand its support for these programs. The Center's **Felony Alternatives-to-Incarceration** courts in Manhattan and Brooklyn, operated out of Manhattan Justice Opportunities and Brooklyn Justice

Initiatives alike, offer the opportunity to resolve a case without a jail or prison sentence for people who don't qualify for other specialized courts like drug diversion or mental health courts. They offer a reliable and systemic way for people to access alternative sentences, providing rapid assessment, tailored plans to address individual needs, and access to culturally responsive community-based programs, individualized cognitive-behavioral therapy, drug treatment, or mental health treatment. A hallmark of the program is how individualized it is. All assessments and treatment plans are individualized, as is the way the Court responds to developments/setbacks in individual cases.

With City Council's support, we can expand access to these alternatives in New York and safely provide communities with more options to adjudicate harm, maintain community safety, and produce better outcomes for the individual otherwise facing jail or prison time, and the community at large.

Gender & Family Justice: Supporting Whole Families in Court

The Center seeks funding to build the capacity of the successful **Strong Starts Court Initiative (Strong Starts)** to meet the needs of a greater number of infants, toddlers, and their families throughout New York City. Strong Starts is a Family-Court-based project; it employs a two-generational approach to provide specialized supports for infants, toddlers and their families who have child protection cases, and it works to educate court-based professionals in an approach focused on early child development that will transform the traditional family court response to this extremely vulnerable population.

Strong Starts has been operating out of the Bronx since 2015 and is now in all five boroughs. To date, it has prevented the removal of a significant numbers of infants from their parents, has effectuated the return to their parents or families of infants who were in foster care, has prevented the removal of children from foster homes and thereby has reduced further attachment disruptions and instability in their young lives. Strong Starts has assured that families have strong and evidence-backed services during the course of their child welfare case and once they are reunited.

Strong Starts Judges have repeatedly attested to the marked differences in their Strong Starts cases. The Strong Starts Judge in the Bronx has noted the complete culture change in the court over the short time that Strong Starts has been in place in that borough, in that evidence-backed infant parent relational therapies are now court-ordered instead of the ineffectual parenting classes that have long been the backbone of child welfare system interventions.

Strong Starts offers an opportunity to address inter-generational system involvement in a way that builds trust with families, where 70% continue to reach out for services after their cases are concluded. With inquiries from other localities, and technical assistance provided to other Family Courts and child welfare systems across the state, Strong Starts is well positioned to expand capacity in NYC with the support of Council.

Conclusion

By partnering with the Center, Council can go beyond transforming the justice system to cultivating vibrant and prosperous communities that center health, wellness, and security for all its members. We thank the Council its continued partnership and are available to answer any questions you may have.

Notes

[1]Rempel, M. (2020). COVID-19 and the New York City Jail Population. New York, NY: Center for Court Innovation. Available at: https://www.courtinnovation.org/publications/nycjails-covid·

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Center for Court Innovation
FY23 Council Major Health & Mental Health, Disabilities, and Addiction Proposal Summaries

Innovative Criminal Justice Programs Initiative

Center for Court Innovation General

- **Center for Court Innovation #128665 - $1,000,000 (Renewal/Expansion)** This is an application to support the continuation of our alternative-to-incarceration, youth-diversion, and access to justice programs across all five boroughs in New York City. The Council's support allows us to serve tens of thousands of New Yorkers with mental health services, family development, youth empowerment, workforce development, and housing, legal, immigration and employment resource services. Our goal continues to be improving safety, reducing incarceration, expanding access to community resources and enhancing public trust in government to make New York City stronger, fairer, and safer for all.

Mental Health Services for Vulnerable Populations Initiative

Strong Starts Court Initiative

- **Center for Court Innovation: Strong Starts Court Initiative #126136 - $572,241 (New)** The Center for Court Innovation seeks funding to build the capacity of the successful Strong Starts Court Initiative to meet the needs of a greater number of infants, toddlers, and their families throughout New York City. The Strong Starts Court Initiative is a Family-Court-based project; it employs a two generational approach to provide specialized supports for infants, toddlers and their families who have child protection cases, and it works to educate court-based professionals in an approach focused on early child development that will transform the traditional family court response to this extremely vulnerable population.
    - **Also applied under Children Under Five, Speaker's, and Innovative Criminal Justice Programs Initiative**

Bronx Child Trauma Support

- **Bronx Child Trauma Support #125084 - $33,000 (Renewal)** Funding for Bronx Child Trauma Support will support the provision of clinical assessment and treatment of child victims and witnesses to crimes in the Bronx, in partnership with the Bronx District Attorney's Office. Direct services are conducted through evidenced-based trauma-

informed intervention models designed to prevent or reduce post-traumatic stress symptoms, suicidality, re-traumatization and future victimization.

Harlem Community Justice Center

- **Harlem Community Justice Center: Men's Empowerment Program #126010 – $50,000 (Renewal)** The Harlem Community Justice Center's Men's Empowerment Program (MEP) provides trauma-informed programming and mental health interventions to Black and brown young men who have experienced the trauma of mass incarceration and/or community violence in East and Central Harlem. MEP provides a range of innovative programming including individual counseling, trauma-informed group programming, mental health interventions, financial literacy training, and referrals for additional needed services. The requested funding will support professional development and training opportunities for direct service staff centered on learning Cognitive Behavioral Therapy (CBT) curricula and best practices around trauma and mental health. Funding will also be used to provide stipends and incentives to MEP participants as they learn valuable life skills while developing and participating in community service projects and engaging in CBT groups, workshops focused on professional development/employment, and activities centered on preparing for success by identifying and achieving goals.

Mental Health Court-Involved Youth Initiative

Brooklyn Mental Health Court

- **Brooklyn Mental Health Court: Court-Involved Youth Mental Health #126096 – $150,000 (Renewal/Expansion)** The Court-Involved Youth Mental Health initiative of the Brooklyn Mental Health Court provides specialized support to youth ages 18 to 24, who have unique social and cognitive needs and who represent a growing percentage of the cases we serve. Since 2017, more than 126 youth in this age range have pled into the Court. Thanks to City Council support, we now offer monthly programming specifically for youth, including arts programs, movie trips, and meditation classes—all designed to nurture close engagement with our youth population to help them comply with their court mandates and avoid future contact with the justice system. Youth support groups are also offered on a weekly basis. City Council funding also supports our new Youth Engagement Specialist role, a bilingual member of our clinical team. Renewed funding will enable us to continue and strengthen our youth-focused programs, maintain our critical Youth Engagement Specialist role, and provide meaningful activities and healthy meals and snacks to our participants, fostering close relationships that help youth to lead healthy, law-abiding lives.

Queens Community Justice Center - Jamaica

- **Queens Community Justice Center: UPLIFT #128327 - $100,000 (New)** To address the high levels of exposure to community violence and trauma among young men of color in Queens, QCJC piloted UPLIFT in FY22, a program that provides that provides trauma and healing services to justice involved male youth and young adults ages 18-25. By offering client-driven individual therapeutic sessions and supportive group

workshops, case management and victim services assistance, and advocacy and mentoring participants are supported to recognize, process, and heal their own trauma, resulting in better life outcomes. QCJC requests funding to continue and expand this critical work.

Staten Island Justice Center

- **Staten Island Justice Center: Justice-Involved Youth Wellness Initiative #129888 - $160,000 (Renewal/Expansion)** This is a renewal proposal for Staten Island Justice Center's Youth Wellness Initiative, a program that provides robust mental health services that address trauma and promotes healing for young people on Staten Island involved in the justice system or at-risk of justice system involvement. Participants will be provided mental health assessments by a clinician who will create engagement plans based on the needs that are identified in the assessment. Youth will also participate in a 10-week long workshop series focused on addressing the impacts of trauma and promoting healing facilitated by a mental health professional. In addition to group sessions, youth will be offered a menu of services such as individual short-term counseling, peer mentorship, restorative justice circles, and/or civic engagement opportunities as determined clinically appropriate to address underlying needs that spurred justice system involvement. Additionally, this proposal will be geared towards providing support to the families by supporting the parents and caretakers of youth enrolled in the initiative.

Diversion Programs Initiative

Felony Alternatives to Incarceration

- **Center for Court Innovation: Felony Alternative to Incarceration Program #128572 – $1,976,516 (Renewal/Expansion)** The Brooklyn and Manhattan Felony Alternatives to Incarceration Courts, and Brooklyn Mental Health Court offer community-based interventions and rigorous judicial monitoring for felony cases (that are otherwise ineligible for drug, mental health, and domestic violence courts), which can decrease the use of jail and prison sentences and potentially lead to reduced criminal dispositions. The court is staffed by a team of resource coordinators, social workers, and mental health counselors who conduct independent assessments, prepare recommendations for programming and supervision, provide referrals to community-based providers, offer ongoing case management, supervision and compliance monitoring, and pilot new services, such as restorative justice interventions. The program and court part seek to significantly increase the use of ATIs, support and supervision offered to individuals charged with felonies and provide a model for jurisdictions across the country interested in enhancing public safety and reducing incarceration.

Midtown Community Court

- **Midtown Community Court: Midtown Rapid Engagement Initiative (MREI) #128380 - $403,060 (New)** Working in partnership with select NYPD precincts—namely Midtown South Precinct, the 10th Precinct, and the 20th Precinct—Midtown Community Court's rapid engagement pilot will offer individualized support to individuals who want to connect to services by stationing a Peer Navigator at each of the three precincts. The Peer Navigators will engage people as they are being released from the precinct after an

arrest and support them through their case process, alongside a highly skilled case manager and social worker. The Midtown Rapid Engagement Initiative team will immediately engage individuals in need, assess their eligibility for pre-arraignment diversion programs (e.g., HOPE and Project Reset), and provide information about the court process. The team will use clinically informed best practices to help address any mental health, substance use, and other social service needs and connect individuals with local community-based organizations. This initiative will offer rapid support for justice-involved people, helping them to address needs while also resolving cases quickly and avoiding warrants.

- **Also applied under Innovative Criminal Justice Programs Initiative**

Serving the Mental Health Needs of New Yorkers

Center for Court Innovation

These programs have been proven to break the cycle of justice-involvement. Help us expand their reach.

Expand Mental Health Initiatives

Vulnerable Populations

APPLICATION #125084
Bronx Child Trauma Support
—Renewal
Increase trauma-informed clinical assessment and treatment of child victims and witnesses to violent crimes.

« *The children served are victims or witnesses to crimes such as domestic violence homicide, rape, shootings and other violent crimes.*
— Kristen Slesar
LCSW, MS

APPLICATION #126136
Strong Starts Court Initiative
Increase capacity to serve infants, toddlers and their families who have child protection cases citywide.

40% cases with a domestic violence component

75% families have continued to reach out for services after case resolution

APPLICATION #126010
Harlem Community Justice Center—*Renewal*
Expand mental health interventions for young men of color who have experienced the trauma of mass incarceration and/or community violence.

Sessions offered to clients include:

- 1:1 Therapy
- S.E.L.F. Workshops
- Masculinity and Trauma Group Sessions
- Community Benefit Projects
- Case Management

Court-Involved Youth

APPLICATION #126096
Brooklyn Mental Health Court
—Renewal
Strengthen programming for youth with unique social and cognitive needs and support a bilingual youth engagement specialist.

1 in 5 clients between 16 and 24 years old—a critical window for intervention

APPLICATION #128327
Queens Community Justice Center—Jamaica
Provide mental health and healing services to justice involved male youth and young adults with exposure to community violence and trauma. Within this group:

21% diagnosed with ADHD

19% diagnosed with depression

16% diagnosed with bipolar disorder

APPLICATION #129888
Staten Island Justice Center
—Renewal
Support peer-led leadership, mentorship, and violence interventions to keep youth from intersecting with the system while inspiring community safety and healing.

Referrals are split between

Probation Family Court

For more information, contact Shane Correia at correias@courtinnovation.org.

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March 9th, 2022 New York City Council Health Committee Preliminary Budget Hearing

Hepatitis B is one of the leading causes of liver cancer, and it is estimated that there are 241,000 New Yorkers living with hepatitis B. It is often undiagnosed because hepatitis B usually does not cause symptoms, and current risk-based hepatitis B screening guidelines are not always effective in identifying new positive cases. About two-thirds of people living with hepatitis B are unaware that they are infected. If left unmonitored or untreated, hepatitis B can severely damage the liver, potentially causing liver failure or liver cancer. This has become a particularly pressing issue during the COVID-19 pandemic because many delayed or did not seek medical care due to the perceived risk of COVID-19 exposure at healthcare facilities, resulting in significantly fewer hepatitis B screenings and monitoring bloodwork. Lastly, hepatitis B disproportionately impacts individuals born in Africa or Asia, who already face ongoing challenges in accessing care due to cultural and linguistic barriers.

Charles B. Wang Community Health Center (CBWCHC) is a Federally Qualified Health Center that seeks to provide high quality and affordable healthcare to all, building on our heritage of success in caring for underserved Asian Americans. In 2020, CBWCHC served 51,937 patients, 80% of whom were best served in a language other than English, and 86% of whom had an income at or below 200% of the federal poverty level. Approximately 1 in 8 adult patients at CBWCHC live with chronic hepatitis B. We need to ensure that those living with hepatitis B do not fall through the cracks, especially in light of the additional challenges that the COVID-19 pandemic has imposed on our community.

Through the Check Hep B program, supported under the New York City Council's Viral Hepatitis Prevention Initiative, we and other program sites provide culturally and linguistically competent health

education, patient navigation, and care management services for New York City residents with chronic hepatitis B. From July 2014 through June 2020, the program enrolled more than 1,800 New Yorkers living with hepatitis B. Of those linked to care through Check Hep B, 99% completed a hepatitis B medical evaluation. With continued funding and resources, Check Hep B programs throughout the city can continue to address the burden of hepatitis B among our communities. We ask that the City Council continues to fund the Check Hep B program and support our efforts to eliminate viral hepatitis in New York City by 2030.

If you have any questions, please contact Dr. Y-Uyen Nguyen, ynguyen@cbwchc.org.

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Preliminary Budget Hearing Testimony Before the New York City Council Committees on Mental Health, Disabilities and Addiction, and Health

March 9, 2022

Presented by:
Cal Hedigan, Chief Executive Officer
Community Access, Inc.
chedigan@communityaccess.org

Community Access expands opportunities for people living with mental health concerns to recover from trauma and discrimination through affordable housing, training, advocacy, and healing-focused services. We are built upon the simple truth that people are experts in their own lives.

www.communityaccess.org

Thank you, Chair Lee, Chair Schulman, and members of these committees, for convening this hearing. As the CEO of Community Access, I lead an organization that has long been at the forefront of efforts to transform our public mental health system into one where the voices of people living with mental health concerns are centered and play a vital role in the design, delivery, and evaluation of services.

Our organization was founded in 1974, in response to the closure of psychiatric facilities, to support individuals who were transitioning into community living. Today, we are one of the leading providers of supportive housing in New York City, and are the pioneers of an integrated housing model, which has become a best practice nationally: affordable housing where families live alongside people living with mental health concerns. Our 350 person strong staff work daily to support thousands of New Yorkers living with mental health concerns through supportive housing, mobile treatment teams, job training, supported education, advocacy, crisis respite and other healing-focused services. Community Access is also proud to be a founding member of the Correct Crisis Intervention Today in NYC Coalition (CCIT-NYC).[1]

I would like to begin by reminding the members of this committee that the budget is not only a blueprint for the future but a statement of our values. Amid concerns about public safety, Mayor Adams has spoken at length about his desire to balance safety and justice. Unfortunately, this budget does not do enough to create a city in which all people are treated with dignity. We must create a budget that respects the dignity and human rights of every person in New York City, and that adequately funds voluntary, community-based programs that support the health and mental health of all New Yorkers.

I cannot emphasize enough the importance of developing a budget that creates pay equity for human services workers, structures city-funded nonprofit contracts in a way that our organizations can thrive, invests in the development of supportive and affordable housing, provides culturally competent and trauma-informed services, and creates a *health-only* mental health crisis response system.

As you consider budget priorities, I ask that you keep these things in mind:

The nonprofit sector, and particularly the human services sector, has been underfunded for decades. Having worked in New York City in this sector since 1989, I speak from experience. Today, the nonprofit sector employs more than 600,000 New Yorkers, the majority of whom identify as Black, Indigenous, or other people of color (BIPOC) women. Our city contracts are structured in such a way that nonprofits cannot pay our workforce a living wage.

It is unacceptable that we would allow our city's budget reserves to increase by more than $1 billion, while our government-contracted human services workers are paid poverty wages. If justice and equity are a priority for this City Council, then legislators must begin with wage equity for those who work every day to ensure that there is a safety net for our city's most vulnerable residents. Our city's recovery, resilience, and the health of New Yorkers depend on this workforce.

[1] https://www.ccitnyc.org/

Community Access is a proud member if the #JustPay campaign, which calls on the city to:

1. Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts.
2. Set a living wage floor of no less than $21 an hour for all City-funded human services workers.
3. Create, fund, and incorporate a comprehensive wage and benefits schedule for government-contracted human services workers, comparable to the salaries made by City and State employees in the same field.

In this year it is imperative that the City match the 5.4% COLA that is included in the State budget. Our City-funded workforce cannot be left without this much needed increase. It is the bare minimum of what is required now, and would go far to send a message that the City Council understands the need to make structural changes to wages in this sector. The impact of the current wage structure and decades of underfunding have led to a workforce crisis – at Community Access our supportive housing staff vacancy rate is close to 30%. I cannot overstate the importance of investing in this sector to enable providers like us to recruit and retain staff to do this critical work. This must be a budget priority.

Similarly, attention needs to be paid to the financial solvency of nonprofits and the true cost of the essential services we provide. At Community Access, we need to raise more than $3 million every year in private philanthropy just to break even. Recently Mayor Adams and Comptroller Lander convened a task force, Get Nonprofits Paid on Time, which issued a series of recommendations to improve how nonprofits do business with the City.[2] This is a step in the right direction, and we must follow through on these recommendations, including by maintaining and sustaining the Indirect Cost Rate Initiative for nonprofits and human services providers. We also need continued transparency from the Mayor's Office of Contract Services (MOCS) throughout the contracting process.

Homelessness continues to be at a record high in New York City.[3] The solutions proposed by Mayor Adams, most recently through his Subway Safety Plan,[4] leave New Yorkers experiencing homelessness less safe and more likely to end up in handcuffs. More police officers in subway stations are not the answer—this plan further criminalizes homelessness and does not move us towards a more just and equitable city.

[2] https://comptroller.nyc.gov/reports/a-better-contract-for-new-york/

[3] https://www.coalitionforthehomeless.org/state-of-the-homeless-2021/

[4] https://gothamist.com/news/adams-hochul-roll-out-subway-safety-plan-crack-down-homeless-trains-and-stations

The rhetoric around this decision also dangerously implies that people living with mental health concerns, as a group, are violent—this is false. People living with mental health concerns are no more violent than the general public[5] and are more likely to be the victims of violence than the perpetrators.[6]

Furthermore, relying on the expansion of Kendra's Law, and other involuntary coercive interventions, strips New Yorkers of their civil liberties and alienates them from a system that is ill-equipped to fit their needs. There is little evidence that court-ordered treatment is an effective way to improve mental health outcomes. Instead, it often increases people's distrust in the mental health system and makes them less likely to seek treatment in the future. In addition to the problematic involuntary nature of these programs, Assisted Outpatient Treatment (AOT), the program responsible for implementing Kendra's Law in New York City, has been deployed in discriminatory ways. Since its inception, 77% of AOT orders have involved BIPOC people in New York City.[7] Due to these outcomes, these practices should not be relied on moving forward.

What we need is more investment in proven strategies that promote recovery and respect the human rights and dignity of people living with mental health concerns.

The future of our mental health care system must be rooted in approaches that are rights-based, peer-informed, culturally competent, trauma-informed, and truly person-centered. As a provider of Intensive Mobile Treatment (IMT) Team services in New York City, I have seen firsthand how transformative the right approach can be for people who have not been well served by more traditional models. A just future for all New Yorkers cannot rely on coercive and discriminatory models of intervention. We insist that any services and treatments New York City employs to support New Yorkers living with mental health concerns be devoid of any coercive measures.

As our city continues to grapple with record numbers of homelessness, we must look at this not as a homelessness crisis but as the affordable housing crisis that it is. The City must move on from the idea of a right to shelter to the understanding of housing as a fundamental human right—and a vital determinant of individual health and mental health. Furthermore, we must establish policies and budget priorities that support that truth. While the City and State have invested heavily in new housing developments, we know more needs to be done to develop and preserve supportive and deeply affordable housing. We need accelerated investment in supportive and deeply affordable housing today to pave the way for a future where all New Yorkers will be stably housed. Nonprofit housing developers are mission-driven and committed to permanent affordability, and we are natural partners for the City in ending the affordable housing crisis.

My colleagues and I are deeply disappointed in the proposed budget's lack of investment in supportive and affordable housing capital, which falls significantly short of the $4 billion the Mayor promised while

[5] https://www.motherjones.com/politics/2014/06/myth-vs-fact-violence-mental-health-jeffrey-swanson/
[6] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1389236/
[7] https://www.madinamerica.com/2019/07/kendras-law-racist-classist-involuntary/

campaigning.[8] The Mayor's budget also ignored calls for increased staffing[9] at the Housing Preservation and Development (HPD), Department of Homeless Services (DHS), and Department of Social Services (DSS)– a lack of investment that will have damaging effects on our ongoing housing crisis. The Mayor's proposed cuts, Program to Eliminate the Gap (PEG), thankfully spared the Department of Health and Mental Hygiene (DOHMH) from cuts, but under the proposed budget the DSS and DHS will see a headcount reduction that further stymies efforts to create efficient housing placement systems for supportive housing.

I would also like to underscore the call for broadband equity, and the urgent need for the City to invest in efforts to close the digital divide. Access to tele-health and tele-mental health services, education, and family and social connections continues to depend on reliable and affordable internet. The City's own reporting illustrates that 1/3 of New York City households lack a broadband connection.[10] The City must establish and fund a broadband access plan that eliminates existing disparities. The State recently announced that State-funded supportive & affordable housing must provide broadband access and Wi-Fi coverage in the units – at the owner's expense, and the City is expected to follow. For new buildings, the cost for Wi-Fi can be included in the capital budget; for older buildings, we urgently need a strategy for financing ongoing internet access in those buildings.

I would like to end by discussing the critical need to end the use of law enforcement officers to respond to people experiencing mental health crises. The City's B-HEARD program looked like a promising step towards a health-first crisis response, but in reality, it fails to protect New Yorkers in crisis from harm. I join my fellow CCIT-NYC members in calling for a total overhaul of the City's current mental health crisis response. The pilot was dubbed as a "non-police" crisis response, but after six months in operation, only 22% of calls were routed to the B-HEARD teams, and of those only 82% were responded to by the teams.[11] This data speaks for itself. This is not a program that meets the goal of a non-police response for people experiencing mental health crises in our city. We urgently need a true non-police response. Lives are at stake. As a reminder, at least 18 New Yorkers experiencing a mental health crisis have died in police encounters since 2015 alone.

The B-HEARD program was created and continues to operate without input and participation from impacted communities, especially peers (people with lived mental health experience). Community Access has worked diligently as a member organization of the CCIT-NYC Coalition to develop a pilot proposal, presented before the New York City Council in 2020, in which we outline the design, implementation, execution, and budget considerations for a health-only crisis response system.[12] The

[8] https://thenyhc.org/2022/02/17/mayor-eric-adams-fails-to-deliver-on-promise-to-double-housing-investment/
[9]https://citylimits.org/2022/02/04/opinion-a-focus-on-efficiency-will-keep-thousands-of-new-yorkers-needlessly-homeless/
[10]https://comptroller.nyc.gov/newsroom/comptroller-stringer-as-census-moves-online-new-york-citys-digital-divide-threatens-to-help-trump-undercount-communities-of-color/
[11]https://mentalhealth.cityofnewyork.us/wp-content/uploads/2021/12/FINAL-DATA-BRIEF-B-HEARD-FIRST-SIX-MONTHS-OF-OPERATIONS-12.15.21-1.pdf
[12] http://www.ccitnyc.org/wp-content/uploads/2021/02/CCITNYC-Pilot-11-2-20.pdf

proposal was developed in consultation with affected communities through two focus groups, each attended by more than 100 peers, and an ongoing community survey.

The core components of the CCIT-NYC proposal are:

- The removal of police responders
- Calls routed to a call number other than 911
- Response teams made up of trained peers and emergency medical technicians (EMTs)
- Peer involvement in all aspects of planning, implementation, and oversight—nothing about us, without us
- Expanded development and funding of non-coercive mental health services ("safety net"), including respite centers, increased safe-haven capacity, and 24/ 7 urgent mental health care, to minimize crises in the first place and to serve those for whom crisis de-escalation is insufficient
- Training teams to use a trauma-informed framework
- Response times comparable to those of other emergency services
- 24/7 operating hours
- Oversight by an advisory board of 51% or more peers from impacted communities

B-HEARD does not include any of these core components.

We still can, and must, create a system that is better prepared to respond to mental health crises, and to better support community-based services that help prevent those mental health crises from happening in the first place.

In the FY 2023 budget, we ask the City to:

1. Enact into legislation the CCIT-NYC proposal to create a non-police, peer-driven mental health crisis response
2. Allocate $112 million annually to fund the CCIT-NYC proposal for a non-police, peer-driven mental health crisis response.
3. Enact legislation to amend the operation of MOCMH by adding peers, mental health advocates, and providers to the oversight board; requiring the development of an annual strategic plan that enables New Yorkers with mental health concerns to connect to mental health services and appropriate housing; and requiring publication of quarterly reports showing progress made on achieving the strategic plan's objectives.

I am proud of the work Community Access and other allied organizations have done to push the conversation about mental health service delivery in a direction that is more person-centered and rights-based. With thoughtful policy choices and investments, we can create a more just city that meets people's needs, protects them from harm, recognizes human dignity, and supports them to make decisions about their own health and wellness.

Thank you for the opportunity to submit testimony. I look forward to working with the chairs and members of this committee, as well as our partners at OMH, to advance community-based service options and ensure providers citywide have the resources they need to offer the supports our communities rely on. If you and your staff have any questions, or if Community Access can offer direct

support to members in your district, please reach out to me at chedigan@communityaccess.org or 212-780-1400, ext. 7709.

March 9, 2022

Testimony for New York City Council Hearing
Preliminary Budget Hearing
Committee on Health and Committee on Mental Health, Disabilities, and Addiction

Thank you, Chairperson Schulman, and members of the Committee on Hospitals, as well as Chairperson Lee and members of the Committee on Mental Health, Disabilities, and Addiction, for the opportunity to speak today. My name is Erin Verrier, Manager of Policy and External Affairs for Community Healthcare Network (CHN). CHN operates 14 federally qualified health centers (FQHCs), including two school-based health centers and a fleet of medical mobile vans, that provide quality, comprehensive primary care, behavioral health, and social services to some 85,000 New Yorkers annually, many of whom, often, live in medically underserved communities.

I would like to send a special thanks to Councilmembers Charles Barron, Oswald Feliz, and Shaun Abreu for serving the East New York, Tremont, and Washington Heights communities where CHN has operated health centers for decades.

Like you, we are deeply committed to the communities we serve, and strive to increase residents' access to high quality health care. Our health centers provide health care and social supports for individuals and families regardless of race, religion, ethnicity, gender identity, sexual orientation, ability to pay, and immigration status. CHN turns no one away.

When the COVID pandemic shut down our City, CHN stayed open. All CHN health centers continued in-person visits, while also pivoting to telehealth where possible. Close to 50% of the 240,000+ healthcare visits we provided in 2021 were via telehealth. No-show rates for our patients – especially when it comes to behavioral health – dropped significantly.

In addition, we pioneered innovative approaches to COVID testing and vaccination. CHN has hosted over 85 community pop-up vaccination events, administering over 30,000 vaccines not only to our patients, but throughout New York City, breaking barriers and developing trust alongside community and faith-based partners.

I would like to emphasize the comprehensiveness of our services. Of course, as a primary care provider, we offer adult, pediatric, and geriatric care, behavioral health and psychiatry, and women's health and reproductive health (the services upon which we were founded). Over the years we have expanded to offer dentistry, podiatry, ophthalmology, substance use treatment

and prevention, LGBTQ+ outreach, HIV/AIDS and STI treatment and prevention, nutrition, and care coordination.

Specific to substance use disorders, our patients receive Medication Assisted Treatment (MAT) with suboxone, overdose prevention training, 1-on-1 counseling, and more. In recognition of the National Social Worker Month, I emphasize the efforts of our social workers who provide direct patient counseling, while collaborating across clinical teams to help patients address their medical and social service needs.

We recognize factors that often go unaddressed but are essential to health: the social determinants of health (SDOH). CHN is a leader in addressing SDOH needs. For example, to address housing insecurity -- the primary SDOH reported at our health centers -- we partner with affordable and supportive housing developers and reconstruct and expand our own health centers within newly developed affordable housing buildings. This co-located approach allows us to increase our infrastructure, services, and patient base. Meanwhile, we are responding to the need for affordable housing at the community level.

Our capital requests for FY23 are focused on our health centers in Queens. The CHN Sutphin Boulevard Health Center, which has served the community of Jamaica, Queens, since 1978, can be rebuilt in partnership with an affordable housing developer, in a project that will place a new, two-floor CHN Sutphin Boulevard facility to sit underneath 160 units of housing for formerly homeless and low-income seniors. Constructing and outfitting our space will require significant capital investment. In a separate example, capital support is needed to renovate our Long Island City Health Center, which requires fixings such as roof repair. We are requesting $4 million from City Council to construct, renovate, and outfit both of these facilities.

Again, for CHN to continue to provide and build upon our quality healthcare services, capital investment is needed. Other non-capital requests include the continuation of programs like our maternal and child health services and mental health services for veterans. On top of this, we want to see FQHCs incorporated into the NYC Care program via Int. No. 1668.

Overall, as leader for primary care in New York City, we are committed to being strong partners and allies with the City Council and look forward to working collaboratively on policy and funding initiatives that create greater access to healthcare for all.

Thank you.

New York City Council
Testimony of the Corporation for Supportive Housing (CSH)

2022 Joint Hearing: Committee on Health & Committee on Mental Health, Disabilities and Addictions
March 9, 2022

My name is Cassondra Warney, and I am a Senior Program Manager at the Corporation for Supportive Housing (CSH). CSH's mission is to advance solutions that use housing as a platform to deliver services, improve the lives of the most vulnerable people, and build healthy communities. We have been working in NYC as a supportive housing intermediary for over 30 years.

Today, I thank you for the opportunity to speak about the immediate actions New York City Council and Mayor Adams' Affordable Housing Leadership Team need to take in 2022 to make humane, innovative, and fiscally responsible policy changes and investments in supportive housing to reduce homelessness for people impacted by the criminal legal system.

Several thousand people on Rikers Island – approximately 2,589 people in a given year – are experiencing homelessness and struggle with ongoing behavioral health needs. When released, these community members struggle to find adequate support, cycle through crisis systems (including shelter and emergency departments), and likely return to Rikers Island. This group needs an intervention of supportive housing – a combination of affordable housing with voluntary, individualized services. We know supportive housing can be solution to ending homelessness, disrupt the cycling through costly crisis system, reduce jail recidivism and, improve health comes for many populations, especially those with behavioral health needs and criminal legal histories.

In CSH's recently released report, we outline the fiscal costs of supportive housing to serve this group of people. **Today I wanted to elevate two essential budgetary elements that need to be changed this year to support the de-incarceration of Rikers Island, which include: (1) expanding Justice-Involved Supportive Housing (JISH) and (2) increasing the annual commitment to Supportive Housing.**

Expand rates for Justice-Involved Supportive Housing (JISH):
JISH is currently the only designated supportive housing program for people leaving Rikers Island, and there are only 120 apartments available. DOHMH has put forth an RFP to increase units to 500, however due to the contracts rates being too low, there have been minimal bids since 2019.

From a budgetary perspective, the City needs to do the following:

- Give providers current Fair Market Rent (FMR) with an annual escalator. Currently, they are receiving rates based on the FY2017 FMR that doesn't cover rent for the tenants in 2022.

- Increase service funding to $20,699 for scattered-site and $25,596 for congregate service. People who have experienced incarceration, homelessness, and struggle with behavioral health needs have trauma and complex needs, and these essential service providers need adequate staffing to serve this group of people. *Currently, providers only receive $10,000 in services per person.*

Increase the City's Annual Commitment to Supportive Housing:

- Increase NYC's commitment to supportive housing by 1,000 units, for a yearly total of 2,000.
    - Dedicate 500 of the 1,000 new units to individuals who do not meet the homeless chronicity requirement due to their incarceration history. *Most people who need supportive housing held at Rikers Island are not eligible for NYC 15/15, the current city supportive housing funding, because of the homeless chronicity definition.*

- Enhance rental subsidy to align with current FMR and increase service funding for scattered-site to **$17,500** per person.

New York City moving these recommendations forward will be an innovative milestone and example for communities nationwide. They will reduce significant racial disparities in the criminal legal, and homeless systems and end the cycle of homelessness and institutionalization for those struggling with complex behavioral health needs who are incarcerated on Rikers Island.

CSH looks forward to working with the New York City Council on seeing these budgetary needs reflected in 2022's Budget. Implementing these recommendations are cost-effective in the long run, and essential to helping these fellow New Yorkers while also making our City safer.

Please reach out with questions you or other City Council members may have. CSH greatly appreciates your time and attention on this critical matter.

Sincerely,

Cassondra Warney
Senior Program Manager, Metro Team, CSH

cassondra.warney@csh.org
c: 646-640-6069

Chinese-American Planning Council
Testimony Before the Committee on Health
and the Committee on Mental Health, Disabilities and Addiction
on the Preliminary Budget for Fiscal Year 2023

March 9, 2022

Good afternoon, my name is Melody Yang and I am an Access Health Specialist at the Chinese-American Planning Council (CPC). The mission of the Chinese-American Planning Council, Inc. (CPC) is to promote social and economic empowerment of Chinese American, immigrant, and low-income communities. CPC was founded in 1965 as a grassroots, community based- organization in response to the end of the Chinese Exclusion years and the passing of the Immigration Reform Act of 1965. Our services have expanded since our founding to include three key program areas: education, family support, and community and economic empowerment.

CPC is the largest Asian American social service organization in the U.S., providing vital resources to more than 60,000 people per year through more than 50 programs at over 30 sites across Manhattan, Brooklyn, and Queens. CPC employs over 700 staff whose comprehensive services are linguistically accessible, culturally sensitive, and highly effective in reaching low-income and immigrant individuals and families. With the firm belief that social service can incite social change, CPC strives to empower our constituents as agents of social justice, with the overarching goal of advancing and transforming communities. To that end, we are grateful to testify about issues that impact the individuals and families we serve, and we are grateful to the Council for their leadership on these issues.

I'd like to share a story of one community member who I worked with that was struggling to pay his prescription medication bill. Last August, he made an appointment to consult with me on how to pay for a very large medical bill. He worked in NY for over 30 years and is now retired with Medicare. He had a coronary bypass surgery and suffered from side-effects after receiving the booster. After that, he had to take three types of brand name medications related to mental health. Those Tier 4 Medicine cost him lots of money. Even if he applied for EPIC and got approval, one medicine is not covered by Part D and EPIC. In 2021, he already paid $10,000 on his medical bills and his social security retirement benefit is struggling to cover the medical bills since he also needs to pay for housing. During my conversation with him, we discussed Medicaid, the Surplus program, and Medicaid Pool Trust. I helped him understand how all the programs work together and his eligibility, as his case was extremely complex. In December, he made

another appointment with me for a Medicaid application which was conditionally approved on Jan. 16 of this year. He feared he would be drowning in medical debt and was thankful for our help. He shared that no one ever took time to help him sort everything out and work with him step by step like CPC did.

In New York City, AAPIs are the fastest growing racial group, and one in five AAPIs do not have access to health insurance. Those numbers get much higher when you look at different racial and ethnic subgroups, as well as seniors. The Access Health NYC initiative is designed to target individuals and families who are uninsured, LGBTQ, formerly incarcerated, homeless, have limited English proficiency, have disabilities, live with HIV/AIDS, and are experiencing other barriers to health care access/information about health coverage and options. It gives organizations like CPC the resources we need to connect our community members with much needed health insurance and health care resources.

Better access to insurance coverage means that our community members get better primary and preventive care. It also means that community members do not have to make the same choices between getting needed medical care, buying their prescriptions, and putting food on the table. It lowers their usage of emergency rooms when they can actually get the care they need before it is an emergency. It is now more critical than ever that New York City Council restore and expand funding for Access Health NYC at $4 million and continue to support community-based nonprofit organizations that fill the gap and provide critical culturally competent and language accessible health outreach and education services.

We are also proud members of the #JustPay campaign, which is a racial equity and gender justice campaign committed to ending the government exploitation of human services workers by demanding sector employees under contract with the New York City and State be paid fair wages for their labor. Each year you hear from providers who are struggling due to the crisis of compounding underfunding of the human services sector as City budgets are balanced on the backs of low-income neighborhoods and BIPOC communities. This practice has resulted in poverty-level wages for human services workers, who are predominantly women (66%) and people of color (68%). To address this crisis, we ask the City to immediately adopt three core reforms:

1. Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts.

2. Set a living wage floor of no less than $21 an hour for all City and State funded human services workers.

3. Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.

The COLA is the biggest action that can be taken right now, during this budget season. We ask that the Council include an important COLA for all human services workers, as these workers haven't seen an increase from City contracts in the last two years. Ideally we would love to see a multi-year COLA agreement, but in the absence of that, we are asking for a 5.4% COLA based on the consumer price index which mirrors the State COLA included in the Governor's budget. This would be about an $108 million investment in an essential community workforce.

With the ongoing COVID-19 pandemic, AAPI hate crimes have surged more than 339% nationwide within just last year, with NYC surpassing its 2020 hate crimes rate[1]. CPC's community members have increasingly mentioned their fears of going outside, and the need for community safety. While some of our community members may call for more policing, many of our community members also know that increased policing does not equal safer cities[2], or decreased crime rates. If anything, severe mental health symptoms and poverty are unjustly criminalized[3], especially in Black communities and other communities of color. CPC urges the City Council to invest in preventative safety measures for our communities instead of increased policing. Investing in our communities is healthcare justice, and will also open up the conversation for increased mental health access and decreased stigma in our AAPI communities.

CPC appreciates the opportunity to testify on these issues that so greatly impact the communities we serve, and look forward to working with you on them.

[1]https://www.nbcnews.com/news/asian-america/anti-asian-hate-crimes-increased-339-percent-nationwide-last-year-repo-rcna14282
[2]https://www.npr.org/sections/money/2021/04/20/988769793/when-you-add-more-police-to-a-city-what-happens
[3]https://www.cambridge.org/core/journals/journal-of-law-medicine-and-ethics/article/abs/opioid-crisis-in-black-communities/8827EC7AF6155CE486CA6BDF08B3CDC0

Anthony Feliciano, Director's Testimony

Committee on Health jointly with Committee on Mental Health, Disabilities & Addiction Committee, Wednesday, March 9, 2022

My name is Anthony Feliciano, I am the Director of the Commission on the Public's Health System. Thank you chairs and councilmembers of both the Health and Mental Health, Disabilities & Addiction Committees.

In February 2022, Mayor Adams released his preliminary fiscal year 2023 budget for New York City. The mayor's proposal represents a regressive and punitive orientation to city policy and budget at a time when New Yorkers need care and resources the most, all while maintaining or increasing funds for institutions that criminalize and destabilize communities of color, like the NYPD and the jails system.

The mayor's proposed budget only touches the surface of the care and recovery needed by communities of color and low-income New Yorkers most harmed by COVID-19. This budget should fund community-based organizations that use effective practices to address chronic diseases that worsened pandemic outcomes. Funding should address decades of divestment in public health and community-based infrastructure.

CPHS is part of team of three leads (Coalition for Asian American Children, Community Service Society, and Families and New York Immigration Coalition) **for Access Health NYC (AHNYC), a city-wide initiative that funds community-based organizations (CBOs) to provide education, outreach, & assistance to all New Yorkers about how to access health care and coverage. The initiative is composed of 38 CBOs and four lead agencies who provide training and technical assistance. For FY23, we request an enhancement to $4 million in funding for Access Health NYC to sustain our critical services to communities.**

In this moment of crisis due to COVID19, Let's pull together, as we've done in times past, to ensure the funding and care gets to those who are hardest hit by this crisis including the trusted organizations that can meet the needs of those hit hard. Access Health NYC is an initiative that has essential staff. They have and will continue to be working at our community-based organizations accomplishing the important job of assisting communities now and after the pandemic is abated.

None of the federal stimulus plans have truly expanded health and economic protections for all. Undocumented immigrants have not fully benefited from its support. We need Access Health NYC Initiative CBOs to

continue being part of covering the gaps. We are key to the social safety net that we must protect.

Commission on the Public's Health System creates know your rights to coverage and access materials for Access Health NYC, which is done with consult and review from the Access Health NYC leads and awardees. We will need the funding to continue doing that important resource.

The budget must baseline mental health services, and programs addressing communicable and chronic diseases, and substance use. The mayor's budget baselines a new family health home visit program at $23 million, and maternal and child health training at H+H. But the City must allocate more funding to support adequate prenatal and postpartum health care support for immigrants and communities of color. The city should identify more resources for better coordination between hospital and community-based services for pregnant people. Services should include perinatal case management services, comprehensive doula support programs, and pregnancy programs. There are also cuts of $1.36 million in funding for the Geriatric Mental Health Program, which is critical particularly during a time of social isolation for seniors.

*

Preventing and Covering for Past Cuts

At the State level, Article VI cuts were made again without any community engagement with health care providers or impacted populations of NYC residents receiving health care services. There was not a single public speech again by or any legislators explaining the rationale for drastically reducing NYC's public health matching funds. NYC was the only jurisdiction targeted for this reduction in matching funds, and no other jurisdiction faced similar reductions.

Article VI is state matching aid to localities like NYC for local specified health programs and services conducted by DOHMH. This state aid has provided for several years a vital funding match for programs administered by NYC community-based organizations (CBOs). This match that has allowed CBO's and health providers to increase their capacity to serve many low-income, immigrant, communities of color, people with disabilities, people who are homeless, LGBTQ+ communities, people with chronic illnesses, and other marginalize New Yorkers.

NYC faces unique and continuing public health challenges, including a high incidence of communicable diseases such as HIV, viral hepatitis, TB, STIs, and the recent and alarming outbreak of measles. Our city also faces several public health crises--not only this pandemic but high numbers of overdose deaths and disproportionately high racial disparities in maternal and child health outcomes, as well as unique public health challenges in adolescent health, immigrant health, and community based efforts to transform the health care

system and prevent avoidable hospitalizations and Emergency Department overuse. Millions of NYC residents pay State taxes with the expectation that the State will be a full partner in preserving the health and infrastructure of the city.

Our efforts three years ago, lead to successfully advocating the mayor to include $59 in the city budget to address the State's cuts- which then was known as the "Backfill" for the CBO contracted by the City DOHMH for preventative, culturally and linguistically competent programs and services that meet the eligibility to be matched by Article VI. Other New York counties remain at 36% - so this is a discriminatory cut to NYC-. We need the city council to be vocal around the rejection of this language again in the final State budget.

We can't do further harm to communities that suffered during the pandemic and have forgone care due to anxieties risen by this crisis. A cut means reducing the number of naloxone kits; reducing Sexual Health Clinic services: Approximately hundreds of chlamydia, gonorrhea infections, and syphilis infections, as well as cases of HIV would go undiagnosed and untreated at Sexual Health Clinics; closing Tuberculosis clinic and reduce services; reducing the number of clean syringes distributed. The City Department of Health without facing any mayoral cuts could still be forced to cut back on vital health services if the state does not reinstate the 36% percent or if the city decides not to again to cover the loss of this state revenue. We will see reductions to the contracts of community-based organizations

The following community based organization services could be drastically reduced: Outreach and patient engagement initiatives; long-acting reversible contraceptives (LARCs) reproductive and sexual health initiatives, lactation counselor training for our health educators and nutritionists, prenatal education & coordination, teen health, peer-education, health education, health care navigation, mental health ,testing and linkage to care services for hepatitis C Funds, various HIV prevention activities, including expansion and promotion of PrEP & PEP services, HIV prevention education sessions with religious/faith-based partners and so much more!

Funding cuts mean decreasing staff and could potentially destabilize communities who depend on our services. Those impacted will be New Yorkers who are people of color, low-income, and highly susceptible to chronic disease. According to a report from Comptroller Stringer, nonprofits make up 18% of the private workforce-- predominantly female, foreign-born or people of color -- in New York City, and account for over 9% of the City's GDP. During this critical time, the city must invest, not divest, from organizations who have been a trusted resource to communities in need.

Nonprofits already struggle to piece funding together to provide essential services. Staff and programs are not clearly funded through one source- they are cobbled together through many sources and deliverables and public-private

partnerships often established. As such, a cut from City funding could have a ripple effect of much greater magnitude than the amount of the funds themselves.

https://comptroller.nyc.gov/reports/the-economic-impact-of-nyc-nonprofit-organizations/?mc_cid=ccd8be3cdd&mc_eid=f52ed361a6

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Contract reform asks:

- City contracts must enable the provision to pay workers and provide adequate benefits. We must amend pre-existing contracts with nonprofits to provide the financial resources needed to make this successful and sustainable.
- We need the city to engage community-based organization in the policies, practices, program design, funding decisions and its implementation from the very beginning and not afterwards,
- Reduce barriers to accessing resources by creating a safer and friendlier funding environment and access to needed resources for smaller community-based organizations, especially Black, Indigenous and people of color led organizations that have been discouraged by a challenging discretionary funding process and excluded because of their challenging approaches and practices that justify racist policies and treatment.
- Pay community-based organizations on time when they already have a contract approved and on the record. We must respect the staff and work of the community-based organizations who are helping in creating a community safety-net for communities at the margins who need to bring to the center. This includes clarity and predictability around contract registration and timing of being paid.
- Develop an equity assessment on all city expenditures and spending including around all discretionary and city agency funding distribution that covers the actual cost of the community-based organization's work of implementing the service (direct program costs and indirect costs)

Using your unique position in one of the largest cities with one of the largest budgets in the country, we urge you to work with all those involved to reform the contracting process, from establishing criteria, requests for proposals, scoring and determination, and award/allocation, to ensure that the process is less cumbersome, time consuming and overwhelmingly labor intensive (often smaller CBOs do not have the capacity to undertake the application process and satisfying the deliverables).

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City's health & public health infrastructure asks.

- Review any additional increase to the City's Subsidies to NY Health + Hospitals to ensure our public hospitals are strengthen during this pandemic recovery efforts.

- We call for New York City to allocate $100 million to start implementing effective community-based programs to control chronic disease. Support a citywide wellness initiative and public health infrastructure fund that would have set aside amount to support a community-based safety-net and pandemic recover effort. Neither New York State or New York City has ever had a comprehensive plan to control and prevent chronic disease. New York State received and continues to receive billions of federal COVID Relief Funds. This money only exists because of the trauma and illness that struck the neighborhoods we represent; yet, as a city, it is inconsistent in how these communities' needs are addressed; problems in marginalized communities are NOT always represented in recovery planning and programming. We are sure you can agree that we can do better to address our community's pleas for real, evidence-based information to reduce many of the chronic diseases which impacted and fueled Covid.

- Invest in improving language access as part of the ongoing covid -19 response and recovery. We should invest in more in-person interpreters.

- Improve on the specific and granular disaggregated data on infection rates, hospitalizations, and deaths: Disaggregate existing data collection around breaking down race/ethnicity withing communities/populations, sex, and age. Expand data to include collecting information on primary written and spoken language, disability status, sexual orientation, gender identity, and socioeconomic status of participants. Data collection should also continue to be carried out in nursing homes, residential facilities, homeless shelters, and detention centers. We have data erasure of the Asian Pacific Islander community and First peoples (indigenous people). This is unacceptable.

COVID is still very much here, the response is still very much here. And so, where you are budgeting, an equitable response to recovery must be central for making sure that we have the right resources in the right place at the right time. Both the state and city are still receiving massive federal funds that can be devoted to community-driven health.

Community Service Society

Powering a more equitable New York

President and
Chief Executive Officer
David R. Jones, Esq.

Executive Vice President and
Chief Operating Officer
Steven L. Krause

Community Service Society of New York
Testimony before
New York City Council Committees on Health and Mental Health, Disabilities and
Addiction Preliminary Budget Hearing

March 9, 2022

Good afternoon. My name is Elisabeth Benjamin, Vice president of Health Initiatives at the Community Service Society of New York (CSS). CSS respectfully submits this testimony for the Preliminary Budget Hearing of the Health Committee and Mental Health, Disabilities and Addiction Committee of the New York City Council.

For 175 years, CSS has been an unwavering voice for low- and moderate-income New Yorkers. Our health programs help New Yorkers enroll into health insurance coverage, find healthcare if they are ineligible or cannot afford coverage, and help them use their coverage or otherwise access the healthcare system. We do this through a live-answer helpline and through our partnerships with over 50 community-based organizations (CB0s) throughout New York State. Annually, CSS and its partners serve over 100,000 New Yorkers, saving them millions of dollars in health care costs.

CSS, on behalf of our CBO partners, urges the City Council to increase funding for the NYC Managed Care Consumer Assistance Program (MCCAP) from $1,014,114 to $2,314,114 in the FY23 budget. CSS also urges the City Council to address the long-standing structural problems in the execution of contracts and payments by City agencies that have affected nonprofit organizations for so many years.

The Managed Care Consumer Assistance Program (MCCAP)

Navigating our healthcare system has sadly become one of the hardest thing people experience in their lives. If they are lucky enough to have health insurance, they often get lost in the labyrinth of insurance terminology, tier networks, billing notices, and other puzzling issues; all while their premiums and out-of-pocket costs continue to increase, forcing

many to put off preventive visits or filling their prescription drugs. In a 2019 survey of New York health consumers, 59% of New York City residents said they struggled to pay for healthcare within the past year. The survey also found that New York City residents are more likely than residents in other parts of the state to struggle to afford healthcare.[1] For those less fortunate who are unable to access coverage because of their immigration status or affordability barriers, the ability to access care is even more daunting. In addition, our inequitable health delivery system fails to address cultural and linguistic barriers and thus exacerbate health disparities and poor health outcomes.

Fortunately, New York City residents have a resource available to make the system work for them when the odds are stacked against them. In 1998 the New York City Council launched MCCAP to help residents with their healthcare and health insurance needs through a network of 26 CBOs with $4 million in funding ($2 million in Council funds plus $2 million in federal Medicaid matching funds). The program was cut in the fiscal crisis after the Great Recession. In 2019, the Council restored funding and MCCAP has since grown to a network of 12 CBOs—less than half of its old levels of capacity.

Nonetheless, today MCCAP helps our most vulnerable populations across the city navigate our Byzantine healthcare system. CSS acts as the hub with its live, toll-free helpline while CBO advocates serve as the spokes that provide in-person services in 15 languages and at 15 different locations across all five boroughs. The advocates are trained and supported by CSS to help people understand their insurance, resolve health insurance problems, get medical services, access affordable care for those who are uninsured, and address social determinants of health.

Since the program relaunched in February 2020, the CSS helpline and CBOs have provided much-needed advocacy assistance to clients who have struggled to secure coverage and medically necessary care (including COVID-19 tests and vaccines) during the COVID-19 pandemic, proving to be a cost-effective program along the way. Some examples of our success include:

- handling more than 6,000 cases;
- obtaining a favorable outcome for clients in 90% of the cases;
- serving clients (80%) who are people of color and/or speak a language other than English at home; and
- maintaining a helpline live-answer rate of over 90%.

In addition to helping people secure coverage and care, MCCAP CBOs have also been effective at addressing social determinants of health, such as food insecurity

[1] 2018-2019 Poll of New York Adults, Ages 18+, Altarum Healthcare Value Hub, Altarum's Consumer Healthcare Experience State Survey, *https://www.healthcarevaluehub.org/files/9515/5182/7281/Hub-Altarum_Data_Brief_No._37_-_New_York_Healthcare_Affordability.pdf*

and unemployment, by helping clients apply for food stamps and unemployment insurance.

Take the story of **Ranjit, a 37-year-old immigrant from India** and resident of Queens, who tragically lost her husband and then her job to COVID-19 in 2020. With three children to raise and no income, Ranjit quickly depleted her family's meager savings. Not knowing where to turn for help, a friend referred her to the **South Asian Council for Social Services (SACSS)**, one of the 12 CBOs that are part of MCCAP, to get help. SACSS helped Ranjit and her children apply for health insurance, unemployment, and food assistance. The family was also approved for a New York Times Neediest Cases grant to pay the outstanding bills and begin to rebuild their lives.

City Contracting & Payment Delays

Our ability to deliver these services has been hindered, however, by recurrent delays in contract execution and payments that put a major strain on the finances of CSS and our CBO partners. At every step of the process, CSS has provided the City agency with requested documents, often providing the same documents multiple times. Despite our timely (and repeated) submissions, we experience major delays in getting our contracts executed and receiving payments on time. As of today, CSS and most of our CBO partners still have not received any payments for fiscal year 2021 and we still await our fiscal year 2022 contracts to be executed—even though we are over halfway through the fiscal year

New York City residents need trusted and experienced MCCAP advocates on their side now more than ever to help them access the coverage and care they need. New York City deserves to have the MCCAP program restored to its old levels of $4 million in funding with a network of 26 CBOs.

We respectfully ask for the New York City Council help us get halfway restored by increasing MCCAP funding from $1,014,114 to $2,314,114 in the FY23 budget. With an additional $1.3 million, MCCAP will be able serve thousands of additional clients by increasing funding to the existing network of CBOs and procuring 12 additional CBOs that can provide in-person services in districts that are currently underserved. We also urge the City Council to finally address the delays in the contract registration process and payment disbursement of discretionary awards. It's time for all New York City nonprofits to be able to focus on providing the services residents rely on to get their healthcare, food, housing, and other social services without having to worry about getting paid.

Thank you for the opportunity to submit this testimony today. Should you have any questions, please do not hesitate to contact me at: 212-614-5461 pr at ebenjamin@cssny.org.

Access Health NYC Written Testimony

Testimony of Juan Carlos Grajeda, Bilingual Program Manager at
Emerald Isle Immigration Center ("EIIC")

My name is Juan Carlos Grajeda and I am the Bilingual Program Manager at Emerald Isle Immigration Center. Thank you to NYC Council Committee on Health and Committee on Mental Health for the opportunity to submit my written testimony.

I would like to talk about a very important program at EIIC, the City-Council founded Access Heath NYC initiative.

The Emerald Isle Immigration Center (EIIC) is a community-based, not-for-profit organization with offices located in Woodside in Queens and Woodlawn in the Bronx. With almost thirty-five years in operation, we have helped countless members of New York's immigrant population with some of the most important matters in their lives, aiding them in securing protection under the law, housing, employment, education, and healthcare and insurance options. Individual members of our community hail from over seventy countries and speak over twenty languages.

Access Health NYC

The Access Health NYC program has allowed us to expand and improve our outreach efforts though community presentations/workshops, either within our organization or with community partnerships, and in collaboration with our education programs in which we are able to assist many individuals in our immigrant communities with healthcare rights and options, advocacy and education for health insurance enrollment and guiding those who cannot enroll in a health insurance to get free or low-cost healthcare services. EIIC has developed extensive expertise in the area of health insurance and has become a valuable resource within our underserved community.

Because of the Access Health program, we have been able to reach out to more underserved communities through our community presentations, either held in conjunction with our legal department, or with community partnerships, though community fairs, network meetings and education classes in which we provide information about healthcare rights and options.

Through our outreach efforts, we have been able to identify specific needs within some of the underserved populations. We have encountered cases where community members are afraid to seek medical attention because of their immigration status. We are able to provide, healthcare options and guidance in their native language., In addition, we are constantly and tirelessly providing guidance to our communities to seek care without fear, and the use of health services related to COVID-19 is not considered under the Public Charge rule and will not impact their ability to apply for a green card or citizenship.

Because of the Access Health program, we have also been able to work on promoting and educating our communities on the importance of the COVID-19 vaccine and testing, including pediatric vaccination. Through community partnership, we have been able to assist clients in scheduling vaccine appointments, locate vaccination sites, participate in local vaccine campaigns, and help combating the spread of misinformation about the COVID-19 vaccine. Because of the Access Health program, we have been able to reach out to more underserved communities on the importance of the COVID-19 vaccine and has allowed the city to reach a higher vaccination rate among our communities.

We at EIIC would like to thank NYC Council Committee on Health and Committee on Mental Health and ask for the continued support of the Access Health NYC initiative. Community-Based Organizations like Emerald Isle Immigration Center have helped countless members of the New York's immigrant community with some of the most important matters in their lives, especially access to healthcare. EIIC remains committed to continue serving the needs of our community.

Thank you for the opportunity to share my testimony and stories.

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www.eiic.org

TO: Health Committee joint with Mental Health, Disabilities & Addiction Committee

FROM: William Salton Ph. D. Yeshiva University, Parnes Clinic, Ferkauf Graduate School of Psychology

DATE: March 9, 2022

Dear Health Committee joint with Mental Health, Disabilities & Addiction Committee

Thank you to the Health Committee joint with Mental Health, Disabilities & Addiction Committee for testifying before you today.

My name is Dr. William Salton and I am the director of the Parnes Psychology and Psychoeducational Family Services Clinic of the Ferkauf Graduate School of Psychology of Yeshiva University.

Parnes is a full-service student run mental health training clinic in the Bronx which provides services to over 550 patients each year from the ages of 4 to 94. Our patients suffer from a full range of mental problems including bipolar disorder, schizophrenia, anxiety and depression. For over 45 years, we have provided low-cost, confidential, state-of-the-art mental health services for children, adolescents, adults, couples and families, regardless of their age, ethnicity, gender, culture, sexual orientation, political orientation, marital status, religious affiliation or physical or medical disability. We have specialized clinics for older adults, patients with combined medical and psychiatric conditions, and political asylum seekers.

These are extremely stressful times. People are hurting in their minds, hearts and souls; both as individuals and as members of cities, states, nations and the world. The causes for this hurt seem to be endless, including COVID, the economy, global warming, racial tensions, rising crime, and other national and now international crises. Although some issues like COVID may be waning, the psychological after effects of the pandemic continue to linger and the physical and mental pain that it caused persists. Specifically, people are still smarting from the loss of family and friends; savings have been drained after jobs disappeared and it is difficult to get even adequate mental health care because clinics are full and waiting lists are interminable.

When people hurt and cannot get help, they tend to either turn their hurt against themselves, or take it out on their families, friends and communities. The hurt persists, deepens and spreads. This is the “twisted logic” of mental illness. Indeed, it seems like resilience is in increasingly short supply. Hence, there remains a dire need for excellent mental health care, particularly for people who cannot afford it.

Fiscal support is needed to fund the mental health clinics that restore resilience. Through effective psychotherapy, a patient can learn to capitalize on his, her or their inner strength in order to combat the psychiatric and societal difficulties described earlier. Therapy helps to reduce the stigma of mental illness so that patients can learn that their problems are something

that they *have,* rather than something that they *are.* With regard to the aftereffects of the pandemic, it is our goal to help patients remember and rediscover their confidence and self-esteem which were present before the pandemic began. This is achieved by effectively mourning the losses of friends and family, and gaining the courage to develop the skills to heal and return to a pre-covid level of functioning. Since March of 2020, we have treated more patients than ever before, yet we now also have a waiting list for our services. We look forward to a time when we will be able to serve all of those who are in need.

In closing, on behalf of Yeshiva University's Ferkauf Graduate school of Psychology, I thank you for the opportunity to share at today's meeting and for your continued programmatic and fiscal support for community mental health centers city-wide.

GOD'S LOVE WE DELIVER
TESTIMONY FOR NEW YORK CITY COUNCIL'S COMMITTEE ON HEALTH
LYNN SCHULMAN, CHAIR
MARCH 9, 2022

God's Love We Deliver is New York City's leading not-for-profit provider of medically tailored home-delivered meals and nutritional counseling for people living with life-threatening illnesses. Over 35 years ago God's Love began with one person's simple, compassionate response to hunger. God's Love provides services to the most underserved and isolated populations in our city: those who are sick and unable to take care of their most basic need – the need for food and nutrition. **We believe that being sick and hungry is a crisis that demands an urgent response and for New Yorkers living with complex illnesses, God's Love is the only service that stands between them and hunger.** When someone calls us for help, we deliver their first meal on the next delivery day, we never charge clients for their meals, and we have never had a waiting list. Each year, God's Love continues to grow to meet the demand, last year alone, we delivered over 2.4 million meals to over 9,400 New Yorkers living with severe illness throughout the NYC metropolitan area.

God's Love is unique due to our focus on nutrition and illness. Although some individuals can tolerate regular food, illness can lead to a variety of complications that require a specialized diet. We are able to meet this need as part of our commitment to food as medicine. God's Love clients receive services from our 8 Registered Dietitian Nutritionists (RDNs) who tailor each meal to meet each client's specific medical needs. All of our meals are well-balanced: low in sodium, free of highly allergenic foods such as nuts and shellfish, and immune supporting. Our menu allows for individualization of meals according to dietary needs, including texture restrictions such as minced and pureed diets, and renal diets. Based on a client's nutrition assessment with an RDN, additional restrictions may be added to the client's diet for medical, nutritional, or cultural reasons. Our goal is to provide clients with the least restrictive meals possible that meet their medical needs and nutritional requirements.

Our services ensure those living with life-altering illness have access to food while also improving health outcomes and reducing health care costs. At God's Love We Deliver, we recognize Nutrition as a Key Social Determinant of Health and that MTMs are an Innovative and Low-Cost Response to Disease and High Costs Driven by Food Insecurity and Malnutrition. There is robust research Evidence that when MTMs are included as part of a treatment plan for the highest risk in our communities, the service results in lower healthcare costs, higher patient satisfaction and better health outcomes. Receipt of MTMs (as compared to a group of comparable individuals who did not receive MTMs) is associated with:
• Reduction in emergency department visits of dually eligible individuals by 70%
• Reduction in inpatient hospital admissions by 52%
• Reduction in admission to skilled nursing facilities by 72%
• 16% net decrease in health care costs for over 800 individuals receiving the service over a 5-year period1

God's Love is an integral part of the City's safety net that provides a unique service not currently offered by other providers. God's Love serves people of all ages living with serious illnesses. For

example, if you are under the age of 65 living with cancer and are unable to shop or cook for yourself, your only option in New York City is God's Love We Deliver. God's Love is also a vital safety net service for seniors. Seniors living with serious illnesses that require very specific diets (like Renal Failure) are unable to be served by home delivered meal providers currently contracted by DFTA, as a result, these clients are regularly referred to God's Love from DFTA-contracted meal providers who cannot address the clients' complicated nutritional needs. In addition, due to a lack of mobility, these individuals are unable to use SNAP benefits which require recipients to shop and cook for themselves. Despite being referred, God's Love We Deliver has no contractual relationship with DFTA, DOHMH, or any City Agency.

As a key service agency within the local care continuum, we maintain relationships with 200 community organizations to reach those in need however, it is increasingly challenging to raise the private funds necessary to meet the needs of those we reach. The City Council and the Borough Presidents have historically provided funding to support our work however, the Administration does not currently have any direct resources available for medically tailored meals and as a result, we fundraise 65% of our budget.

To ensure we can continue to provide services, which improve the health outcomes of the increasing number of New Yorkers in need of our services, we ask the Council and the Speaker to join us in calling on the Administration to include funding in the FY23 adopted budget for a Medically Tailored Home Delivered meals contract and we respectfully ask the Council to fund our FY23 request for $300,000 in discretionary funding to support medically tailored meals.

Thank you for your time and consideration.

Karen Pearl, President & CEO

For further information please contact:

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Hearing of the City Council Committee on Health joint with Mental Health, Disabilities and Addiction Committee

Lilya Berns, MS, OTR/L
Assistant Executive Director of Behavioral Health Services
March 9, 2022

Good afternoon, my name is Lilya Berns. I am the Assistant Executive Director of Behavioral Health Services at Hamilton- Madison House. We are a non-profit settlement house located in the Lower East Side established in 1898. We are also one of the largest outpatient behavioral health providers for Asian Americans on the East coast. Currently, we operate five mental health clinics, a Personalized Recovery Oriented Services program, a substance recovery program, and a Supportive Housing program for individuals with severe mental illness in Queens. Our staff are all bilingual and we provide services for the Chinese, Korean, Japanese, Cambodian, and Vietnamese community.

The large majority of patients we serve are first-generation immigrants of low-income status and many are receiving therapy for the first time. For Asian Americans, access to behavioral health care is already challenged by a variety of factors, from lower utilization rates because of cultural stigma to a lack of funding for culturally and linguistically competent providers and agencies. As hate crimes targeting Asians continue to rise along with the effects of COVID-19, we have seen a sharp rise of referrals with symptoms of deep fear, anxiety, depression and other mental illnesses.

Hamilton-Madison House has been providing in-person and telehealth services to our approximately 500-600 active clients and new referrals living throughout New York City and beyond. In the last 2 years with the increased need for service we have increased weekly contacts to provide crisis counseling and therapy, plus frequent check-ins to provide case management and concrete services. Through these services we learned that there was a much higher rate of serious incidents that occurred in the past year than in pre-pandemic years. These incidents include suicide attempts and deaths associated with COVID-19 and anti-Asian hate crimes. From July 2020 to January 2022, there were 11 of these serious incidents compared to pre-pandemic averaging 1-2 incidents per year. These statistics may appear to be minor to the naked eye but they are significant to us. The almost 10-fold increase in serious incidents is highly indicative of the severity of our client's illness and the urgent need for more and frequent interventions.

To respond to the urgent call to deliver mental health services to the Asian American community, we must prioritize funding and invest in Asian-led and Asian-serving organizations because we are already doing this work in our communities. Hamilton-Madison House is culturally and linguistically competent to serve our community. Our track record since 1898 speaks to this dedication and delivering services in the many Asian languages and dialects since the 1960's is evidence of our expertise serving the Pan Asian community. In summary, organizations like ours who are mission driven in providing much needed mental health services to the community require consistent support and funding in order to attract bilingual speaking staff and be able to offer community specific programming and services. We are experts on the ground and should be leading the charge in providing these services, and not be subcontractors. Without continued support and funding to the mental health sector will only lead to more and deeper crises.

Hamilton-Madison House would like to recommend the following solutions to better serve the severe mental illness population:

- Increase funding and capacity for supportive services such as case management and counseling to engage Asian American community members who might have strong mental health stigma in seeking treatment to prevent a delays in treatment or relapse.
- Increase funding and support to organizations to maintain adequate staffing to respond to the increasing mental health needs of the community.
- Increase access to mental health services by funding organizations that have the ability to linguistically train and educate providers in different languages.
- Support organizations and coalitions to further develop partnerships and programming to distribute mental health resources and services for the Asian American community.

We are strongly urging the Committee on Mental Health, Disabilities and Addiction to address these issues and concerns by allocating appropriate funding streams to increase mental health resources and services to people living with severe mental illness in the Asian American community.

Health Access
27-40 Hoyt Avenue South
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March 09, 2021

By E-mail:
Honorable **NYC** Council Finance and Committee on Health
New York City Hall
City Hall Park
New York, NY 10007

RE: HANAC Testimony Letter to support the expansion to $4 Million for Access Health NYC in FY2023.

To the Honorable NYC Council Committee on Health:

I trust this correspondence finds you very well. My name is Enrique Jerves, and I am the Program Director for HANAC's Health Access Program. I am humbly submitting this correspondence to serve as a testimonial correspondence to support the expansion to $4 Million for Access Health NYC in FY2023.

As you are keenly aware, the COVID-19 has had a significant impact on the New York State Healthcare system. While members from all different communities have suffered during this pandemic, the immigrant community is one of the groups that have been most disparately impacted. Historically the underserved immigrant communities face incredible obstacles in receiving adequate health care during regular times; during this pandemic, the immigrant community has faced even more significant difficulties obtaining primary care, specialist support, hospitalization, and COVID-19 healthcare resources needed for people that have the COVID-19 Virus. My experience helping the immigrant community allowed me to learn the needs in this community. The immigrants usually encounter problems related to language support, and most cases have expressed concerns about public charge policies.

To reiterate, before the onset of the Covid-19, immigrant communities were already vulnerable to illnesses such as but not limited to depression, substance abuse, and other negative factors such as high-blood pressure or diabetes. Now the mental health experts fear that many more will be prone to trauma-related disorders due to this pandemic. For example, as we have heard on the news, immigrants are impacted by the loss of a family member, loss of employment, lack of health coverage, lack of access to testing, and most cases have no information for the vaccination process. During the pandemic, we assisted in providing essential social services during the pandemic. We helped many immigrants obtain primary care, health insurance, and referrals for financial assistance in New York City programs. At the height of the pandemic, our programs continued to provide essential

services for the immigrant communities. These individuals may be at higher risk of developing long-term challenges.

The Health Care Act ("HCA") aims to ensure all of us get access to health care regardless of the status or the income perceived per person, but more importantly, HCA was enacted to prevent deaths. The costs involved in health care in New York State are already high; it is even worse for individuals who do not qualify for health insurance.

Many uninsured communities have yet to receive medical coverage due to lack of insurance eligibility, or they are afraid of immigration policies. Your support is a "must" in the middle of these challenging situations.

Thank you so much for allowing us to provide this testimony, and please do not hesitate to let me know if you need any additional information.

Respectfully Submitted,

Enrique Jerves
HANAC Health Access Program Director
718-396-5041
ejerves@hanac.org

Council Health and Mental Health Committees Joint Hearings – March 8, 2022

Testimony Chris Norwood Executive Director Health People

Good Morning Chairs and Council members.

Thank you for this hearing. I am Chris Norwood, Executive Director of Health People and co-founder of Communities Driving Recovery, a citywide coalition of CBOs engaged in Covid education and prevention and seeking effective community solutions for a recovery that renews health.

New York City has one million people with diabetes but it doesn't---and never has had---a plan to reduce the terrible impact of its most widespread disease. The New York City Department of Health has completely ignored Local Law 221, passed by the Council in 2019, requiring the Department of Health to produce a diabetes plan---and to provide updated data on diabetes cases, ethnic/racial and neighborhood distribution and other key statistics every six months.

I would like to pause to give the Department---and H+H---recognition for the tireless and impressive work done to control Covid; at the same time, however, we must underscore that New York wouldn't have suffered as terribly if diabetes prevention and improved care had ever been addressed properly. The city's 356% increase in diabetes deaths in the first Covid surge was the largest in the nation. We can't stay there---but we have stayed there.

In two years, nothing has been done even in the face of that death rate.

I am pleading with the City Council to start to put an end to this public health crisis---and crime.

1. Provide oversight to assure the Health Department releases proper diabetes data. We can't actually do any real health planning in New York without fundamental data on the city's most widespread diseases.
2. Insist that the Health Department start to as powerfully address diabetes as it does infectious disease; and it can do that even more powerfully by using the Covid model of contracting with Community groups---now to bring effective, evidence-based diabetes self-care education to communities overwhelmed by the intertwined epidemics of diabetes and Covid.
3. Please, please start your own citywide initiative---for **which we and the National Black Leadership Commission on Health have submitted a plan ---New York's Diabetes Disaster Must Stop! ---a groundbreaking speaker's initiative to finally assure that people throughout the city have access to evidence-based self-care education that helps them reduce blood sugar, complications and costs.**

Here is the terrible place we are at. New York City has 276 dialysis centers---with almost half those on dialysis there because of diabetes-related kidney disease. But right now, the NYC Department of Health doesn't sponsor one single diabetes self-care course anywhere---even though the best of these courses is well evaluated to reduce new cases of kidney disease by 90%. We could slash dialysis, amputations, blindness and all the other terrible impacts of diabetes---but we aren't.

New York's Diabetes Disaster Must Stop!

A Groundbreaking City Council Initiative

The Diabetes Disaster Must Stop! Initiative launches groundbreaking women-led Citywide Capacity to fight New York's crushing diabetes epidemic -- especially as diabetes cases and complications soared during the COVID pandemic, and those with uncontrolled blood sugar are at higher risk of COVID disease and death.

In the first surge of Covid-19, New York City experienced a 356% increase in diabetes deaths, the largest increase in the nation. This situation reflected the price for the astounding neglect of diabetes which has characterized the city and NYCDOHMH for More than a decade. With the conditions of the COVID-19 pandemic---lockdowns, stress eating, lack of exercise---having worsened diabetes like no other chronic disease, we are requesting the City Council to provide the critical leadership which the city has otherwise failed to provide to start to confront the unprecedented escalation of this disease. Although diabetes was New York's most widespread epidemic before COVID-19, and will be afterward, NYCDOHMH has never developed an overall plan to control it---and is currently in violation of a New York City Council law 221 requiring the DOHMH to issue detailed diabetes data every six months. Even with a billion-dollar budget before COVID-19---and a $2 billion now---DOHMH has refused to support even bringing self-care education, well proven to lower blood sugar, complications and costs, right to the most diabetes-overwhelmed neighborhoods where those who most need it can participate.

But, the New York City Council, through a groundbreaking Citywide/Speaker's Initiative can actually start to assure this life-enhancing diabetes self-care education is available in all its neighborhoods. By stepping in with an innovative program that trains people from diabetes-struck neighborhoods to themselves start to provide citywide access to self-care education that works, the City Council can bring hope and health to neighborhoods reeling under an onslaught of uncontrolled diabetes. **This would also be the City Council's first diabetes initiative and underscore its concern.**

New York has one million residents with diabetes; 15% of Black people have diabetes; 12% of Latinos; 9.5% of Asians and 7% of whites.

We propose first to bring the Diabetes Self-Management Program (DSMP) to neighborhoods throughout the city. The DSMP is a six session, small group course, which helps people with diabetes make their own "care plans" for practical goals to improve nutrition, exercise and other "lifestyle" factors. It really works! Evaluation shows that the DSMP reduces blood sugar, depression, and the risks of serious complications; for one example, in the year after taking part in the DSMP, participants have a 90% decrease in new diagnoses of kidney disease, slashing the possibility that they will ever need dialysis.

In Health People's community-grounded model, we train peer educators with diabetes or pre-diabetes themselves to facilitate the DSMP at a range of community sites. We will train peer leaders from all boroughs, representative of the diabetes population, to engage diabetics from a variety of communities in significantly improving their own self-management outcomes. To assure the groundbreaking Diabetes Disaster Must Stop! Initiative reaches a range of high-risk neighborhoods in multiple Council Districts, Health People, in addition to its own widespread community links, will work closely with the National Black Leadership Commission on Health (Black Health) to activate their citywide community networks and also engage churches and faith-based institutions and senior centers as major sites for participation in self-care courses.

The budget is used for staff (see below), providing required, evidence-based educational materials for a minimum 600 participants in the self-care courses, to undertake required training to certify community members as Diabetes Self-Management Program educators and then field them to implement diabetes self-care courses in high need communities. A portion of the overall, budget, $50,000, is used for Black Health to undertake targeted outreach to its citywide network of community, faith-based and senior centers to engage them in implementing groups for their members to participate in the DSMP**. Headed by C. Virginia Fields, Black Health champions the promotion of health and prevention of disease to reduce disparities and achieve equity within black communities.**

The Self-Care Education will be provided in English and Spanish language groups. The DSMP can be offered in-person or virtually.

The major benefit of The Diabetes Disaster Must End! Initiative is that, for the first time, it will enable hundreds of New York City residents with type 2 diabetes in overwhelmed neighborhoods throughout New York **to obtain the best-recognized self-care education to properly control their diabetes and avoid disabling complications. As a peer program, training low-income New Yorkers with diabetes to become certified diabetes educators, this initiative will finally help communities across the city overwhelmed by diabetes develop the skills and EMPOWERMENT TO KNOW THEY CAN SUCCESSFULLY FIGHT THE EPIDEMIC!** Since neither the city or state, despite this appalling epidemic, has ever had a real diabetes plan, communities are paralyzed by diabetes; people have been left to believe that nothing can be done. By breaking through that despair and paralysis, the Diabetes Disaster Must End! Initiative doesn't just put program participants on the path to health---it launches a new sense of empowerment and progress in the face of diabetes where neighborhood after neighborhood now has access to trained Peer Coaches to lead the way.

Direct benefit goes to the city's huge population of diabetics. Most cases are concentrated in low-income and Black and Hispanic neighborhoods. The group self-care classes that we locate in the highest

need neighborhoods will immediately start to benefit low-income diabetics and help them better manage their diabetes to avoid complications like amputation, blindness and dialysis.

And a major benefit is that this new health is not just for today. It is for the long term. Without learning good self-care, people don't just "get" diabetes---they get many terrible, long term complications which are avoidable. For example: Vision impairment from diabetes is so widespread that 8% of ALL Hispanic adults now have diabetic retinopathy. Diabetes increases the risk for Alzheimer's by 40% and diabetes-related amputations have risen 73% in New York City since 2009. Now, the City Council can help stop that!

We request $325,000 to start this vital program.

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New York City Council Oversight Hearing
on FY23 Preliminary Budget
March 9, 2022

We would like to thank the New York City Council's Committees on Mental Health, Disabilities, and Addiction, and the Committee on Health for jointly holding this important oversight hearing on the City's FY2023 Preliminary Budget. My name is Lori Podvesker, and I am the Director of Policy at INCLUDEnyc. For the last near 40 years, INCLUDEnyc (formerly Resources for Children with Special Needs) has helped hundreds of thousands of NYC families navigate the complex special education service and support systems.

While we commend the City for its response to the public health, economic, humanitarian, and mental health crisis during the last two years, we also testify today to urge the Council to maintain funding for the Autism Awareness Initiative. Many families with children on the autism spectrum were in high need prior to the pandemic and have long struggled to obtain the supports and services their children need to make educational progress and live at home. The pandemic has unfortunately worsened the already existing barriers that families and young people with autism face each day, and they need help now more than ever. Without this funding, families would not be able to access evaluations, services, support, or community, for their loved ones or themselves.

While the lives of all New York City families and young people were fundamentally disrupted during COVID-19, children on the autism spectrum and their families were among the most affected by these disruptions. Yet as we begin to move towards the restoration of pre-pandemic daily living and activities, our families and young people with autism unjustly continue to be among the most in need and underserved. Changes in routines, schedules, and environment, coupled with the loss of in-person evaluations, services, instruction, socialization, and support at home, triggered extraordinary challenges for these families caring for their children full-time at home.

Many families and young people with autism are still in the daily throws of dealing with the negative implications of COVID, including academic and behavioral regression, communication, learning abilities, isolation, and emotional well being. However, it has become even further compounded due to severe shortages with

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direct support service providers at home, qualified special education teachers and bilingual special education evaluators, therapists, and programs, home and school behavioral supports and licensed professionals, and continued lack of in-person supports and activities.

In addition, families need help with understanding how to apply for community based waiver services for their family members from the New York State Office for People with Developmental Disabilities. This process is arduous, complex, and cumbersome. It is even more harrowing if you don't speak English, have access to technology, or have the ability to communicate during traditional Monday - Friday working hours. Every day we hear from families that the application process takes months and even years, and therefore, it takes even longer for supports to begin.

There are tens of thousands of children on the autism spectrum living in New York City under the age of 21. According to the New York City Department of Education's November 2021 Special Education Report to the Council as per Local Law 27, over 24,000 students ages 5-21 are classified with autism. There are thousands more under the age of 5 who are diagnosed with autism, and many more who are waiting to be evaluated and diagnosed or classified with autism.

As per the most recent data provided to the Council from the NYCDOE (February 2022 School-age Special Education Report as per Local Law 27) , more than 5,000 children with autism in self-contained classes, in which the majority of students classified with autism are programmatically recommended for, are not receiving any or all their mandated services. And more than 4,000 school-age English Language Learners students are classified with autism.

Within the last year, we had a 30% increase in the number of calls we received from families with a loved one on the autism spectrum looking for information and help from us. We presented over 50 autism-focused workshops with more than 2,400 parent, youth, and professional attendees. Our annual events, Indoors for Autism and our INCLUDEnyc Fair, were held remotely and engaged over 1300 attendees.

Through our work, we are able to help families with children with autism:

- Problem solve to access emergency supports for their child and themselves
- Better manage their child's behavior at home
- Connect to mental health resources
- Reduce social isolation
- Understand citywide and school based information

- Advocate for their child's educational rights
- Apply for home and community based services through NY State's Office for People with Developmental Disabilities
- Access child care and some form of respite

As our City continues to cautiously move forward and resume pre-pandemic activities and daily living, many young people with autism and their families cannot as the result of still not receiving the required supports and services needed for their safety, health, education, and community integration. We sadly know from experience that this coming fiscal year will be just as intense and challenging for young autistic New Yorkers. We also know from our everyday experiences and interaction with their families, that many parents and caregivers of young children on the autism spectrum are at the end of their ropes.

We urge you to fully restore the Autism Awareness Initiative at $3.2 million. Without this funding there are no other public service systems where families can get this kind of support. Thank you for taking the time today to consider this important matter. We look forward to partnering with you to improve equity and access for all young people with disabilities in New York City.

Sincerely,

Lori Podvesker
Director of Disability and Education Policy

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New York City Council

Committee on Access Health and Committee of Mental Health Preliminary Hearing FY23

The mission of JASSI is to improve the quality of life for people living in the New York metropolitan area by providing quality social services at the local community level. For the past 40 years, JASSI has been providing services to people who face problems resulting from language barriers, cultural differences, and/or differences in the services systems, and JASSI has been providing these services regardless of age, income, gender, race, ethnicity, or immigration status. All services are provided without any charge.

JASSI made **6,925 contacts to assist 1,270 clients** in FY2021. In the midst of the COVID-19 pandemic, JASSI's Hotline Program had its busiest year ever in 2021. Our services include but not are limited to: case assistance, information and referrals, advocacy, and health insurance enrollment assistance in culturally and linguistically appropriate manners. Our Community Outreach Program includes bilingual publication of newsletters and e-newsletters with useful information. JASSI's website and social media postings also help clients find accurate and up-to-date information regarding affordable health insurance and other health-related matters, and public benefits. We conduct seminars to deliver health insurance information to help participants make informed decisions about their health insurance options.

We have also noticed that the uptick of visitors to the suicide prevention page in our HP became alarmingly high during the Covid lockdown and the trend continues even today due to the continued anti-Asian Hate Crime surge.

The pandemic crisis hit hard New York Japanese community as well particularly those who were in service sector. Many lost their jobs resulting in greater demands for healthcare assistance in Japanese than ever in 2020 and this trend continued through 2021.

90% of JASSI's clients require assistance in Japanese. At least **75%** (**77%** among Seniors and **72%** among people under 60) of clients have low-to-moderate income. Our certified health insurance navigators have assisted over 450 individuals enroll in and/or obtain information on health coverage that met their health and financial needs, including those who needed renewal assistance in FY2021.

With the Access Health NYC grant we were approved for FY2022, we were able to increase assistance through the hotline, hold seminars and continued to offer a weekly meeting for our senior members. We were able to provide more case assistance to clients. We must continue to make efforts to assist the vulnerable members of community by disseminating up-to-date accurate information to them and to provide assistance. This funding is crucial for maximizing the quality of life for those in need by providing our services free of charge.

While people seek assistance from JASSI for a variety of reasons, most inquiries we receive are about health and health insurance. Unlike other Asian immigrant groups, Japanese are widely spread out in New York City which makes it difficult for them to build a local community in their neighborhood. JASSI has been serving as a liaison between health services and the community to facilitate access to health care. We play a critical intermediary role as a trusted community source for information and resources in a crisis like the current COVIT-19 outbreak and will continue to do so in order to improve the quality of life for vulnerable people in the Japanese community by offering English/Japanese bilingual services.

The New York Council Access Health NYC Initiative is crucial in supporting such services. JASSI urges the New York City Council to restore and enhance Access Health NYC at $4 million.

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Health Committee joint with Mental Health, Disabilities & Addiction Committee

TOPIC: Preliminary Budget Hearing

Wednesday, March 9, 2022

Virtual Room 2

Testimony by

Ronald E. Richter, Chief Executive Officer

JCCA

Good morning Chair Schulman, Chair Lee and members of the Committee on Health and the Committee on Mental Health, Disabilities and Addictions. Thank you for calling this hearing and inviting me to testify on behalf of the children and families we serve in the health and behavioral systems and beyond.

I am Ronald E. Richter, CEO of JCCA. I have been honored previously to serve as New York City's ACS Commissioner and as a judge in the NYC Family Court.

JCCA is a child and family services agency that works with about 17,000 of New York State's children and families each year. We provide foster and residential care, educational assistance and remediation, and behavioral health services. JCCA's wellness supports for young people struggling with emotional challenges are critical to preventing and addressing family dysfunction and instability.

This year JCCA is proudly celebration its 200th anniversary serving New Yorkers. We began as New York City's first Jewish orphanage. In that 19th century, depression-plagued time, some of the children were truly parentless, and others were the children of destitute, sick and overwhelmed new immigrants.

200 years later, we are emerging from a pandemic that has similarly left daunting numbers of New York's children parentless, or left children with destitute, sick and overwhelmed caregivers. More than five million children worldwide have lost a parent or caregiver to Covid, according to one medical journal[1], which *Forbes* magazine describes as a number that dramatically accelerated as the pandemic continued and left the world's most vulnerable without support they need as existing care systems struggle to cope.[2]

New York City recognized the disproportionate impact of Covid on already vulnerable populations and communities of color and created *ThriveNYC* to ensure access to mental health for children in shelters, runaway and homeless youth centers, and students in high needs schools. However, at JCCA, we see the thousands of families that continue to struggle. There is far more that New York City can do this budget season to support its children and families who are still in dire need of mental health and other supports.

[1] See "*Global, regional, and national minimum estimates of children affected by COVID-19-associated orphanhood and caregiver death, by age and family circumstance up to Oct 31, 2021: an updated modelling study*," by Unwin, Hillis, Cluver, Flaxman, Goldman, Butchart, et al,, *Lancet Child & Adolescent Health*, February 24, 2022 at https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(22)00005-0/fulltext

[2] See "*More Than 5 Million Children Worldwide Have Lost A Parent to Covid, Study Suggests,"* by Robert Hart, *Forbes,* February 24, 2022 at https://www.forbes.com/sites/roberthart/2022/02/24/more-than-5-million-children-worldwide-have-lost-a-parent-or-caregiver-to-covid-study-suggests/

At JCCA, we see how disparities in access to health and behavioral health care impact the families most impacted by poverty, racial injustice and the pandemic. Our clients face seemingly insurmountable obstacles: neglect, abuse, poverty, disability, housing instability -- all stemming from long-standing inequalities. These are the same children who have been hit hardest by the pandemic. We see firsthand how these young people struggle to cope with the compounding trauma of unstable housing, fear of the COVID-19 virus, the loss of loved ones, isolation from school and support systems, racial injustice and political unrest.

WORKFORCE SUPPORT

Although there is national consensus that health and behavioral health supports are desperately needed for huge swaths of the population, we are facing a workforce shortage of medical and mental health providers. This shortage is particularly poignant in low income communities that rely on community-based, high-needs services such as Article 31 and 29i Clinics, Health Homes, Children and Family Treatment and Support Services (CFTSS) and Home and Community Based Services (HCBS). JCCA provides all these services and we know firsthand the challenges in maintaining financially viable programs, despite waitlists of clients who urgently need and are referred to these services. Turning clients away because we don't have the staff to provide support is devastating. It is also a disservice to the future health of NYC – unless we intervene now to address the impact of the pandemic, how do we expect to lessen the incidence of homelessness driven by chronic mental illness that we struggle with today?

The reimbursement rates for services are so low that CFTSS and HCBS programs are staffed mainly with *per diem* workers who don't receive health care, which results in a catch-as-catch-can model at best. These providers don't receive health care or other benefits, guaranteed working hours, or the level of supervision and training that full-time employees receive. When a workforce is almost entirely *per diem*, the workforce is more transient. Clients lose continuity of

care, and staff are more likely to move on once they find stable employment with benefits. We are upset if a child's teacher changes mid-year. Imagine the disruption for a traumatized child to repeatedly lose their mental health provider? Children and family members need and deserve a reliable, trusting relationship with a provider so that they can overcome serious challenges that, otherwise, will affect their emotional well-being and healthy development for years to come.

What can New York City do? Although the state sets reimbursement rates, the City has a role in supporting our children and families' health and mental health.

1. Comprehensive Wage and Benefit Schedule

The Mayor's budget can create pay equity between nonprofit workers and City employees doing the same job. The budget would include a comprehensive wage and benefit schedule for contracted health and mental health workers that is comparable to salaries made by City Employees.

Currently, nonprofit providers work in Article 29i, Article 31 and the array of intensive community-based programs designed to support those with chronic conditions, Serious Emotional Disturbance (SED) or behavior needs that require substantial care. We know the salaries of City Employees or private sector providers who provide the same services to clients with the same diagnoses. Nonprofits that serve high-risk populations, such as neighborhoods in zip codes identified by the City's Taskforce on Racial Inclusion & Equity (TRIE), could be guaranteed a competitive wage for their clinicians. As you likely know, the TRIE was launched in response to the disproportionate impact of COVID-19 on communities of color and identified zip codes where neighborhoods are in need of strengthening and support. City funding would fill the gap between Medicaid reimbursement and the competitive wage rate.

2. Support Diverse Workforce with Educational and Training Supports

Finding providers that speak the languages our clients speak and embrace the race, equity and inclusion ethos of our desired workforce is a challenge. There are barriers to people who come from the neighborhoods we serve succeeding in joining the ranks of health and mental health providers. Tuition rates, substantial loans, low or no income through required internship programs all constitute barriers for people from underserved neighborhoods representing their communities as health and mental health providers. We ask that the City provide tuition assistance, loan forgiveness and internship funding to people those who either (i) live in an underserved neighborhood or (ii) will work in a health or mental health provider serving underserved populations.

3. Fund the 5.4% COLA and Commit to Future COLAs

The human services workforce that provides services through city contracts is significantly underpaid compared to their City Employee counterparts. For example, we frequently lose staff who leave to work for the DOE or City Agencies after we provide training because of higher wages. We ask for our workers to receive parity in pay for doing the same job, and this can be partially achieved through COLAs today and into the future.

Across the board, clinical services and community-based services are underfunded, and as a result, are chronically understaffed. Workforce investments ranging from salary investments, tuition supports, to additional funding sources, can all contribute to building a robust workforce for health and mental health services and thereby support a healthier NYC.

Conclusion

Thank you for taking the time to consider investing in the health and mental health needs of children and their families through workforce support. Only by investing in supports for the youngest New Yorkers can our great city break the cycle of health and behavioral health crises that turn struggling children into adults with even greater, more costly needs.

THE CENTER

Joint Hearing of the Committee on Health and the Committee on Mental Health, Disabilities, and Addiction
Preliminary Budget Hearing
March 9, 2022

Testimony of
The Lesbian, Gay, Bisexual & Transgender Community Center
New York, NY

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THE CENTER

Thank you for the opportunity to provide testimony regarding the City's Preliminary Budget for Fiscal Year 2023.

As this is your first preliminary budget hearing as Chairs of your respective committees, please allow us the opportunity to introduce our work to you.

New York City's LGBT community formed The Lesbian, Gay, Bisexual and Transgender Community Center (The Center) in 1983, in response to the AIDS epidemic, ensuring a place for LGBTQ people to access information, care and support they were not receiving elsewhere. Now the largest LGBT multi service organization on the East Coast, The Center sees more than 6,000 weekly visitors and hosts over 400 community group meetings each month. The Center has a solid track record of working for and with the community to increase access to a diverse range of high-quality services and resources, including our substance use recovery programming for adults and youth; HIV/AIDS programming; youth programs; and our families and opportunities work.

The Center's services
The Center offers a healthy environment for community members, as well as their partners and families, to connect with others going through similar experiences. Currently, a sizable percentage of those we serve identify as people of color. Our services have evolved over time to include a range of support, advocacy, education and economic stability initiatives.

- **Counseling and support groups:** The Center provides short-term individual counseling and referral services, as well as hosts a range of support groups for our transgender and gender nonconforming communities. Both individual counseling and groups offer support around a variety of topics, including gender identity and expression, emotional challenges, substance use and recovery, and aim to build peer support networks.

- **Employment support:** Despite legal protections in New York State, the effects of discrimination continue to place trans and gender nonconforming communities at extremely high rates of poverty, unemployment, underemployment and homelessness. The Center provides services to directly combat this inequality, including individual career coaching support, case management, events focused on career exploration, legal workshops and networking opportunities.

- **Health insurance enrollment and linkage to care:** The Center is a designated navigator agency for the NY State of Health, the health insurance marketplace for New York through the Affordable Care Act. We provide information and education on the options available, and help individuals, families, small businesses and their employees enroll in New York State Medicaid, The NY Essential Plan, Child Health Plus and Qualified Health plans. We also help connect individuals to TGNCNB affirming medical and behavioral healthcare as needed.

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- **HIV prevention, testing, and linkage to care:** We offer counseling for individuals, groups, couples and families, plus a variety of events, speakers and informal social gatherings for positive people and their loved ones. This includes HIV & AIDS education, anonymous testing, counseling and support, partner notification, and linkage to medical treatment including PEP, PrEP, and antiretroviral medications.

- **Legal services:** The Center partners with community-based legal providers to provide TGNCNB community members with drop-in assistance around gender-affirming access to healthcare, insurance, employment issues, housing, name and gender marker changes, public benefits and more.

This year, The Center seeks support from your committees for our Ending the Epidemic program, our Trans Equity Initiative, and our substance use support initiative. These funding streams help The Center to provide services to assist individuals with significant co-occurring problems such as mental illness, life trauma, or chronic medical conditions.

For over three decades, The Center has worked to ensure that the LGBT community of New York City has access to the highest quality and most diverse range of services and resources. Though we are living in a time of unprecedented social, legal and political acceptance of the LGBTQ community, there is still much work to be done on a local and state level to ensure that our community members can successfully combat the social and economic injustice they face daily. Thank you to the Committee for the opportunity to provide this testimony today on an issue of great importance city-wide. We look forward to continue working with you to ensure New York City's future as a safe space for all New Yorkers.

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FY23 Preliminary Budget Hearings

Health Committee

March 9. 2022

The portfolio of concerns overseen by the Health Committee is broad and monitors the city agencies responsible for dealing with some of our most vulnerable populations. Including young chidren.

Right now there is no single entity looking at city services for young children from a comprehensive, holistic perspective. There is no single agency responsible or accountable for young children. Former Mayor de Blasio's Children's Cabinet was a collegial, intra-agency forum. The Council has no counterpart to even that informal group. Council oversight is fractured - divided up among Education, General Welfare, Youth Services, and Health committees. Understandably, young children are not the focus of these committees.

Yet study after study emphasizes that the experiences of early childhood shape a person's trajectory in so many ways - both positive and negative. Additional studies demonstrate that investing in quality, comprehensive early childhood programming is socially and fiscally sound.

We have heard so much about the learning loss students have suffered because of the pandemic. But very little is being said about the COVID caused deprivation for younger children. These children will be entering 3K and Pre-K without having the preliminary socialization and learning experiences that prepare them for school. They will be taught by newly trained teachers whose benchmarks and developmental standards were set pre-pandemic. This does not bode well for the children, their teachers or rebuilding our city in a manner that promotes greater equity and access to health and education resources.

It is LINC's belief that New York City could immensely benefit from the formation of a City Council Committee devoted exclusively to early childhood. An Early Childhood Committee could provide meaningful oversight to ensure that New York City's youngest receive the attention and services they need. Such oversight could result in better coordination of programs, greater efficiency and improved stewardship of public funding.

We urge you to consider this approach as a long term goal for the Council as your review and negotiate with the Mayor this budget season.

LINC is emboldened to encourage this innovative step because of our work leading early literacy collaboratives and collective impact work.[1] We know first-hand that access to early literacy is a key

building block in developing a city that promotes educational equity, itself the foundation for social justice. But early literacy is only one component of overall child well-being. Nutrition, mental health, physical health, early intervention, stable living environments - all are necessary for children to thrive. It's a package deal. This conclusion is backed by significant research.

In creating an Early Childhood Committee, you would be recognizing the importance of best beginnings and focusing the power of the Council on leading the way to a new reality, particularly for children of color or those living in poverty. We hope that members who serve on the Health Committee will advocate to create a full committee focused exclusively on the early childhood years - birth through five. This would mirror the cohort served by the Council's early literacy initiative, City's First Readers but with a holistic, comprehensive mandate to ensure the overall well-being of these children.

On behalf of the children and families who will benefit from your leadership, thank you for considering an Early Childhood Committee.

Written Testimony Submitted by

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[1] LINC is the facilitating partner for the New York City Council's 17 organization early literacy initiative, City's First Readers. NYCReads, a public-private effort located in South Jamaica, East New York and East Harlem is another collaboration managed by LINC. LINC also participates in the Staten Island Alliance for North Shore Children and Families, serving as co-chair for many years and has been designated the lead community partner in a new collective impact coalition getting underway, the Northern Manhattan Early Childhood Collaborative, joining New York Presbyterian, Columbia University Medical Center and the Citizen's Committee for Children.

TESTIMONY ON BEHALF OF LOCAL 372 | NYC BOARD OF EDUCATION EMPLOYEES
DISTRICT COUNCIL 37 | AFSCME
TO THE PRELIMINARY BUDGET HEARING ON
MENTAL HEALTH, DISABILITIES, AND ADDICTION
MARCH 9, 2022
2:30 PM

Mental Health, Disabilities and Addiction Committee Chairwoman Linda Lee and distinguished members of the committee. I am Donald Nesbit, Executive Vice President of Local 372 - NYC Board of Education Employees, District Council 37 | AFSCME. I am here today to provide testimony on behalf of the approximately 250 Substance Abuse Prevention and Intervention Specialists ("SAPIS") Local 372 represents under the leadership of President, Shaun D. Francois I. The SAPIS program has historically received City funding through a dollar-for-dollar match with the State Legislature. We are here today to request that the City maintain this critical partnership with the State to support SAPIS in our schools.

It is no secret that our students are facing a mental health crisis caused by the COVID-19 pandemic. According to the Centers for Disease Control and Prevention ("CDC"), the proportion of children's mental health-related visits to Emergency Room Departments have skyrocketed since April 2020.

The CDC's report has concluded that it is critical to monitor children's mental health, as well as promoting coping and resilience skills, and to expand access to services in order to support children's overall mental health. The SAPIS program has been and continues to be best-equipped to shoulder this responsibility.

Since 1971, SAPIS have provided essential social-emotional strategies and services to help youth remain learning-ready. SAPIS is a credentialled and an established program, a service that is sponsored by the NYS Office of Addiction Services and Supports ("OASAS") to provide Evidence-Based Program ("EBP") presentations, group and individual counseling, and positive alternatives to NYC public school students, servicing K-12 throughout all of New York City's 32 school districts, including special education. This includes classroom presentations and counseling for mental health services and crisis mitigation in the individual and group settings; and more.

We can honestly – and proudly – state that SAPIS are already trained and ready to respond to this COVID-19 mental health crisis. SAPIS have *always* been proactive in providing students and their families with the tools to navigate the myriad of societal, personal, and peer pressures that can derail healthy academic, social, and individual development. SAPIS are also responsible for monitoring behavior, as well as offering resources and services to support students when they find themselves struggling to improve. Our programming is already tailored to address the long-term consequences of the pandemic and shutdown which are derailing healthy development.

Local 372 has long testified to this panel about the devastating effects of cuts to the SAPIS program and the loss of over 200 SAPIS workers since 2006. Now more than ever, there are simply not enough SAPIS today to address the needs of all of our at-risk children and their families. This is not acceptable in the current environment, and that is why New York City cannot afford to neglect this important work as the number of SAPIS positions continues to remain well below peak numbers. It is our shared responsibility to ensure our children meet and exceed their potential. Local 372's goal is to renew our partnership with the City and the State in making a smart

investment in the quality of life for both New York students, their families, and communities at-large.

To that end, the NYC Department of Education is not currently prioritizing our existing SAPIS as assets or utilizing their strengths to meet the increased demand for more Social-Emotional Learning curricula, turning instead to less effective and more costly alternatives. Last year, the prior Mayoral administration announced a "2021 Mental Health and Wellbeing Plan" to address the mental health crisis that instead proposes the hiring of school social workers and community-based organizations, and subsequently doubled down on hiring an additional 500 social workers and community-based organizations, investing in less-effective alternatives to duplicate the work that SAPIS already provide.

In contrast, it is in the students' best interest that the City prioritize its investments in expanding the existing SAPIS program before considering contracting with outside entities or hiring social workers to perform our work. First, SAPIS provide mandatory programming to students in the classroom setting, as opposed to the voluntary programs offered by community-based organizations after school. Second, SAPIS are more versatile and cost-effective as compared to social workers, whom are not trained to provide the same broad range of one-on-one and group-based services and programming. It is also more cost effective to hire a SAPIS than it is to hire a social worker. It costs approximately $50,500 in base salary, plus 49% in fringe benefits, to hire a single SAPIS. After two years of service, the base salary increases 15%. In contrast, hiring a new social worker cost approximately $63,000 plus fringe benefits. It is estimated that each individual SAPIS can directly reach approximately 500 at-risk students. With these facts in mind, it simply

makes no sense *not* to invest in SAPIS.

Local 372's goal is to once again partner with the City Council in making a smart investment towards the quality of life for both New York students, their families, and communities at-large. Even in the midst of a pandemic, it remains our shared responsibility to ensure our children meet and exceed their potential. Without SAPIS, we are robbing struggling students of their opportunity to a quality, competitive education, and ultimately, their futures. And the City Council has always been a leader in prioritizing opportunities for our children. However, we must do more to combat today's urgent mental health crisis. That is why Local 372 requests that the New York City Council maintains its dollar-for-dollar match of the State Legislature's SAPIS funding. We look forward to working with all of you to make this possible.

In addition, as the COVID-19 pandemic and economic shut down enveloped our communities in the spring of 2020, it appeared the City failed to include the traditional SAPIS funding in its budget. It is now our understanding that 2020's funding has been included, though it is unclear to us where in the budget this line is itemized – and thus whether the allocation actually exists. Likewise, Local 372 also requests that the City Council ensures that SAPIS funding is properly accounted for in the City budget. It is critical that funding for this program can be properly accounted for, so that we all have the confidence that these allocated funds are truly helping students in need.

Again, thank you for the opportunity to appear on behalf of Local 372 NYC Board of Education Employees and our SAPIS workers. We are available to answer any questions you all may have.

Make the Road New York
FY23 Health Committee Budget Hearing Testimony
3/9/2022

Good afternoon. My name is Arline Cruz and I am the Associate Director of Health Programs at Make the Road New York (MRNY). We thank the Committee for the opportunity to testify today on behalf of Make the Road and our 24,000+ members. Our communities have been some of the hardest hit by COVID-19. Despite unprecedented obstacles we have continued to provide essential health, legal, education and survival services, while also continuing to organize our communities for crucial policy innovation for Black, brown, low-wage and immigrant New Yorkers.

Our largest base is in central Queens, the initial epicenter of the pandemic and across all our sites (Brooklyn and Staten Island), a number of our members and participants have passed away due to the pandemic, while many more of our staff and members have been sick and lost family.

MRNY reaches over 8,000 low-income immigrants a year with our health access services and in 2021, our team continued to provide services online and by phone without interruption, and expanded to respond to new needs. We assisted with health insurance enrollment, food stamp enrollment, and health navigation (including negotiating medical debt) remotely. We have also helped families access Covid testing and mental health care, intervening with hospitals and the city as necessary to advocate on their behalf, and conducted community health worker "home visits" via video to check on vulnerable individuals at risk for Covid.

Based on these experiences we are making the following recommendations for the Fiscal Year 2023 budget, which will play a key role in our ability to provide crucial health access services for the hardest hit communities during this pandemic, along with our partners:

Test and Trace (T2) COVID outreach funding for Community-Based Organizations
MRNY is one of over 30 Community-Based Organizations (CBO) that have been funded since 2020 to be on the front-lines promoting COVID-19 prevention and vaccination. We are organizations that reach a wide range of neighborhoods and communities, providing direct outreach in multiple languages. The T2 COVID outreach program has been crucial to provide essential COVID updates and information to communities that are hard to reach. Some of the work funded through this program includes 1-1 street outreach, community events, phone banking, social media outreach and hosting vaccine vans outside the offices of CBOs.

While we are fortunate to have received this funding since August 2020, we are often finding out at the last minute that the contract has been extended, and the past few times, it has only been extended for periods of 3 months at a time. Being given notice only a week or two before the contract is slated to end, and extensions of only a few months, is extremely challenging for CBOs and destabilizing for the work. We are therefore not able to plan for the work and are left with the possibility of not being able to continue to support our community members to ensure we are able to recover from the pandemic.

Black, brown and immigrant communities have been among the hardest hit by the pandemic.

While the city is moving towards recovery, our community members are still getting sick, dying and hesitant to get vaccinated. It is essential that this program continues with secured, long term funding to ensure that we are all able to recover from the pandemic and accurate information and updates are shared with all communities in a variety of languages and using methods that are best to reach those specific communities.

Access Health Initiative + MCCAP Program

We ask the Council to expand funding for the Access Health Initiative to $4 Million and allocate $2.3 Million for the MCCAP initiative. Access Health and MCCAP are key programs that provide funding for community based organizations to conduct outreach and education efforts regarding health access and coverage and help individuals navigate the health system. MRNY utilizes Access Health Funding to conduct 1-1 outreach, community presentations and trainings to reach immigrant communities and connect them to necessary services and programs.

MRNY utilizes MCCAP to help New Yorkers understand how to use their health insurance; resolve billing issues and coverage denials with their plans and eligibility determinations; maximize their coverage (get prior authorizations, access specialists, and out-of-network services when needed); access affordable health care services and hospital financial assistance programs.

Expansion of these funds is crucial as this work has become increasingly needed during the pandemic for our communities where individuals are not eligible for insurance and need help finding low cost care and lowering their medical debt, as well as assistance accessing COVID testing or vaccines.

Immigrant Health Initiative

We ask the Council to maintain its $2 million allocation to the Immigrant Health Initiative. Through the initiative MRNY tackles health disparities among low-income and immigrant New Yorkers that have been drastically exposed and amplified due to COVID. We achieve this by continuing to improve access to health care, addressing cultural and language barriers, and targeting resources and interventions. With continued funding MRNY will reach 900 new participants through the project. Specific services provided include: one-on-one assistance with the health insurance enrollment application process, referrals to apply for SNAP benefits, and SNAP application assistance. These efforts will have a deep impact in securing needed services for individuals without access, as well as promoting a culture of community health and advocacy.

Ending the Epidemic Initiative

We ask the Council to maintain $7 million in funding for the Ending the Epidemic Initiative. This funding will support prevention, education, and outreach. Through continued support at least 50 individuals through MRNY will attend virtual HIV prevention sessions, and we will conduct screenings (virtually until it is safe to do so in person) for at least 400 individuals and refer them to HIV prevention services, while referring at least 100 individuals for social services such as health insurance enrollment and SNAP enrollment. The individuals we serve through this initiative remain increasingly vulnerable to COVID during this time as many are immunocompromised, without health insurance and struggling to gain access to health care.

NYC Care

The Administration Must Continue to fully fund the NYC Care program with at least $100 million per year, including funding CBOs to conduct outreach, education and direct enrollment into the program. NYC Care is a health access program, operated by NYC Health + Hospitals that guarantees low-cost and no-cost services to New Yorkers who do not qualify for or cannot afford health insurance. The city should also provide stable long term funding for community-based organizations to do outreach, education and direct enrollment into the program.

Community Health Worker Project

The City should ensure sustainable municipal funding for Community Health Workers (CHWs). CHWs are frontline health workers and trusted members of the communities they serve. CHWs—have long played a vital role in NYC's health care ecosystem by connecting community members with culturally competent health services. The City must expand upon existing models that place CHWs at CBOs while embedding them into hospitals and clinics. This will allow them to serve as a bridge between the health system and the community, ensuring that community members can access the health services they need. CHWs will ensure that immigrant communities are able to access COVID testing, treatment, and the vaccine. Beyond COVID, CHWs can continue to play a vital role ensuring that immigrant communities are able to access crucial health and social services.

In sum, it is essential that we are able to maintain all of these services this year through the continued support from the Council's Immigrant Health, Ending the Epidemic and Access Health initiatives, continued funding for NYC Care, and increased funding for Community Health Workers.

Thank you again to both Health Committees, Chairs and the entire City Council for your consideration. Make the Road appreciates our partnership with each of you to ensure respect and dignity for immigrant families in New York City. We look forward to working together in Fiscal Year 2023.

RE: Investments to Address a Second Pandemic, the Mental Health Crisis, in NYC

Good Afternoon Chair Linda Lee, Chair Lynn Schulman and Members of both the Committee on Health and Committee on Mental Health, Disabilities, and Addictions. My name is Kimberly Blair, and I am here to testify as the Manager of Public Policy and Advocacy for the National Alliance on Mental Illness of NYC (NAMI-NYC), one of the largest affiliates of the National Alliance on Mental Illness, a grassroots mental health advocacy organization. I also come to you as a peer with lived experience and as a supportive family member.

For 40 years, NAMI-NYC has provided free, groundbreaking advocacy, education, and support services to individuals impacted by mental illness and is the only organization in NYC to extend these services to their family members, caregivers, and friends, completely free of charge. Our organization does this so that these individuals can serve as a strong support system for their loved ones with mental health conditions.

Today, I am here to highlight **six priority areas** the City can invest in to support the mental health community and address the second pandemic – the mental health crisis – currently affecting *all* New Yorkers, not just those with formal diagnoses.

1. First, we would like to see **funds available for community-based organizations (CBOs), such as ours, who invest in family support systems** to build protective factors within an individual's environment to influence long-term, positive mental health outcomes.

2. Additionally, we would like to see **grants to the CBOs who operate crisis respite centers to expand upon their current services and open new, 24/7 centers in each borough** to respond to increased needs at this moment and prepare for the launch of 988, which will need these centers as options for follow-up care.

3. Third, we would like to see **a financial commitment towards the recruitment and retention of BIPOC mental health professionals**, especially those studying through our CUNY system, to provide culturally competent and linguistically appropriate care to our diverse community members, including those living in "mental health care deserts."

4. Next, we would like to see **funding for the universal screening of all public school students**, grades pre-K through 12, to gauge the status of their mental health needs and

post-COVID trauma. The City should then use the data obtained by these to fund and hire more mental health professionals in each school, as needed, to support our next generation.

5. Fifth, we need to revisit the $112 million designated in the last Mayor's FY22 Recovery Budget for non-police response to mental health crisis calls. As consistently proposed by CCIT-NYC, we need this and future crisis funding to go towards a proven model that works by **centering peer crisis workers and independent Emergency Medical Technicians (EMTs) as first responders to mental health crisis calls**. **The City should consider funding to adjust the B-HEARD program to move towards this peer-centered model.**

6. Finally, we would like to see the **funding proposed under Mayor Adam's and Governor Hochul's "Subway Safety Plan" to go towards peer outreach workers and increased supportive housing**– not towards police or co-response teams– so that workers can conduct psychoeducation and build the connections necessary to motivate and engage individuals on the subway and city streets in their own recovery and support services. Governor Hochul's preliminary budget proposes $11 billion to support the operation of shelter and supportive housing units across New York State. City Council needs to be assessing this allocation of funds and whether it is enough based on the repercussions of this plan which will leave many individuals experiencing mental health crises, dual diagnoses and other disabilities evicted from what may be their only safe haven while navigating their recovery. In the case that this Council concludes that the proposed funding is not enough for our city's needs, City Council needs to allocate more funding in its budget to accommodate for increased supportive housing.

We hope you consider our testimony.

Thank you for your time,

Kimberly Blair, MPH (she/her/hers)
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NEIGHBORHOOD COALITION for SHELTER

Written Testimony to the New York City Council
Committee on Mental Health, Disabilities and Addictions
Preliminary FY23 Budget Hearing
Wednesday, March 9, 2022

Submitted by Ann Shalof
Chief Executive Officer
Neighborhood Coalition for Shelter, Inc.

Committee Chair Council Member Lee and Committee members:

I am submitting testimony as Chief Executive Officer of Neighborhood Coalition for Shelter, Inc. (NCS), a nonprofit organization providing housing and supportive services to unhoused New Yorkers and New Yorkers at risk of homelessness.

As a supportive housing provider, we urge the Council to take necessary steps to **support our workforce**. Chronic underfunding of the human services sector has resulted in a staggering 20% staff vacancy rate in the supportive housing community. We are proud members of the #JustPay campaign, which calls on the city to do the following:

1. Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts. For FY 23, the COLA should be 5.4% to match the state's current commitment, totaling approximately $108 million.
2. Set a living wage floor of no less than $21 an hour for all City –funded human services workers.
3. Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.

The issue of compensation for human services workers is one of racial and gender justice, as the sector's workforce is made up predominantly of women and people of color.

At a time when our workforce – essential workers who have been on site providing services throughout the duration of the pandemic – is stressed and overextended, we find ourselves competing with better resourced employers, including the City, to fill critical vacancies.

We urge the Council to do everything it can to ensure that the essential workers who provide services and support to homeless and other vulnerable New Yorkers are also able to support themselves financially while doing so.

Thank you for your consideration during this budget season.

Testimony to the New York City Council
Committee on General Welfare
Submitted by the Supportive Housing Network of New York
March 9, 2022

Hello Chairperson Ayala, and members of the New York City Council General Welfare committee. My name is Tierra Labrada, and I am the Associate Director of Advocacy and Outreach at the Supportive Housing Network of NY. The Network is a statewide membership organization representing the nonprofit developers and operators of supportive housing, a proven affordable housing model with wraparound support services for individuals and families with a history of homelessness who face additional barriers to obtaining housing on their own. We are here today to respond to the Mayor's Preliminary Budget for fiscal year 2023.

The City has long struggled to effectively meet the needs of people experiencing homelessness, and although we have seen a decrease in homelessness over the last few years, the most recent annual Point-in-Time count estimates more than 65,000 people in our shelter system, with nearly 2,400 people living on the streets and subways of New York City. [1] Too many of our neighbors are without safe, stable, homes.

The Network represents a hundred nonprofits operating supportive housing in New York City, with the help of tens of thousands of city-contracted human service workers. Collectively, our members serve more than 35,000 formerly homeless individuals and families. They show up daily to ensure folks are able to live stably in the community. But, too often, our nonprofits face significant budget gaps because the City has either not paid on time, not paid enough, or both. Budgets are a statement of priorities, and we are here now asking the Council to prove its dedication to the most marginalized. We would like to see the following in the Council's response:

First, support our workforce. We are proud members of the #JustPay campaign, which is a racial equity and gender justice campaign committed to ending the government exploitation of human services workers by demanding employees under contract with the City and State be paid fairly for their labor. Chronic underfunding of our sector has led to a staggering 20% staff vacancy rate within the supportive housing workforce. When our employees, who are predominantly women of color (serving predominantly Black and brown residents) are underpaid, they, their families and their communities suffer. To address this crisis, we ask the City to immediately adopt three core reforms:

1. Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts. For FY 23, the COLA should be 5.4% to match the state's current commitment, totaling approximately $108 million.
2. Set a living wage floor of no less than $21 an hour for all City –funded human services workers.
3. Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.

[1] https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_NY-600-2021_NY_2021.pdf

Second, fully fund our contracts. Providers operating scattered site supportive housing, housing on the private market with mobile services, are struggling. Their contract rates are not keeping up with private market rents, and their service budgets are grossly inadequate. Earlier scattered site contracts under the Department of Health and Mental Hygiene (DOHMH) have total combined funding as low as $16,000 per unit, which would not even cover a studio apartment at the current Fair Market Rent, with $0 available for services. The consequences of low scattered site contract rates were documented in a City Limits article last week, which describes how providers need to "scrape the bottom of the barrel" to find apartments to rent within the contracted rates.[2]

The Governor's proposed budget recognizes the crisis of low rates for older supportive housing contracts, especially for scattered site programs, and includes funding to increase rates. The State Office of Mental Health (OMH) received a proposed increase of $104 million over two years, starting with $65 million in FY 23 for mental health housing programs, on top of the 5.4% COLA. Additionally, OMH has proposed extending property pass-through provisions to OMH's unlicensed residential programs – including scattered site programs – to offset rising property costs. The City needs to at least match the State's investment in these old, underfunded contracts in order to ensure that these tenants can receive the quality services they deserve and live in higher quality, accessible housing.

NYC 15/15 scattered site rates also have to align with the current FMR to remain competitive with other rental assistance programs like Housing Choice Vouchers, CityFHEPS and Emergency Housing Vouchers (EHV). The last council recognized this need and increased the value of CityFHEPS to align with the fair market rent[3], and adjust annually. We implore this Council to follow their lead to ensure people seeking supportive housing have access to the same quality housing options.

Additionally, NYC 15/15 scattered site service rates are well below the congregate rate, at $10,000 as opposed to $17,500 for single adult households. Scattered site supportive housing is an inherently more difficult model for case managers; they're traveling frequently throughout the city, have to familiarize themselves with various communities and resources, serve as a liaison with private landlords, as well as provide case management. Scattered site contracts rates should be raised to meet FMR and service dollars should match that of NYC 15/15 congregate housing.

Third, support the agencies and systems responsible for referrals and placements. The city has doubled its supportive housing production over the last five years, yet the Human Resources Administration (HRA), the department responsible for timely referrals and placements into those units, have not increased their internal capacity to keep up with production. In a fall 2021 survey conducted by the Network, respondents reported a 10% vacancy rate within their portfolio. Extrapolating across the number of units on city-funded supportive housing, this means there are at least 2,500 units of supportive housing sitting empty, Meanwhile, there are at least 8,000 shelter residents who have been approved for these units. *This is unconscionable.* HRA should be empowered through the budget to increase their staff capacity immediately, and engage in activities necessary to reduce the vacancy rate to three percent. Under the new leadership at DSS, the administration should assemble a team that is working specifically to reduce vacancies, and move people from homelessness to housing as quickly as possible.

Another thing the City can do in the FY23 budget and beyond is match the federal investment into the Coordinated Assessment and Placement System (CAPS). This web-based system currently determines client eligibility for various housing options, centralizes data, pulls documents from various systems and recommends housing placement types. If the city invested in building out the system, work that is currently being done manually—confirming vacancies, scheduling

[2]https://citylimits.org/2022/03/02/dilapidated-apartments-lousy-landlords-plague-nycs-sprawling-scattered-site-supportive-housing-network/

[3]https://www1.nyc.gov/office-of-the-mayor/news/533-21/new-york-city-raises-value-rental-assistance-programs-help-more-new-yorkers-secure-permanent

interviews and getting people placed—could speed the process exponentially. Hiring freezes in this team, as well as glacial contracting processes, are also slowing progress. In the drive for greater efficiency, this is low hanging fruit.

Homelessness is not a personal moral failure. It is a policy and fiscal failure that is preventable and solvable with the right amount of resources and political will. We ask that the Council take all of these recommendations into consideration when crafting their response, and advocate on behalf of the people who need the most support.

We will happily answer any questions you may have, and look forward to working together to solve this crisis.

New York City Council Fiscal Year 2023
Preliminary Budget Hearing
Committee on Health jointly with Committee
on Mental Health, Disabilities & Addiction Committee
March 9, 2022

Testimony of Annabelle Ng, Health Policy Associate
The New York Immigration Coalition

My name is Annabelle Ng, and I am the Health Policy Associate at the New York Immigration Coalition (NYIC). We thank the Chairs and Council Members of both the Health and Mental Health, Disabilities & Addiction Committees for the opportunity to testify today. I want to talk about the New York Immigration Coalition's top city priority, the City Council-funded Access Health NYC initiative.

The NYIC is an advocacy and policy umbrella organization for more than 200 multi-ethnic, multi-racial, and multi-sector groups across the state working with immigrants and refugees. Our members serve communities that speak more than 65 languages and dialects.

Access Health NYC

It has been three years since COVID-19 has swept our nation, and we have seen how this pandemic has had a disproportionate, devastating impact on low-income individuals, immigrants, people of color and other resource-limited communities in New York City. Immigrants have faced particular challenges during this time because they have been excluded from federal relief programs and have suffered reduced access to health services because of the state's persistent health insurance discrimination against those without status. It is essential that we prioritize equitable COVID-19 recovery by continuing to protect the city's most vulnerable, especially those who experience barriers to vaccination and those who suffer from long-term, debilitating effects of the disease.

With the dramatic increase in anti-Asian racism over the last year, we have also heard concerning stories from our members about the growing mental health needs of immigrants in New York City. Anti-Asian racism has a devastating impact on our immigrant communities, and programs like Access Health NYC play a critical role in providing support from trusted

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organizations during this time of heightened stress and anxiety. Access Health NYC is a city-wide initiative that funds community-based organizations (CBOs) and federally qualified health centers (FQHCs) to provide education, outreach and assistance to all New Yorkers about how to access health care and coverage. The NYIC is one of four leading agencies and is responsible for the training of all awardee organizations funded through the Access Health NYC initiative. In this way, we have had direct contact and know of the value of these resources for all of the organizations that attend our trainings.

Now in its seventh year, the Access Health NYC initiative is currently funded at $4.0 million. This year, we are advocating for a restoration of Access Health NYC to $4.0 Million. CBOs continue to provide vital resources and services to communities that have been hardest hit by the pandemic. These communities look to CBOs for culturally competent and accurate information about public programs and services. By funding and supporting CBOs through training, Access Health NYC fights to break down the barriers that many encounter in accessing health care.

Supporting CBOs must be prioritized in the City's efforts towards achieving lasting recovery from the COVID-19 pandemic. Thus, we request that the City again fund Access Health NYC, which empowers reliable CBOs to provide culturally competent and accurate information to ensure that all New Yorkers understand their rights to health coverage and services.

We also urge the City Council to address the long-standing structural problems in the execution of contracts and payments by City agencies. Through Access Health NYC, we have had the opportunity to contract and partner with the Department of Health and Mental Hygiene (DOHMH). Our awardees have greatly benefited from this partnership and have received effective support from DOHMH with adapting their programs to the evolving needs of their communities during the pandemic. However, recurrent delays in contract execution and payments limit the ability of the CBOs to deliver these much-needed services and place a significant financial strain particularly on smaller organizations. We support the steps taken by Mayor Adams and Comptroller Lander to create the Joint Task Force to Get Nonprofits Paid On Time and look forward to improvements in the City contracting and procurement process.

CBOs need initiatives like Access Health NYC to ensure that all New Yorkers understand their rights to health coverage and services. Thank you for the opportunity to submit this testimony.

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Testimony of

Mackenzie Arnold, Legal Fellow

on behalf of

New York Lawyers for the Public Interest

before the

Council of the City of New York

Committee on Health

Jointly with the

Committee on Mental Health, Disabilities, and Addiction

regarding

the Preliminary Budget FY 2023

February 25, 2022

Good morning. My name is Mackenzie Arnold and I am a Legal Fellow at New York Lawyers for the Public Interest (NYLPI). Thank you for the opportunity to present testimony today regarding mental health crises in New York City.

THE CITY MUST TRANSFORM ITS RESPONSE TO MENTAL HEALTH CRISES BY ELIMINATING POLICE AND REPLACING THEM WITH A PEER-LED HEALTH RESPONSE

The City must ensure that individuals who experience a mental health crisis receive appropriate services which will de-escalate the crisis and ensure their wellbeing and the wellbeing of all other New Yorkers. Only those who are trained in de-escalation practices should respond to a mental health crisis, and the most appropriate individuals to respond are peers (those with lived mental health experience) and health care providers[1]. Police, who are trained to uphold law and order are not suited to deal with individuals experiencing mental health crises, and New York's history of its police killing 19 individuals who were experiencing crises in the last six years alone, is sad testament to that. Eliminating the police as mental health crisis responders has been shown to result in quicker recovery from crises, greater connections with long-term healthcare services and other community resources, and averting future crises[2].

The scores of people experiencing mental health crises who have died at the hands of the police over the years is a microcosm of the police brutality that is being

[1] Martha Williams Deane, *et al.*, "Emerging Partnerships between Mental Health and Law Enforcement," Psychiatric Services (1999), http://ps.psychiatryonline.org/doi/abs/10.1176/ps.50.1.99?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed&#/doi/abs/10.1176/ps.50.1.99?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed.

[2] Henry J. Steadman, *et al.*, "A Specialized Crisis Response Site as a Core Element of Police-Based Diversion Programs," Psychiatric Services (2001), http://ps.psychiatryonline.org/doi/10.1176/appi.ps.52.2.219?utm_source=TrendMD&utm_medium=cpc&utm_campaign=Psychiatric_Services_TrendMD_0.

protested around the world. Disability is disproportionately prevalent in the Black community and other communities of color[3], and individuals who are shot and killed by the police when experiencing mental health crises are disproportionately Black and other people of color. Of the 19 individuals killed by police in the last six years, 16 – or greater than 80% -- were Black or other people of color. The City Council simply cannot stand by while the killings continue. Now is the time for major transformations. Now is the time to remove the police as responders to mental health crises. Lives are literally at stake.

Correct Crisis Intervention Today – NYC (CCIT-NYC), which has over 80 organizational members including NYLPI, has developed the needed antidote. Modeled on the CAHOOTS (Crisis Assistance Helping Out On The Streets) program in Eugene, Oregon, which has successfully operated for over 30 years without *any* major injuries to respondents or responders – let alone deaths -- the CCIT-NYC proposal is positioned to make non-police responses available to those experiencing mental health crises in New York City. The proposal avoids the enormous pitfalls of the City's B-HEARD pilot. Hallmarks of the CCIT-NYC proposal are:

- teams of trained peers and emergency medical technicians;
- teams run by culturally competent community organizations;
- response times comparable to those of other emergencies;

[3] Mayor's Office for People with Disabilities, "Accessible NYC" (2016), https://www1.nyc.gov/assets/mopd/downloads/pdf/accessiblenyc_2016.pdf.

- 24/7 operating hours;
- calls routed to a number other than 911; and
- oversight by an advisory board of 51% or more peers.

The full text of the CCIT-NYC proposal can be found at http://www.ccitnyc.org/whowe-are/our-proposal/.

THE B-HEARD PILOT MUST BE REVAMPED AS IT AUTHORIZES EXTENSIVE POLICE INVOLVEMENT AND IS LIKELY TO CONTINUE THE RATE OF VIOLENT RESPONSES BY THE NYPD

The City, via its newly renamed Mayor's Office of Community Mental Health (formerly ThriveNYC), introduced a pilot program that it contends is responsive to the need to cease the killings at the hands of the police of individuals experiencing mental health crises. Unfortunately, that is simply not the case, despite the City's glowing description of the program. Among B-HEARD's grim statistics are the following:

- **82% of all calls continue to be directed to the NYPD**, even six months after its kick-off.
- Even when all kinks are ironed out, the City anticipates continuing to have a nearly-as-astronomical **50% of all calls directed to the NYPD**.
- Moreover, **all calls continue to go through 911,** which is under the NYPD's jurisdiction.
- The entire **program is run by the Fire Department and other City agencies** and there is not even any delineation of the lines of authority and

communication among the agencies. There is ***NO* role whatsoever for community organizations**.

- **The crisis response teams are composed of emergency medical technicians (EMTs) who are City employees** (from the Fire Department) **who are deeply enmeshed in the current police-led response system**. Peers do not trust these EMTs. The other team members are *licensed clinical* social workers. Requiring both the licensure and the clinical orientation is unnecessary and preclude a vast array of potential candidates who have excellent skills and a long history of working with people experiencing crises. B-HEARD has ***NO* requirement to hire peers**.
- **The training of the teams will *NOT* use a trauma-informed framework, will *NOT* be experiential, and will *NOT* use skilled instructors who are peers or even care providers.**
- **The pilot operates only sixteen hours a day.**
- **There are no outcome/effectiveness metrics.**
- There has been ***NO* role for the community in establishing this program or overseeing it.**

A comparison of the CCIT-NYC proposal, which is based on the CAHOOTS model with a stellar track record, and the B-HEARD program, which is not aligned with any best practices, is illustrated in the following chart:

Critical Attributes of a Mental Health Crisis Response System	CCIT-NYC's Proposal	NYC's B-HEARD Proposal
Removal of police responders	**YES**	**NO** (currently, 82% of calls are still responded to by police, and even when all kinks are removed, 50% of calls will still be responded to by police)
Three-digit phone number such as 988, in lieu of 911.	**YES**	**NO**
Response team to consist of an independent EMT and a trained peer who has lived experience of mental health crises and know best how to engage people in need of support	**YES**	**NO** (licensed clinical social worker and EMT employed by the New York City Bureau of Emergency Medical Services)
Crisis response program run by community-based entity/ies which will provide culturally competent care and will more likely have a history with the person in need and can intervene prior to a crisis	**YES**	**NO** (run by New York City Police Department and other City agencies)
Peer involvement in all aspects of planning/implementation/oversight	**YES**	**NO**
Oversight board consisting of 51% peers from low-income communities, especially Black, Latinx, and other communities of color	**YES**	**NO**

Creation/funding of non-coercive mental health services ("safety net"), including respite centers and 24/7 mental health care to minimize crises in the first place and to serve those for whom crisis de-escalation is insufficient	**YES**	**NO**
Response times comparable to those of other emergencies	**YES**	**NO** (Current response time of 14 minutes, compared with average response time of 8-11 minutes for non-mental health emergencies)
Response available 24/7	**YES**	**NO** (Response only available 16 hours/day)
Training of the teams to use a trauma-informed framework, be experiential, and use skilled instructors who are peers	**YES**	**NO**

NYLPI therefore urges the Council to ensure that the $112 million it allocated in last year's budget for a non-police mental health crisis response, be utilized solely for a truly non-police response such as the CCIT-NYC model, and not be utilized for the B-HEARD program.

THE CITY COUNCIL MUST ENSURE THAT NEW YORKERS HAVE ACCESS TO A WIDE RANGE OF VOLUNTARY NON-HOSPITAL, COMMUNITY-BASED MENTAL HEALTH SERVICES THAT PROMOTE RECOVERY AND WELLNESS, AS WELL AS A FULL PANOPLY OF COMMUNITY SERVICES, INCLUDING HOUSING, EMPLOYMENT, AND EDUCATION, BY ALLOCATING FUNDING FOR SUCH PROGRAMS

Since NYLPI was established 45 years ago, we have prioritized advocating on behalf of individuals with mental health conditions, and we have consistently fought to ensure that the rights of individuals with mental health conditions are protected by every aspect of New York's service delivery system. Core to our work is the principle of self-determination for all individuals with disabilities, along with the right to access a robust healthcare system that is available on a *voluntary, non-coercive* basis.

We have long been on record opposing mandatory outpatient and inpatient treatment -- as insufficiently safeguarding the rights of persons with mental health concerns and failing to offer appropriate healthcare.

Quite simply, there is no place for coercion. Forced "treatment" is not treatment at all, and it has long been rejected by health practitioners -- to say nothing of the disability community – in favor of numerous best practices strategies that offer assistance even to those who have previously resisted offers of care[4].

[4] *See, e.g.*, de Bruijjn-Wezeman, Reina "Ending Coercion in Mental Health: The Need for a Human Rights-Based Approach," Committee on Social Affairs, Health and Sustainable Development, Council of Europe, Parliamentary Assembly, Doc. 14895 (May 22, 2019), https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=27701&lang=en.

There are multiple less invasive models of care[5] that New York must invest in to avoid the tragedy and enormous cost of forced treatment. At the heart of these models are the trained peers –individuals who have lived mental health experience -- that makes them ideally suited to implement effective harm reduction and de-escalation techniques, especially during crises.

We know how to help those with the most severe mental illness, but we fail to do so because the services are insufficient or are not held to the highest account. We face system failure, but we point our finger at those most affected by the system failure. We must stop the finger pointing and fix the system. We must invest in innovative, voluntary health programs. And we must invest in supportive housing and not cart people off to a psychiatric ward or to jail.

Any proposal to ease the ability to force people into in-patient or out-patient "treatment" must be seen in the context of whom we're entrusting to "remove" these individuals. As we now surely know all too well, the police, who are steeped in law and order, are not at all well-suited to deal with individuals with mental health concerns. New York's grim statistics of its police killing 19 individuals who were experiencing mental health crises, and seriously injuring countless others, in the last six years alone, is sad testament to that. The Mayor's plan calls for an outsized role for the police; City Council must reject that.

[5] *See* the attached list of long-term, voluntary programs that have excellent track records.

Forced "treatment" must also be seen in the context of the ensuing racial disparities. Of the 19 individuals killed at the hands of New York police, 16 were people of color. This systemic racism also underlies the disproportionate prevalence of disability in the Black community and other communities of color[6]. Likewise, racism is at the heart of the similarly vast disparities of forced treatment, which will only worsen if the Mayor's push for greater enforcement of commitment laws – alongside our new governor – is not halted by City Council. The racial disparities in the application of forced outpatient treatment (also known as Kendra's Law) are vast. In New York City, since 1999, 77% of Kendra's Law orders are implemented against Black and Brown individuals[7].

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[6] Mayor's Office for People with Disabilities, "Accessible NYC" (2016), https://www1.nyc.gov/assets/mopd/downloads/pdf/accessiblenyc_2016.pdf.

[7] *See https://my.omh.ny.gov/analytics/saw.dll?Dashboard&PortalPath=%2Fshared%2FAOT%2F_portal%2FAOT%20Assisted%20Outpatient%20Treatment%20Reports&Page=Characteristics%20-%20Demographic%20Characteristic&Action=Navigate&col1=%22AOT%20Characteristic%22.%22Characteristic%22&valsql1=%22SELECT%20%5C%22AOT%20Characteristic%5C%22.%5C%22Characteristic%5C%22%20FROM%20%5C%22AOT%5C%22%20%20where%20%5C%22AOT%20Characteristic%5C%22.%5C%22Characteristic%5C%22%20%3D%20%27%40%7Bcharacteristic%7D%7BRace%2FEthnicity%7D%27%22&psa1=%22AOT%22&col2=%22AOT%20Characteristic%22.%22Characteristic%22&valsql2=%22SELECT%20%5C%22AOT%20Characteristic%5C%22.%5C%22Characteristic%5C%22%20FROM%20%5C%22AOT%5C%22%20%20where%20%5C%22AOT%20Characteristic%5C%22.%5C%22Characteristic%5C%22%20%3D%20%27%40%7Bcharacteristic%7D%7BRace%2FEthnicity%7D%27%22&psa2=%22AOT%22&col3=%22AOT%20Characteristic%22.%22Region%22&val3=%22New%20York%20City%22&psa3=%22AOT%22&col4=%22AOT%20Characteristic%20Age%22.%22Region%22&val4=%22New%20York%20City%22&psa4=%22AOT%22&var5=dashboard.variables%5B%27characteristic%27%5D&val5=%22Race%2FEthnicity%22&psa5=%22AOT%22&var6=dashboard.currentPage.variables%5B%27region%27%5D&cov6=%22AOT%20Characteristic%22.%22Region%22&val6=%22New%20York%20City%22&psa6=%22AOT%22&var7=dashboard.currentPage.variables%5B%27region_age%27%5D&cov7=%22AOT%20Characteristic%20Age%22.%22Region%22&val7=%22New%20York%20City%22&psa7=%22AOT%22.*

While there is extensive literature supporting voluntary treatment, there is no support for the success of forced outpatient treatment generally, or Kendra's Law in particular. The studies which suggest that Kendra's Law has resulted in improved circumstances for those with mental disabilities, did not undertake the necessary comparison between voluntary and involuntary treatment, and forced outpatient treatment certainly has never been proven to be a violence prevention strategy[8].

THE CITY COUNCIL MUST REJECT THE PORTIONS OF THE MAYOR'S "SUBWAY SAFETY PLAN" THAT SEEK TO FORCE INDIVIDUALS WITH MENTAL ILLNESS INTO OUT-PATIENT AND IN-PATIENT CARE, AND PROVIDE TIGHT OVERSIGHT OVER THE PORTIONS OF THE PLAN THAT SEEK TO PROVIDE VOLUNTARY SERVICES TO INDIVIDUALS WITH MENTAL ILLNESS.

The City Council must exercise tight oversight over the Mayor's subway plan which, although it discusses voluntary services for those with mental disabilities, it heavily emphasizes forced treatment, which is neither beneficial to those individuals, nor does it provide the freedom from violence that the Plan seeks. The literature is clear that forced treatment is of limited utility and is not capable of reducing violence – which notably afflicts only 4% of those with mental health diagnoses and is in fact the same percentage of violence among those who do not have mental disabilities.

[8] *See* https://www.hmpgloballearningnetwork.com/site/behavioral/article/aot-cost-effectiveness-study-stirs-national-debate.

The City Council must ensure that New Yorkers have access to a wide range of non-hospital, community-based mental health services that promote recovery and wellness, as well as a full panoply of community services, including housing, employment, and education, by allocating funding for such programs as Crisis Respite, Housing First, Safe Haven, Family Crisis Respite, Living Room Model, Safe Options Support Teams, INSET, and Pathway Home (see attached).

The City Council must also reject the portions of the Mayor's Plan that seek to force individuals with mental illness into out-patient and in-patient care, and provide tight oversight over the portions of the Plan that seek to provide voluntary services to individuals with mental illness.

CONCLUSION

NYLPI respectfully requests that the Council:

- Enact into legislation the CCIT-NYC proposal to create a non-police, peer-driven mental health crisis response.
- Allocate $112 million annually to fund the CCIT-NYC proposal for a non-police, peer-driven mental health crisis response.
- Ensure that New Yorkers have access to a wide range of non-hospital, community-based mental health services that promote recovery and wellness, as well as a full panoply of community services, including

housing, employment, and education, by allocating funding for such programs.

- Reject the portions of the Mayor's "Subway Safety Plan" that seek to force individuals with mental illness into out-patient and in-patient care, and provide tight oversight over the portions of the Plan that seek to provide voluntary services to individuals with mental illness.

Thank you for your consideration. I can be reached at (212) 244-4664 or MArnold@NYLPI.org, and I look forward to the opportunity to discuss how best to eliminate the police as first responders to individuals experiencing mental health crises.

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About New York Lawyers for the Public Interest

For over 40 years, New York Lawyers for the Public Interest (NYLPI) has been a leading civil rights advocate for New Yorkers marginalized by race, poverty, disability, and immigration status. Through our community lawyering model, we bridge the gap between traditional civil legal services and civil rights, building strength and capacity for both individual solutions and long-term impact. Our work integrates the power of individual representation, impact litigation, and comprehensive organizing and policy campaigns. Guided by the priorities of our communities, we strive to achieve equality of opportunity and self-determination for people with disabilities, create equal access to health care, ensure immigrant opportunity, strengthen local nonprofits, and secure environmental justice for low-income communities of color.

NYLPI's Disability Justice Program works to advance the civil rights of New Yorkers with disabilities. In the past five years alone, NYLPI disability advocates

have represented thousands of individuals and won campaigns improving the lives of hundreds of thousands of New Yorkers. Our landmark victories include integration into the community for people with mental illness, access to medical care and government services, and increased accessibility of New York City's public hospitals. Working together with NYLPI's Health Justice Program, we prioritize the reform of New York City's response to individuals experiencing mental health crises. We have successfully litigated to obtain the body-worn camera footage from the NYPD officers who shot and killed individuals experiencing mental health crises, and recently filed a class action lawsuit which seeks to halt New York's practice of dispatching police to respond to mental health crises.

Residential

1. **Crisis Respite – Intensive Crisis Residential Program:** OMH program: "a safe place for the stabilization of psychiatric symptoms and a range of services from support to treatment services for children and adults. are intended to be located in the community and provide a home-like setting." https://omh.ny.gov/omhweb/bho/docs/crisis-residence-program-guidance.pdf.
2. **Crisis Respite (shorter term and less intensive):** OMH Program: "Crisis Respite Centers provide an alternative to hospitalization for people experiencing emotional crises. They are warm, safe and supportive home-like places to rest and recover when more support is needed than can be provided at home. The Crisis Respite Centers offer stays for up to one week and provide an open-door setting where people can continue their daily activities. Trained peers and non-peers work with individuals to help them successfully overcome emotional crises. https://www1.nyc.gov/site/doh/health/health-topics/crisis-emergency-services-respite-centers.page.
3. **Peer Crisis Respite programs**: OMH funded; Peer operated short-term crisis respites that are home-like alternatives to hospital psychiatric ERs and inpatient units. Guests can stay up to seven nights, and they can come-and-go for appointments, jobs, and other essential needs. Offers a "full, customizable menu of services designed to help them understand what happened that caused their crisis, educate them about skills and resources that can help in times of emotional distress, explore the relationship between their current situation and their overall well-being, resolve the issues that brought them to the house, learn simple and effective ways to feel better, connect with other useful services and supports in the community, and feel comfortable returning home after their stay." https://people-usa.org/program/rose-houses/.
4. **Housing First:** a housing approach that prioritizes permanent housing for people experiencing homelessness and frequently serious mental illness and substance use issues. Supportive services including substance use counseling and treatment are part of the model, but abstinence or even engagement in services is not required. https://endhomelessness.org/resource/housing-first/.
5. **Soteria:** a Therapeutic Community Residence for the prevention of hospitalization for individuals experiencing a distressing extreme state, commonly referred to as psychosis. We believe that psychosis can be a temporary experience that one works through rather than a chronic mental illness that needs to be managed. We practice the approach of "being with" – this is a process of actively staying present with people and learning about their experiences. https://www.pathwaysvermont.org/what-we-do/our-programs/soteria-house/.
6. **Safe Haven**: provides transitional housing for vulnerable street homeless individuals, primarily women. "low-threshold" resources: they have fewer requirements, making them attractive to those who are resistant to emergency shelter. Safe Havens offer intensive case management, along with mental health and substance abuse assistance, with the ultimate goal of moving each client into permanent housing. https://breakingground.org/our-housing/midwood.

7. **Family Crisis Respite:** trained and paid community members with extra space in their homes provide respite for individuals who can thereby avoid hospitalization.
8. **Living Room model:** a community crisis center that offers people experiencing a mental health crisis an alternative to hospitalization. health crises a calm and safe environment. The community outpatient centers are open 24 hours a day, 7 days a week and people receive care immediately. Services include: crisis intervention, a safe place in which to rest and relax, support from peer counselors; intervention from professional counselors including teaching de-escalation skills and developing safety plans, Linkage with referrals for emergency housing, healthcare, food and mental health services. https://smiadviser.org/knowledge_post/what-is-the-living-room-model-for-people-experiencing-a-mental-health-crisis.
9. **Crisis Stabilization Centers:** 24/7 community crisis response hub where people of all ages can connect immediately with an integrated team of clinical counselors, peer specialists, and behavioral health professionals, as well as to our local community's health & human service providers, to address any mental health, addiction, or social determinant of health needs. People use the Stabilization Center when they're experiencing emotional distress, acute psychiatric symptoms, addiction challenges, intoxication, family issues, and other life stressors. https://people-usa.org/program/crisis-stabilization-center/.
10. **Parachute NYC / Open Dialogue**: provides a non-threatening environment where people who are coming undone can take a break from their turbulent lives and think through their problems before they reach a crisis point. Many who shun hospitals and crisis stabilization units will voluntarily seek help at respite centers. Parachute NYC includes mobile treatment units and phone counseling in addition to the four brick-and-mortar respite centers. https://www.nyaprs.org/e-news-bulletins/2015/parachute-nyc-highlights-success-of-peer-crisis-model-impact-of-community-access.

Non-residential

1. **"Safe Options Support" teams**: consisting of direct outreach workers as well as clinicians to help more New Yorkers come off of streets and into shelters and/or housing**.** SOS CTI Teams will be comprised of licensed clinicians, care managers, peers and registered nurses. Services will be provided for up to 12 months, pre- and post-housing placement, with an intensive initial outreach and engagement period that includes multiple visits per week, each for several hours. Participants will learn self-management skills and master activities of daily living on the road to self-efficacy and recovery. The teams' outreach will facilitate connection to treatment and support services. The SOS CTI Teams will follow the CTI model – a time-limited, evidence-based service that helps vulnerable individuals during periods of transitions. The teams will be serving individuals as they transition from street homelessness to housing. https://omh.ny.gov/omhweb/rfp/2022/sos/sos_cti_rfp.pdf.

2. **INSET**: a model of integrated peer and professional services provides rapid, intensive, flexible and sustained interventions to help individuals who have experienced frequent periods of acute states of distress, frequent emergency room visits, hospitalizations and criminal justice involvement and for whom prior programs of care and support have been ineffective. MHA has found that participants, previously labeled "non-adherent," "resistant to treatment" or "in need of a higher level of care" and "mandated services," become voluntarily engaged and motivated to work toward recovery once offered peer connection, hope and opportunities to collaborate, share in decisions and exercise more control over their lives and their services and supports. their treatment plans. Engaged 80% of people either AOT eligible or AOT involved. https://www.mhawestchester.org/our-services/treatment-support/intensive-and-sustained-engagement-and-treatment.
3. **NYAPRS Peer Bridger™ program:** a peer-run and staffed model providing transitional support for people being discharged from state and local hospitals, with the goal of helping people to live successfully in the community, breaking cycles of frequent relapses and readmissions. The program include inpatient and community based intensive one on one peer support groups, discharge planning, connection to community resources; provides access to emergency housing, wrap around dollars and free cell phones and minutes. https://www.nyaprs.org/peer-bridger.
4. **NYCDOMHM Intensive Mobile Treatment teams:** provide intensive and continuous support and treatment to individuals right in their communities, where and when they need it. Clients have had recent and frequent contact with the mental health, criminal justice, and homeless services systems, recent behavior that is unsafe and escalating, and who were poorly served by traditional treatment models. IMT teams include mental health, substance use, and peer specialists who provide support and treatment including medication, and facilitate connections to housing and additional supportive services. https://mentalhealth.cityofnewyork.us/program/intensive-mobile-treatment-imt.
5. **Pathway Home™**: a community-based care transition/management intervention offering intensive, mobile, time-limited services to individuals transitioning from an institutional setting back to the community. CBC acts as a single point of referral to multidisciplinary teams at ten care management agencies (CMAs) in CBC's broader IPA network. These teams maintain small caseloads and offer flexible interventions where frequency, duration and intensity is tailored to match the individual's community needs and have the capacity to respond rapidly to crisis. https://cbcare.org/innovative-programs/pathway-home/.

New York State NURSES ASSOCIATION One strong, united voice for nurses and patients

New York City Council Budget and Oversight Hearings on The Preliminary Budget for FY 2023
Committee on Health and Committee on Mental Health, Disabilities and Addiction
March 9, 2022, 12:00 p.m.
Testimony Submitted by the New York State Nurses Association

My name is Judith Cutchin, RN, and I am a member of the NYSNA Board of Directors, the President of the NYCHH/Mayoral Executive Council and a registered nurse employed by NYC Health + Hospitals at Woodhull Hospital. I am testifying today as on behalf of the New York State Nurses Association. NYSNA represents more than 9000 nurses employed at NYCHH and is a leading advocate for universal health coverage for all regardless of ability to pay and immigration status and for the highest quality of care.

Health Priorities in the Preliminary Budget

The Mayor's Preliminary Budget for FY2023 includes two major initiatives that NYSNA supports.

The budget proposes to add $30 million to the baseline budget to permanently fund the New Family Home Visits Program. This program was first implemented in FY22 with $28 million in federal COVID funding. The program provides home visits by health professional for new mothers and their babies to conduct assessments of maternal and child health, to provide education about health issues and to refer new mothers to other needed services. The program is targeted to provide services in the 33 neighborhoods that were most impacted by COVID and with the highest disparities in care and access to services.

The budget also proposes a new $3 million program to improve maternal health by creating a "health homes" program for expectant mothers to better coordinate care and reduce maternal and infant mortality. The program also provides funding to NYC Health + Hospitals to enhance the training of staff to handle high-risk pregnancies and deliveries through simulation training.

NYSNA supports these initiatives and the ongoing emphasis of the DOHMH to address health care equity as a core goal in all operations and programs.

We are concerned, however, that the preliminary budget does not provide enough funding to fully address equity issues or to build out a more robust public health infrastructure to prepare for and respond to future public health crises and to continue to fight the ongoing pandemic.

Expand funding for early intervention services

The City currently operates three programs that provide home visits and other early intervention services for new mothers and their babies.

The New Family Home Visit Program provides home visits by health care personnel and referrals to services for new mothers and their babies living in 33 neighborhoods that were most impacted by COVID. The Preliminary budget increases the FY22 funding from $28.4 to about $30 million a year in FY23 and adds the program to the baseline DOHMH budget thereafter.

The Nurse Family Partnership program provides more intensive at-home assessments and health services to new mothers and their children on a long-term basis (generally to age 5). The DOHMH budget for the NFP program decreases funding in FY23 from $9.7 million to $8.7 million.

The Newborn Home Visit program provide short term follow-up visits with new mothers to assess the health of the mother and infant and to provide educational instruction on nurturing the child. This program is limited to the period immediately after birth and does not provide longer term service. The Newborn Home Visit program is funded at $4.3 million in FY23 (a slight decrease of $180,000 from FY22 levels).

We believe that the New Family Home Visit Program, the Nurse Family Partnership, and the Newborn Home Visit Program are vital to ensuring maternal and child health and well-being. These programs are also targeted to low-income families that suffer the effects of health care and other inequities that directly impact infant mortality and development and long-term health outcomes.

The Nurse Family Partnership, in particular, is widely recognized as extremely effective in improving maternal and child health and providing long-term benefits over the course of the child's life, including higher rates of employment, higher educational attainment, lower incarceration rates, long-term health outcome improvements and other social and economic benefits. Investments in the NFP and other early intervention programs are widely recognized to provide long-term savings in the form of lower criminal justice costs, reduced medical expenditures and lower rates of reliance on government assistance programs. These programs pay for themselves over the long-term in the form of lower costs and expenditures to the City.

Though the Preliminary Budget proposes to make the New Families Home Visit program permanent, we note that the funding requested in only slightly increased from FY22 levels (from $28 million to $29 million in FY23, and projected at $30 million in FY24). Funding for the Nurse Family Partnership is decreased by more than $2 million from current levels.

Given the effectiveness of these early intervention programs and the cost savings that they generate, NYSNA urges the Council to increase the amounts appropriated for the New Family

Home Visit, to restore the cuts to the Nurse Family Partnership program and increase funding by an additional $10 million to double capacity.

Address Health Equity

DOHMH has indicated that it is organizationally focused on addressing health equity in all its programs and activities. NYSNA supports this emphasis, as inequality in health care and health outcomes remains a long-standing problem that was worsened by the COVID crisis. Income and wealth inequality in the US ranks among the worst in the developed world. The low-income and working-class communities are more likely to live in neighborhoods that are exposed to environmental and climate factors that directly impact health outcomes. Low income and working-class communities of color are particularly affected by inequities in access to health care and healthy foods, suffer from higher exposures to environmental pollution, and tend to live in older and more crowded housing that worsens health outcomes.

We are concerned, however, that the preliminary budget for DOHMH does not provide enough funding to effectively address the problems associated with health inequities and a two-tiered system of health care.

The budget for DOHMH shows a reduction in spending for city health equity programs compared to FY22 levels. In FY22 the DOHMH budget included $148.7 million in funding in the Health Equity and Community Wellness programs line (including funding for substance use, chronic disease, tobacco cessation, HIV and other disease mitigation and education programs).

The FY23 preliminary budget proposes to cut these programs by $66.7 million to $82.1 million (a 44% reduction).

Though some of these reductions reflect the phasing out of COVID emergency response programs that were funded by the federal government, we are concerned that the cuts to the Health Equity and Community Wellness programs will undermine efforts to address health equity in NY City.

We urge the council to closely monitor the proposed reductions in funding for these programs and to consider restoring those cuts and increasing funding to begin to meaningfully close persistent gaps in mortality, life expectancy and health outcomes.

Build a more robust public health system

The preliminary budget provides a total of $2.07 billion in funding for the DOHMH, a cut of $1.17 billion in comparison to the $3.2 billion appropriated in FY22.

The bulk of this reduction in funding is attributable to lower federal funding for emergency COVID health and stimulus measures. Federal funding for the DOHMH dropped from $1.27 billion in FY22 to $355 million in FY23.

Though we understand that the bulk of the reduction in the DOHMH budget is attributable to the tapering of federal COVID relief funding and the phase out of COVID testing and tracing programs, we are concerned that the reduction in funding will undermine efforts to build a more robust public health infrastructure to fight the ongoing pandemic, as well as to prepare for future health emergencies and to address health inequities that have worsened under COVID.

We note that the City funds (not including federal and state payments to the City) for the DOHMH will go down from $843 million in FY22 to $672 million in FY23 (a cut of $171 million).

The cuts to DOHMH are coupled with a similar drop in funding for NYC Health + Hospitals from $1.85 billion in FY22 to $717 million in FY23.

The DOHMH and NYC Health + Hospitals are critical to any efforts to effectively address widespread racial and socio-economic disparities in access to care, health care quality, and health outcomes.

Accordingly, we would urge the council to restore the proposed cuts to DOHMH and support for NYC Health + Hospitals and to provide substantial increases in funding to support a sustained effort to directly address these persistent racial and socio-economic disparities.

Submitted by:

Judith Cutchin, RN, New York State Nurses Association

ORAL Testimony

My name is Judith Cutchin. I am a member of the NYSNA Board of Directors, President of the NYCHH/Mayoral Executive Council which represents 9,000 RNs who work for the public health system. I am also a registered nurse employed for more than 30 years at Woodhull Hospital in Brooklyn.

The Mayor's Preliminary Budget for FY2023 includes two new health care initiatives that NYSNA supports.

The budget adds $30 million to the baseline budget to permanently fund the New Family Home Visits Program. This program provides home visits by a health professional for new mothers and their babies and is targets the 33 neighborhoods that were most affected by COVID and the highest disparities in access to services.

The budget also proposes a new $3 million program to improve maternal health by creating a "health homes" program for expectant mothers to coordinate their care and simulation training of NYC H+H staff to handle high-risk deliveries.

We support these proposals but think the city council and the mayor should provide funding to forcefully address racial and social inequities in health care.

We also need to beef up our public health system to get through COVID and prepare to meet future health needs.

First, we think that the funding for the early intervention programs, including the Nurse-Family Partnership, the New Family Home Visit Program, and the Newborn Home Visit program should be increased.

Programs like the Nurse-Family Partnership have a proven track record of improving the health conditions of children, thus improving

outcomes. In addition, these programs pay for themselves by reducing the social and budgetary costs of incarceration, poor health, and unemployment.

The budget for these programs should not be reduced - we need to add more money to reach more people.

Second, you should not cut or reduce funding for the DOH or H&H. The preliminary budget will cut current funding for each by more than $1.1 billion next year.

We understand that some of these cuts are because of lower federal aid and fewer COVID costs, but the DOH and H&H are key to addressing the serious levels of inequity in health care.

We should not be cutting their budgets – instead, more funding should be added because it will be at the forefront of fixing inequality and creating a more equitable health care system.

We urge the council to restore the proposed cuts in support of DOHMH and NYC Health + Hospitals and to approve substantial increases in their funding to correct these persistent racial and socioeconomic disparities in care.

Thank you for allowing me to testify today. Our positions are laid out in more detail in our written testimony.

Thanks again.

TESTIMONY OF:
Penelope Fisher-Birch, Ariel Glueck, and Yiweichen Luo

Presented to:
New York City Council Committee on Mental Health, Disabilities, and Addiction
and Committee on Health
Hon. Chair Linda Lee
Hon. Chair Lynn Shulman

March 9, 2022

We are a group of second-year students at the Wurzweiler School of Social Work at Yeshiva University. We would like to thank the New York City Council, the Committee on Mental Health, Disabilities and Addiction, and the Committee on Health for providing this opportunity to add our voices to the countless others who have raised the pressing and immediate mental health needs of New Yorkers.

During the Covid-19 pandemic, New York City has seen an increase in the mental health needs of the population. As social work students, we have worked with the city's most vulnerable populations in a wide variety of settings throughout the pandemic. We have witnessed how vulnerabilities compound and tragedies become overwhelming. For example, how unemployment can result in homelessness. Additionally, the demands on social services have stretched resources far beyond capacity and led to staff burnout. But, we have also witnessed the remarkable resilience of New Yorkers when they are provided with the basic services they need to care for their mental health. In a few months, we will be graduating and joining the legions of social workers who work on the front lines of the current mental health crisis.

Services are needed for the early intervention and prevention of mental health issues before they become behavioral health emergencies. But even with preventative initiatives in place, people with serious mental illness are still at greater risk of experiencing a crisis situation. Far too often, people experiencing behavioral health crises are arrested which increases mental health crises rather than helping with them. Services to respond to people in crisis are an opportunity to intervene when the stakes are highest.

Mobile Crisis Teams are uniquely positioned to respond to the needs of people in a timely manner and in safe environments. Clinical and peer support work with people and their families to determine the appropriate level of care and social services available to them. Currently, Mobile Crisis Teams are able to respond from 8 am-8 pm seven days a week.[1] Increasing the capacity to respond 24 hours a day would allow for the proper response when the services may be needed most and avoid 911 calls for non-emergency situations.

[1] Mayor's Office of Mental Health (2021). Community mental health incubator. *NYC.gov*

We urge the New York City Council to increase the budget for mental health services for FY2023, with a particular emphasis on funding services for New Yorkers experiencing a behavioral health crisis. Providing the appropriate services to people in crisis will keep them safe and avoid unnecessary encounters with law enforcement.

We thank you for your time and attention to this matter.

P·O·M·O·C

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Polonians Organized to Minister to Our Community

A Not-for-Profit Organization

March 8, 2022

ACCESS HEALTH NYC ADVOCACY DAY

My name is Eva Kornacka and I am the Executive Director at Polonians Organized to Minister to Our Community, Inc. (POMOC), a non-profit CBO serving the immigrant community for over 40 years, with a focus on the Polish and Eastern European immigrant communities of New York.

Thank you for this opportunity to speak today in support of Access Health NYC and ask for the Council's continued funding of this important initiative. I feel that healthcare related programs should remain a top priority in these difficult times.

The services we all provide are considered essential by our clients who have no where else to turn.

During the ongoing pandemic our ability to conduct health literacy presentations and workshops in the community has been limited, but we have been compensating by providing additional one-on-one assistance.

As of June 2020 POMOC has resumed in-person services at our office site in Ridgewood, Queens. With keeping all necessary safety precautions, our staff is once again assisting clients one-on-one with urgent issues regarding new and renewal applications for health insurance programs, other crucial benefits like SNAP, unemployment insurance benefits, and other matters which cannot be handled remotely.

Each client contact is also an opportunity to educate our population on health care options and eligibility. Additionally CBOs are now a reliable community resource for updated COVID-19 testing and vaccination information. Since we have earned the community's trust, we have also been successful with sharing personal experiences of people affected by the disease and working to reinforce the need of getting their shots.

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718- 366-5365
pomoc@verizon.net

Continuously assisting our clients with these problems is a task, there are hours spent on the phone with government agencies such as the Human Resources Administration. Once a representative is available our job is to present the issue, translate for the person requesting the assistance, and most of all advocate on their behalf. Many of the representatives are not customer friendly and frequently not very helpful. It takes our staff's knowledge of the current regulations to deliver the substance of the case.

Without our navigation and guidance through the complexity of the application process for health insurance coverage, immigrant clients with limited language skills are helpless on their own. The comment argument often heard is that there is a language line with interpretation for those who need it. This is very helpful, but such assistance will never replace a case manager/client advocate since most people do not understand the regulations and are not equipped to apply them to their personal situation. Daily we are hearing from our clients how grateful they are that they can rely on our assistance and that they could not do this without us.

The New York City Council Access Health Initiative is crucial in supporting such services and provides our communities with knowledge and tools to access healthcare and stay healthy. This funding provides critical resources which increase the capacity of trusted CBOs in educating and assisting the diverse communities they serve about health access, coverage and available programs.

On behalf of our vulnerable populations, we urge the New York City Council to continue supporting our non-profits through this important initiative. It is extremely important that this program continues and hopefully expands in the difficult times ahead, which will require us all to assist a growing number of New York City residents in need of healthcare assistance.

From: Lisa Sloan (Deputy Director) <lsloan@pridecentersi.org>
Sent: Wednesday, March 9, 2022 4:19 PM
To: Testimony
Subject: [EXTERNAL] Testimony from the Hearing of the City Council Committee on Health joint with Mental Health, Disabilities & Addiction Committee - March 9, 2022, Remote Hearing (Virtual Room 2)

Dear NYCC,

I delivered the following testimony at the 3/9/22 Hearing of the City Council Committee on Health joint with Mental Health, Disabilities & Addiction Committee and wanted to submit my testimony in writing:

Good afternoon. My name is Dr. Lisa Sloan and my pronouns are she, her, hers. I am the Deputy Director at the Pride Center of Staten Island, an LGBTQ+ community center that has received funding through the Trans Equity Initiative since fiscal year 2019. The Trans Equity Initiative has supported the creation and/or expansion of culturally competent programs and services for transgender, gender non-conforming, and nonbinary (TGNCNB) individuals and their families across New York City. I am asking for continued support of this Initiative.

To demonstrate the impact of Trans Equity-supported programs on Staten Island, I want to share a statement from a Latino transgender man who has benefitted from Trans Equity programs and services at the Pride Center of Staten Island. He says:

> Finding the Pride Center has truly done wonders for me. It's a place [where] I've always felt safe to express myself freely and find [community]… There aren't many LGBTQ+ safe places in my neighborhood, and even fewer places that don't revolve around alcohol use. ... Finding the [Pride] Center honestly changed my life for the better. If not for the amazing staff and the programs that they have available, I would be in a very different place in my life. Everyone at the [Pride] Center has given me the freedom and the space to figure out who I am, to understand my emotions, and most importantly, the [Pride] Center is a place that I feel seen for who I am instead of seen for what others want me to be. It has been a necessary part of my growth and in understanding myself better, and for that I'm always grateful.

The transformative services that this transgender Staten Islander describes are made possible by the Trans Equity Initiative. I urge you to maintain the funding associated with the Trans Equity Initiative so that culturally competent programs and services for TGNCNB individuals and families can continue in Staten Island and across New York City.

Thank you.
--Lisa

Lisa Sloan, PhD (she/her/hers)
Deputy Director

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Testimony of

Deidre Sully, MPH
Senior Director of Health Policy and Community Affairs

On Behalf of

Public Health Solutions

Before the

New York City Committee on Health

Regarding

Strengthening nonprofits through continued resources for public health and human services programming

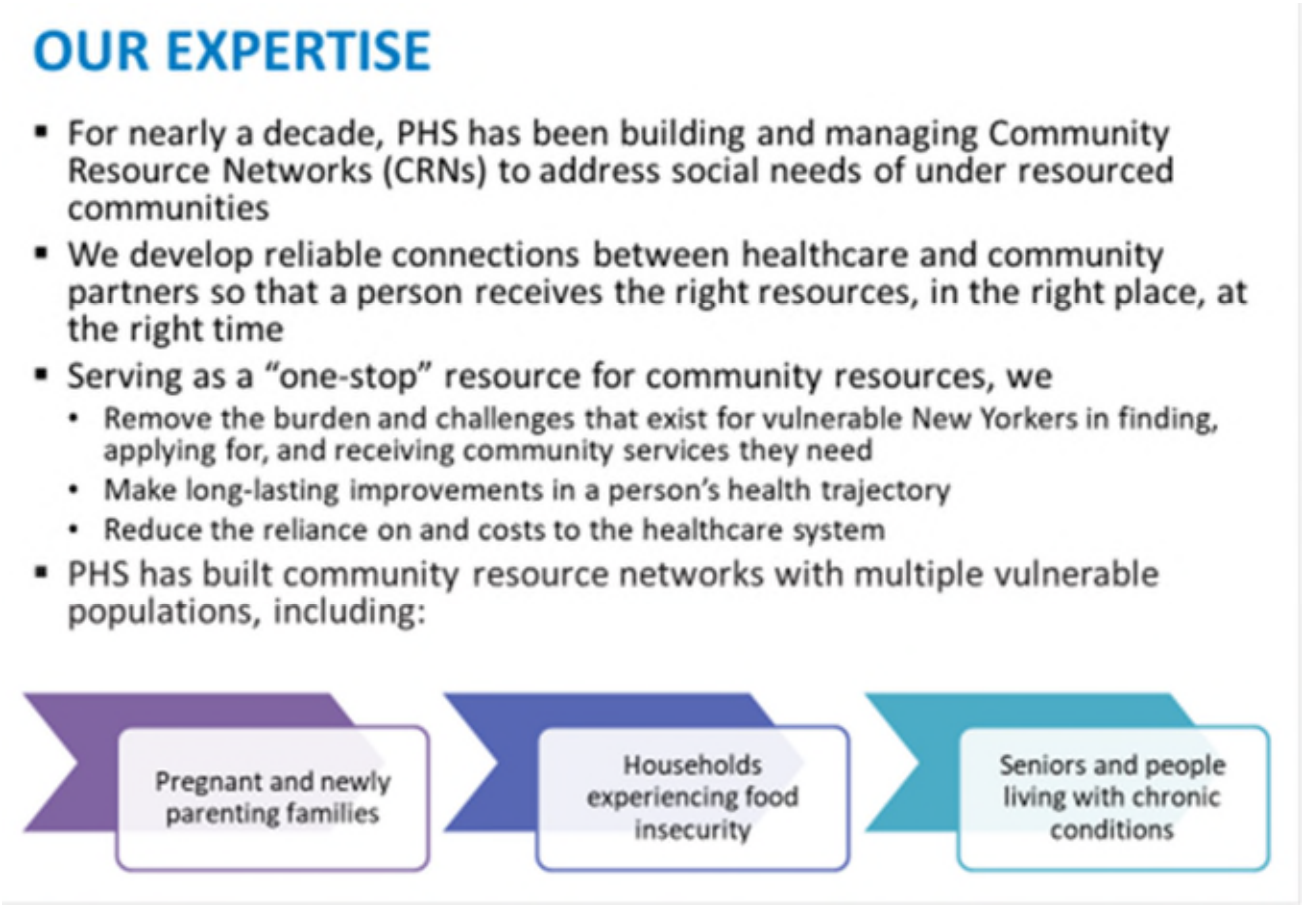
New York City
Remote Hearing

March 9th, 2022
12:00 PM

Public Health Solutions at 40 Worth Street, 4th Floor, New York, NY 10013
(646) 619-6450 | DSully@healthsolutions.org | www.healthsolutions.org

My name is Deidre Sully, I am the Senior Director of Health Policy and Community Affairs at Public Health Solutions (PHS).

To Committee Chair Schulman, and the New York City Council Committee on Health, I thank you for your time today and your commitment to listening to the critical need for efficiency and inclusion in the execution process for city contracts, especially for public health and social service non-profits. At PHS, we are dedicated to improving the health of the public in New York City (NYC) and beyond through service delivery, research, capacity building and policy analysis. Public Health Solutions' mission is to implement innovative, cost-effective, and population-based public and community health programs, conduct research that provides insight on public health issues, and provide services to other nonprofit organizations to address public health challenges. PHS programs focus on a range of issues including food security and nutrition, maternal and child health, reproductive health, HIV (Human Immunodeficiency Virus) prevention and care, healthcare access and tobacco control.



Today's testimony is focused on addressing the reality of (1) Closing the health equity gap through continued funding for public health and human services programming, (2) ensuring timely contract execution and payment of city contracts, and (3) contracting with public health and social service organizations in ways that enable them to establish a fair and equitable wage for human services workers.

Continuing resources for public health and human service programming

If we have learned anything from the last 2 years is that health disparities exist and are especially persistent among New York's most vulnerable populations. Comprehensive efforts to provide those in underserved neighborhoods and communities are key to closing the health equity gap. PHS addresses this issue through both contracting and management services as well as direct service programming. Our direct service programs like Sexual and Reproductive Health (SRH), Access Health, and Maternal and Child Health are all aimed at providing vital services that improve the health of low-income and high-risk families and communities throughout New York City.

Sexual and Reproductive Health - Women of color are disproportionately affected by adverse sexual and reproductive health outcomes compared with women of other races and ethnicities. PHS' Sexual and Reproductive Health Centers provide affordable, comprehensive, and confidential reproductive and sexual healthcare to more than 4,000 women, men, and adolescents each year. Throughout COVID, while many places closed, our SRH centers (Fort Greene and Brownsville, Brooklyn) remained open serving New York City's vulnerable communities.

As you know, the federal Title X Family Planning funding has provided much needed resources to address such persistent disparities. However, in 2019, PHS made the difficult decision to turn away this crucial funding because of the 2019 Gag Rule. While the state has provided Title X Emergency funding for programs in need, and the Gag Rule has been lifted, allowing PHS to apply for Title X funding again, the financial disruption, compounded by the pandemic, means that Sexual and Reproductive Health care was not accessible for many vulnerable New Yorkers in need of these services.

Nearly two-thirds of our clients live below the poverty line; more than half rely on public health insurance programs; and almost a quarter lack health insurance altogether. The resources made available through City Council initiatives like dedicated contraception allow us to maintain and preserve the quality and availability of services where they are most needed. This initiative is critical to our SRH Program allowing us to continue providing comprehensive sexual and reproductive health care services from STI education and treatment to pregnancy testing, among others.

Access Health NYC – PHS is a part of the city-wide collaborative of community-based organizations that help underserved New Yorkers gain access to healthcare and coverage. We engage medically underserved areas and facilitate access to services most urgently needed during the COVID-19 pandemic: affordable housing, cash/rental assistance, emergency food, and health care access. Over the past 16 years of providing health insurance assistance, our multilayered and varied services have helped promote a steady flow of clients and works toward eliminating health care disparities. We want to ensure that this remains constant. Renewing the Access Health initiative and increasing the funding to $4 million ensures that PHS and others in the collaborative can continue our important work.

Maternal and Child Health - Structural racism is the root cause of disparities in maternal and child health and cannot be overlooked. It is known that patients respond better to providers that represent a shared lived experience. Many Black/African American women are denied optimal care because providers fail to impart and engage them with respect and dignity. Furthermore, 75% of pregnancy-related deaths of Black mothers are deemed to be preventable. Putting an emphasis on ensuring that black and indigenous persons of color are health providers within the community is one step to decreasing implicit bias that enforce racial discrimination.

Home visiting is clearly effective, but what makes home visiting really stand out is that the outcomes are truly intergenerational for both parent and child and produce not only positive health outcomes but also positive socio-economic, family stability, and wellness outcomes as well. Helping families get connected to the right program that fits their needs and interests is a critical component of a well-functioning maternal child health system of care.

Annually, PHS serves 1,300 families through our home visiting program, an additional 2,000+ families have been connected to other community services like our Queens Diaper Bank, and Breastfeeding Warmline. Helping pregnant individuals receive culturally relevant support throughout pregnancy helps to control and reduce several key risk factors that make adverse outcomes more likely. Strengthening maternal child health systems of care, and individual and family health and well-being, are powerful drivers of equity. In previous years, NFP (Nurse Family Partnership) funds were routinely baselined. Increasing the allocated amount to $8 million will assist in allowing PHS and other NFP programs to strengthen maternal child health systems of care to account for the increased amount of home visits and overall growing need.

The Need for Timely Execution of City Contracts

Resources for public health programming are key to closing the health equity gap. PHS addresses this issue through both contracting and management services as well as direct service programming. Each of these programs have initiatives that rely on the City contracting process, and any delays put our clients in jeopardy of not being able to access care. When contracts are late, we are compelled to begin programs on time to provide crucial services to vulnerable populations. Late contracts also mean that all associated disbursements and payments for the contract are late, and organizations are forced to front-load funding for programs to meet contract /program deliverables. This inevitably affects internal budgets. The task force being created by both Mayor Adams and Comptroller Lander is a great first step, however it must be reiterated that these cannot be empty words but must be backed by swift action.

Enabling Contracts to Establish Fair Wages for Human Service Workers

To attain our mission and vision, we must first ensure that our human services workforce is duly compensated in a manner that allows them to keep pace with ever rising costs to maintain basic needs of food, clothing, and shelter. For this reason, PHS has joined forces with several NYC-based nonprofits and is a proud member of the #JustPay campaign, which is a racial equity and gender justice campaign committed to ending the government exploitation of human services

workers by demanding employees in this sector who are under contract with New York City and State be paid fair wages for their labor.

Moreover, it must be acknowledged that the human services sector is a larger cohort than just clinic-based employees and includes workers whose tasks are social service based as well, much like PHS' direct service programs. Each year the Council hears from providers who are struggling due to the crisis of compounded underfunding of the human services sector, as City budgets are balanced on the backs of low-income neighborhoods and BIPOC communities. This practice has resulted in poverty-level wages for human services workers, who are predominantly women (66%) and people of color (68%). To address this crisis, we ask the City to immediately adopt three core reforms:

1. Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts.
2. Set a living wage floor of no less than $21 an hour for all City and State funded human services workers.
3. Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.

Establishing a COLA is the biggest action that can be taken right now, during this budget season. We ask that the Council include an important COLA for all human services workers, as these workers have not seen an increase from City contracts in the last two years. City contracts must enable nonprofit service providers to pay human service workers a fair wage that allows workers to live above the poverty line in NYC, a wage that reflects the importance of the work and expertise of the worker, and a wage that is equitably distributed across race, gender, gender identity, sexual orientation, age and disability, immigration status, language, and nationality.

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Public Health Solutions - the largest public health nonprofit organization in New York City, improves health among New York City's most vulnerable populations by tackling social, physical, and environmental factors that impact New Yorkers' ability to thrive. Today, PHS serves 200,000+ New Yorkers annually, and we support the work of more than 200 community-based nonprofit organizations. We implement innovative, cost-effective population-based health programs; conduct research providing insight on effective public health interventions; and provide services to government and other nonprofits to address public health issues. Together with our colleagues in the social services sector, government, philanthropy, and policy organizations, we are thought leaders and cutting-edge public health professionals in New York City and New York State. To learn more, please visit us at http://www.healthsolutions.org.

Ramapo for Children Testimony for Mental Health Committee Autism: Culturally Competent Care and Family Support in NYC Hearing

Hello, my name is Lisa Tazartes, I am the Senior Director of Partnerships and External Affairs at Ramapo for Children. I am also the proud parent of a child affected by Autism. I want to start by thanking the New York City Council for your longstanding commitment to funding the Autism Awareness Initiative.

This has been an extraordinary couple of years for parents and caregivers of children with disabilities. Many have embraced the roles of service coordinator, paraprofessional, social skills instructor, counselor, and tutor as our children navigated unpredictable school schedules without access to many structures and supports that anchored them in the past. Ensuring adequate support for parents and caregivers has become critical to helping our children develop resilience, maintain mental health and navigate the challenges of living through a Pandemic.

Ramapo for Children is a New York City based agency with an extraordinary track record of serving children and the adults who work with them since 1922. Through direct service youth programs and highly regarded training programs for adults, Ramapo works on behalf of children who face obstacles to learning, including children of all abilities, enabling them to succeed in the classroom, at home, and in life. We do this by providing workshops and assistance to educators, youth workers, and parents to help them better manage and meet the needs of their children.

We have been a parent and caregiver education workshop provider of the New York City Council Autism Awareness Initiative for the past 12 years. Ramapo's workshops have served thousands of families impacted with ASDs and this year our virtual workshop calendar was at capacity by February with higher attendance than ever before. All of the Parents/Caregivers (100%) who have participated in Ramapo's workshops have reported that the training helped them feel less alone as caregivers of children with Autism Spectrum Disorders and provided them with techniques and tools they could use immediately to help their child. In the words of one parent, "*You were able to help me understand my son more in this one workshop than in the last four years of raising him. It was a struggle, but you made it easier."*

For many parents and caregivers, our workshops are the only opportunities they have to receive vital skills which meet the unique needs of their children, and make daily life less stressful. Our parent workshops are relevant and substantive, and they provide information that is relatable.

Too frequently parents have little access to information and support to help their children. Parent education and support is a low cost, high impact, efficient way to ensure these New Yorkers have access to assistance. Ramapo, as an itinerant service provider, targets underserved areas and partners with schools and organizations in all five boroughs,working with families for whom this is often their first access point for support on how to manage the challenges of raising a child with a disability. We respond to the racial, socioeconomic, multigenerational, and cultural diversity of New York City. Our workshops have served working parents, grandparents, immigrant populations – Russian, Latinx, and Chinese, from Mott Haven to Staten Island to Bensonhurst, just to name just a few. We partner with hospitals, community centers, and public schools. Every year, we identify new groups of New Yorkers who are parenting children with disabilities and set up workshops to bring information and support to

them in their neighborhood. For the past two years our services have been fully scheduled by the midpoint of the funding cycle and we have had to turn groups away that have sought support for families in the Spring.

We are very grateful for all of the work that we have been able to do for parents over the past few years, but there is a lot more to be done. While our programs have allowed us to reach many diverse parent populations, there are communities that still await help and need it desperately. In addition, each day there are new parents who receive a diagnosis of ASD for their young children - these parents need immediate help to understand this diagnosis and quickly learn skills and utilize tools to support their children.

We once again applaud the Department of Health and Mental Hygiene for underlining its commitment to individuals and families with ASDs and ask you to consider increasing that support. We are hopeful that you will understand how much the support provided through parent and caregiver education means to families who are impacted by ASDs.

I thank the New York City Council for their time and support.

The New York City Council
Health Committee Joint Hearing with Mental Health, Disabilities & Addiction Committee
Wednesday March 9th, 2022 12 P.M.

TO: The Health Committee and Committee on Mental Health, Disabilities and Addiction
FROM: Yalda Nikoomanesh, Rethink Food NYC, Inc.
DATE: Wednesday March 9th, 2022

Speaker Adams, Health Committee Chair Schulman, Mental Health Committee Chair Lee, and Staff

Thank you for the opportunity to testify today on behalf of Rethink Food - a New York City-based nonprofit with the mission to create a more sustainable and equitable food system - one where every New Yorker has access to dignified, culturally responsive, nutritious food. Rethink has respectfully submitted funding requests through the Speaker's Initiative, Food Access and Benefits, Food Pantries, Access to Healthy Food and Nutritional Education, and A Greener NYC.

My name is Yalda Nikoomanesh, and I am the Executive Director of Institutional Giving. Rethink Food currently operates in 35 council districts across all 5 boroughs and has plans to expand to 40 districts by Fiscal Year 2023. I come to you today seeking support and partnership with the City Council, so that we can continue to scale our models for addressing food insecurity, sustainability and local economic development – issues that intersect with and help support the mental health and wellbeing of our fellow New Yorkers.

Rethink was founded in 2017, and started with a commissary kitchen, with the goal of transforming excess food from restaurants, corporate kitchens, and grocery stores into healthy meals that could be provided – at no cost – to communities in need. The kitchen prepares an average of 8,000 meals per week, which are distributed to 8 CBOs in Queens, Brooklyn and Manhattan, and last year, we recovered nearly 500K pounds of excess food.

At the height of the pandemic, Rethink leveraged its experience to address the dual challenges of escalating food insecurity rates and restaurants facing widespread closures, to launch Rethink Certified. Through this program, we partner with local restaurants to prepare delicious, culturally-celebrated meals that are provided free of charge to CBO's. In exchange, Rethink provides small grants to offset food, operating, and staffing costs. We had a unique opportunity to distribute meals to communities in need, and help restaurants stay open and retain staff. In 2021, Rethink and its partners delivered nearly 3.3M meals to 88 CBOs across the city, and invested more than $15M dollars into 76 restaurants, three quarters of which were minority- and/or women-owned.

COVID-19 only magnified and compounded the health inequities for the food-insecure, and those furthest from opportunity. Rethink's services are needed now more than ever,

with 1 out of every 4 New Yorkers experiencing food insecurity,[1] and so many neighborhood restaurants are still at risk of closure. Pre-pandemic, an estimated 185 million households struggled to put meals on the table. Unfortunately, New York City food insecurity rates remain consistently higher than state and national averages, and some project a 36% surge in food insecurity rates post-pandemic, with an estimated ~1.5M New Yorkers experiencing food insecurity. We also know that a relationship exists between food insecurity, hunger and mental health issues, such as depression and anxiety.

Rethink believes that a more holistic approach to food insecurity and poverty could have a positive impact on the health and mental health of our communities. With food prices continuing to rise, we can't let millions of New Yorkers wonder where their next meal will come from, especially while perfectly edible food is being wasted. Rethink requests the Council's partnership to help make 2M meals available to 50 CBOs across all five boroughs.

Thank you for the opportunity to testify before you today, and we look forward to partnering to feed the most vulnerable New Yorkers.

Respectfully Submitted,

Yalda Nikoomanesh

[1] Politico, "Number of New Yorkers without enough food will hit 2 million, de Blasio says"

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safehorizon
moving victims of violence from crisis to confidence

Testimony of
Jimmy Meagher, Policy Director
Safe Horizon

On the Fiscal Year 2023 Preliminary Budget

Committee on Health
Hon. Lynn Schulman, Chair

Committee on Mental Health, Disabilities, and Addictions
Hon. Linda Lee, Chair

New York City Council

3.9.2022

Thank you for the opportunity to provide testimony today. My name is Jimmy Meagher, and I am Policy Director at Safe Horizon, the nation's largest non-profit victim services organization. Safe Horizon offers a client-centered, trauma-informed response to 250,000 New Yorkers each year who have experienced violence or abuse. We are increasingly using a lens of racial equity and justice to guide our work with clients, with each other, and in developing the positions we hold.

Whether we are called on to provide expert testimony at an oversight hearing or to assist a constituent in crisis and in need of emergency services, we are proud to partner with the City Council in a collective effort to make our city safer for all. We look forward to helping you and your staff learn how best to support survivors and connect them to the resources available in your borough and community.

Over many years, the City Council has been a key supporter of our programs helping adult, adolescent, and child victims of violence and abuse. City Council funding fills in gaps where no other financial support exists and allows us to draw down critical dollars from other sources. Moreover, this funding demonstrates the value that you and your colleagues place in helping survivors of all ages access desperately-needed shelter, mental health services & counseling, legal assistance, and other services.

The City Council has also championed the human services nonprofit sector. Our sector desperately needs your help to ensure that human services workers across our sector receive the compensation and support we need.

The City of New York contracts with nonprofits to deliver the essential services so many New Yorkers rely on – for food, for safety, for shelter, etc. However, the City too often asks our community of nonprofits to do more with less and to accept the bare minimum. This means that many - too many - nonprofit human services workers, the majority of whom are women and people of color, are barely surviving on the wages paid by underfunded City contracts. Because many survivors come into victim services work to help other survivors, City funding for the nonprofit victim services sector is an economic justice issue for survivors. To live up to our shared values of equity, equality, and supporting communities, our City must commit to fully funding the Cost-of-Living Adjustment (COLA), the Indirect Cost Rate Initiative (ICR), and other fair and just investments to our sector and to fully funding city contracts at appropriate levels to allow non-profits to offer competitive living wage salaries. Pay equity is a racial justice issue, a gender justice issue, and an economic justice issue.

My testimony today will focus on the needs of the nonprofit human services sector, with specific focus on the core asks of the #JustPay campaign. I will also highlight the City Council discretionary and initiative funding contracted through DOHMH that Safe Horizon relies on to provide essential services to survivors of violence and abuse across the five boroughs. Lastly, I will provide an update on Safe Horizon's Crime Victim Assistance Program (CVAP), a program of the Mayor's Office of Community Mental Health.

#JustPay

Safe Horizon is a proud member of the #JustPay campaign, which is a racial equity and gender justice campaign committed to ending the government exploitation of human services workers. The #JustPay campaign is demanding that sector employees under contract with New York City and State be paid fair wages for their labor.

Each year you hear from providers who are struggling due to the crisis of compounding underfunding of the human services sector as City budgets are balanced on the backs of low-income neighborhoods and BIPOC communities. This practice has resulted in poverty-level wages for human services workers, who are predominantly women (66%) and people of color (68%). To address this crisis, we ask the City to immediately adopt three core reforms:

1. Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts.
2. Set a living wage floor of no less than $21 an hour for all City and State funded human services workers.
3. Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.

The COLA is the biggest action that can be taken right now, during this budget season. We ask that the Council include an important COLA for all human services workers, as these workers haven't seen an increase from City contracts in the last two years. Ideally, we would love to see a multi-year COLA agreement, but in the absence of that, we are asking for a **5.4% COLA** based on the consumer price index which mirrors the State COLA included in the Governor's budget. This would be about an $108 million investment in an essential community workforce.

These actions would be meaningful to organizations like ours that never stopped providing critical services during this pandemic.

Initiative and Discretionary Funding

City Council initiative and discretionary funding contracted through the Department of Health and Mental Hygiene (DOHMH) supports the following Safe Horizon programs, allowing us to provide trauma-informed healing, healthcare, and mental healthcare to our clients and their families:

Streetwork Project

Safe Horizon's Streetwork Project provides shelter, showers, hot meals, therapy, service linkage, safer sex supports, case management, and so much more, in a therapeutic harm reduction community serving homeless youth ages 13 to 25. We work with homeless and street-involved young people to help them find safety and stability. Many homeless young people face a day-to-day struggle to survive, which can lead to physical and emotional harm. Homeless youth may have experienced family abuse, violence, rejection, and instability that led to their homelessness. We welcome these young people, help them navigate complex systems, and provide essential resources at our Drop-In Centers, at our overnight shelter, and through our street outreach teams. This work can be incredibly challenging but also rewarding. Our work at Streetwork did not pause

during this pandemic. Rather, our dedicated team continued to respond to homeless and at-risk young people in need of shelter, services, and understanding. Streetwork has been doing this community-based work since 1984, and we will continue to do so for as long as our services are needed.

In FY21, our Streetwork Project provided services to nearly 600 clients across our drop-in centers and overnight shelter, while our overnight street outreach team engaged in over 4,300 contacts with homeless and at-risk young people. The City Council supports Streetwork Project's work through the **Viral Hepatitis Prevention Initiative**.

The **Viral Hepatitis Prevention Initiative** helps Safe Horizon's Streetwork Project increase our capacity to connect potentially Hepatitis C-affected clients to testing, medical care, treatment, and infection control services. **We are seeking a restoration of $35,060 - so we can link runaway and homeless youth to the medical supports they need and deserve.**

Counseling Center

Safe Horizon's Counseling Center has provided mental health treatment to adult and child victims of violence and abuse since 1988. We provide ongoing support and counseling services during victims' recovery and healing journey. We offer supportive counseling without judgment, and we work with survivors to develop coping strategies. Our Counseling Center is one of the only New York State-licensed mental health clinics focused solely on treating trauma reactions that many victims of crime and abuse experience. Using telemedicine during the pandemic, our Counseling Center provided over 7,300 therapy sessions to nearly 400 clients in FY21. The City Council supports our Counseling Center's work through the **Court-Involved Youth Mental Health Initiative** and **Children Under Five Mental Health Initiative**.

The City Council's **Court-Involved Youth Mental Health Initiative** allows us to address the impact of traumatic experiences that are so often at the root of behaviors that precipitate involvement in family court of children and youth aged 7 to 17. There is growing recognition of the many types of trauma (interpersonal violence, community violence, historical racism, systemic violence, and daily experiences of racism and other forms of oppression) that impact young people. Our project involves the enhancement of trauma-informed care for youth by creating training, providing training, and cultivating trainers for a short-term trauma-focused intervention. Staff learn how to implement this intervention with youth and caregivers that helps survivors identify specific trauma reactions and to practice coping strategies for managing them. In addition, staff are supported to provide training to additional staff in this intervention. **We are seeking a restoration of $140,000 in FY23 so we can continue to do this work in a meaningful way.**

The City Council's **Children Under Five Mental Health Initiative** supports our work with infants and toddlers who are survivors of crime, as well as their families, through training of clinicians and staff in evidence-based treatment for this population. The Counseling Center continues to adapt training, co-facilitate training, and recruit trainers for a curriculum on how exposure to domestic violence, the dynamics of domestic violence (DV), and the systems of oppression families experiencing DV often encounter all come together in ways that can disrupt the bond between infants and their caregivers. The training uses real (but de-identified) case vignettes to

bring those ruptures into view and to explore how attachment-based intervention facilitates healing in those relationships. This training is also structured to provide a practical introduction to the impact of DV on very young children and the healing power of attachment relationships as well as specific interventions to promote attachment. A unique element of this training initiative is that is holds space for training participants to reflect on the fact that, as shelter staff, they are also caregivers, and they, too, are impacted by trauma in this environment and in their lives. By training a greater number of individuals who come into contact with these children to recognize signs of trauma, we can prevent lifelong developmental consequences while providing healing and relief. **We are seeking a restoration of $115,385 in FY23 to continue supporting young children who have been victims of or witnesses to crime.**

Community Programs and SafeChat

Safe Horizon offers a continuum of service for all victims of crime through telephonic, live chat, and/or in-person supports. With sites that serve all five boroughs, our compassionate Community Program staff provide safety planning, advocacy, case management, information and referrals, supportive counseling, and support groups. Clients are connected to our continuum of services by calling our citywide Helpline (1-855-234-1042). Safe Horizon's SafeChat is a live chat platform that allows victims of all forms of crime and abuse to access Safe Horizon services digitally. Crime victims utilize their computer, phone, or tablet to safely and confidentially engage in a one-on-one chat with trained Safe Horizon Live Chat Specialists by visiting safehorizon.org. Live Chat Specialists utilize a best practice, client-centered approach to engage with victims by providing information and referrals across NYC, supporting victims in fully assessing their safety, and collaborating with victims to develop comprehensive safety plans. Live Chat Specialists conduct safety assessment, safety planning, crisis counseling, supportive counseling, psychoeducation, information about and referrals to supporting resources. In FY21, our Community Programs provided services to 2,245 clients, the Helpline provided telephonic services to 1,463 clients, and SafeChat responded to nearly 2,000 chats from survivors.

The City Council supports our Community Programs and SafeChat through the **Mental Health Services for Vulnerable Populations Initiative**.

The work of the **Mental Health Services for Vulnerable Populations Initiative** aligns with Safe Horizon's commitment to working with young Black and brown men who have experienced harm and violence. One of SafeChat's main goals is to increase accessibility to needed services for young men of color through a specific microsite geared directly to young men of color. Research shows that young men of color are more likely to experience harm, yet Safe Horizon recognizes that boys and young men of color are not accessing our services. This funding increases our capacity to connect community members who have experienced harm, with a particular focus on young men of color, to our continuum of services, including counseling and mental health supports. Our Helpline and SafeChat serve as a first point of contact, linking to Community Programs for ongoing coordination within Safe Horizon and beyond. Our services are offered telephonically, remotely, and in-person at our Community Program offices, ensuring that folks have options. **We are seeking an enhancement to $200,000 in FY23 funding to hire additional staff to support this essential healing work.**

Mayor's Office of Community Mental Health: Crime Victim Assistance Program (CVAP)

Safe Horizon believes that it is essential for New York City to have a strong network of mental health services, especially for victims and survivors of violence and abuse. Crime victims often have a variety of mental health needs in the aftermath of a crime or an incident of violence, and access to trauma-informed services can help a victim recover. We applaud the previous Administration for recognizing the need to strengthen the City's network of mental health services and for creating ThriveNYC, now the Office of Community Mental Health (OCMH). Safe Horizon's Crime Victim Assistance Program (CVAP) is a program of OCMH and the cornerstone of the NYPD's efforts to improve interactions with victims of crime. CVAP was modeled after our Domestic Violence Police Program (DVPP); a 30-year partnership with the NYPD that placed advocates specializing in helping domestic violence victims alongside police officers. CVAP has expanded DVPP services by placing two victim advocates in each of the NYPD precincts; one specializes in working with victims of domestic violence and the other serves victims of all other crimes. CVAP rolled out over several years as ThriveNYC grew and scaled its work. In summer 2018, CVAP officially became a citywide program, with advocates placed in all 77 precincts and 9 Police Service Areas, and now two units of the Special Victims Division.

We know that violence, abuse, and crime can leave victims and survivors feeling confused, angry, isolated, and hurt. Survivors are often unaware of the services and resources available to them and to their families. CVAP advocates provide crisis intervention, immediate safety planning, referrals to community-based service programs, and advocacy to those victims and survivors who have turned to the criminal justice system for help. The sooner survivors' needs and concerns are addressed, the sooner survivors can feel safe, recover from trauma, regain a sense of control, and ultimately, if they choose to, participate in the criminal justice process if that is the process that feels right for them.

In FY21, CVAP provided services to over 20,000 domestic violence victims, over 19,000 crime victims, and over 200 Special Victims Division clients.

Conclusion

As the City Council and the Administration sets the budget for the next fiscal year, it's imperative that our City expands, perfects, creates, and invests in programming that provides healing and support to people who have experienced harm, violence, and trauma. When we invest in the safety, healing, and well-being of individual New Yorkers, we invest in the safety, healing, and well-being of New York City as a whole.

And it is essential that the City invest in the nonprofit human services workforce that we collectively rely on to support our safety net. We urge you and your colleagues to listen to providers and implement the three core asks of the #JustPay campaign.

Thank you again for the opportunity to submit testimony. We are available to provide more information and answer any questions you may have.

The Samaritans ...because we all need someone to lean on

The Samaritans of New York's Suicide Prevention Center's Testimony to the New York City Council's Committee on Mental Health, Disabilities and Addiction
BUDGET HEARING
Thursday, March 9, 12 PM

Thank you to Chairs Linda Lee and Lynn Schulman and all the NYC Council Members here today for the opportunity to speak.

My name is Fiodhna O'Grady and I represent The Samaritans of New York's Suicide Prevention Center, which has operated NYC's only completely confidential 24-hour suicide hotline since 1982, responding to over 1.5 million people who are depressed and suicidal.

Part of the international organization that created the world's first suicide hotline 70 years ago that now operates in 42 countries, Samaritans runs NYC's only 24-hour crisis response service staffed entirely by caring volunteers from the city's culturally diverse communities who donate over $800,000 a year in free labor. We ask that you restore $312,000 (the amount received in FY22) in Council Citywide Initiative funding for our Hotline that answered 74,189 calls in FY21.

Providing immediate and ongoing support to those in distress and a safe alternative to existing clinical/government-run programs, Samaritans is the go-to service for the underserved, untreated and those most impacted by stigma.

- When it comes to the ever-increasing number of New Yorkers who need health care, recent efforts have proved costly and, in many cases ineffective, as the rates of self-harming behavior and related hospitalizations—even for children—continue to rise.

- To quote Thomas Insel, the former head of NIMH who oversaw $20 billion in research to improve this country's mental health care: "The scientific progress in our field has been stunning, while the public-health outcomes got worse."

- The fact is: You cannot control how people get help. The gigantic budget devoted to Thrive documents the fact that bigger is not always better, new is not necessarily improved and *one size does not fit all*.

- Samaritans experience responding to tens of millions of people around the world has taught us that people feel more comfortable and are more likely to access care when the services are confidential, community-based and delivered from those they trust.

- With the CDC reporting that over 50% of the people who experience psychological disorders *never receive care*, the need to invest in NYC's community and volunteer programs—especially in the Days of COVID—is greater than ever.

There is so much more to say and I encourage you to utilize Samaritans 40 years of experience—something the previous Mayor and Thrive never did—as you seek to find ways to improve mental health services for all New Yorkers and save lives.

I want to thank the City Council for its continued support of The Samaritans of New York's 24-hour suicide hotline and, once again, restore our $312,000 funding under the Council's Mental Health for Vulnerable Populations Initiative.

-Thank you.

For information contact: Fiodhna O'Grady(212) 677-3009 fogrady@samaritansnyc.orgwebsite: www.samaritansnyc.org

Suicide Lines Bill Themselves as Confidential – Even as Some Trace Your Call, Rob Wipond, *Mad in America,* November 29, 2020

https://www.madinamerica.com/2020/11/suicide-hotlines-trace-your-call/

Subtitle: Every year US National Suicide Prevention Lifeline centers covertly trace tens of thousands of confidential calls, and police come to homes, schools, and workplaces to forcibly take callers to psychiatric hospitals. Some people's lives get upended.

Rob Wipond, an award-winning investigative journalist, spent 18 months conducting freedom of information requests and interviewing individuals who were potentially suicidal who had previously called the US National Suicide Prevention Lifeline (NSPL) as well as hotline directors and volunteers, suicidologists, lawyers and other mental health professionals to determine the impact, implications and repercussions of the Lifeline's "active rescue" policy.

Key findings

- Freedom of Information requests revealed that the National Suicide Prevention Lifeline centers collaborate with law enforcement to secretly trace tens of thousands of hotline calls each year
- The call-tracing and interventions by police or mobile crisis teams are often initiated by hotline volunteers and paid staff attempting to predict if callers might attempt to kill themselves in the immediate/near future; in spite of significant research that documents the fact that being able to predict suicide is almost impossible
- The resultant forced hospitalizations—occurring when hotline callers have actions taken against their will--dramatically increase rather than decrease suicide ideation and attempts
- Numerous complaints document the National Suicide Prevention Lifeline advertises itself as "confidential" while covertly tracing calls and sharing caller information with Third Parties
- Lifeline callers who sought anonymous, confidential conversation and emotional support reported getting unwanted visits from the police and local authorities, detention in psychiatric hospitals, forced medication and subsequently, in many cases, significant medical bills.

Issues of concern

1. NSPL call-tracing policy is controversial both inside and out of the organization because it is often experienced by callers as a traumatizing betrayal, which can discourage additional help-seeking behaviour, increase isolation and potential suicidality
2. When lobbying for legislation to implement a new national three-digit 9-8-8 crisis number with the FCC, neither SAMSHA nor the agency that manages the NSPL (Vibrant Emotional Health) informed legislators about the controversies surrounding NSPL call-tracing practices
3. The 9-8-8 implementation, if managed by Vibrant Emotional Health as currently planned, could cause upsurges in call-tracing, dangerous police interventions with emotionally distressed people, and forced hospitalizations, potentially discouraging individuals at risk for suicide from seeking help in their moment of crisis.

A Sampling of Sources

Lifeline Policy for Helping Callers at Imminent Risk of Suicide (SAMHSA and NSPL). This describes the policy for call tracing and police interventions, and also provides historical background to the policy.

Helping Callers to the National Suicide Prevention Lifeline Who are at Imminent Risk of Suicide (Draper, Murphy et al. Journal of the American Association of Suicidology). I provide a full copy of this published journal article written by directors of the NSPL because I believe it is in the public interest for it to be generally available.

Results of a 2017-18 Survey of National Suicide Prevention Lifeline Call Centers (NSPL, SAMHSA and Vibrant Emotional Health). This contains data on numbers of calls traced, obtained through freedom of information processes. Also contains financial and other information about the call centers.

Call Volumes and Reasons for Calls to National Suicide Prevention Lifeline Call Centers (NSPL and SAMHSA). This contains data on the main reasons for calls, obtained through freedom of information processes.

SAMHSA, Vibrant Emotional Health, and National Suicide Prevention Lifeline Centers Network Agreement Contract (SAMHSA, Vibrant Emotional Health, NSPL, and Call Centers). This is the official agreement that all crisis centers must sign to become members of the NSPL, and also describes the intervention policy.

THE WALL STREET JOURNAL.

Thomas Insel photographed at home in Pleasanton, Calif. CHRISTIE HEMM KLOK FOR THE WALL STREET JOURNAL

Psychiatrist Thomas Insel Looks for a Cure to America's Mental Health Crisis

The former director of the National Institute for Mental Health believes that treating mental illness is about finding connection

By Emily Bobrow
Feb. 11, 2022

As the director of the National Institute of Mental Health (NIMH) from 2002 to 2015, Thomas Insel, a neuroscientist and psychiatrist, oversaw more than $20 billion in grants for research on human behavior and the brain. "The scientific progress in our field has been stunning," he observes. "But the public-health outcomes got worse." Although breakthroughs in other areas of medicine have led to plummeting death rates from heart disease, stroke and most infectious diseases, he notes that new insights into the mechanisms of mental illness have done little to help the mentally ill.

In his new book "Healing," Dr. Insel, 70, writes that during his tenure as the "nation's psychiatrist," the U.S. suicide rate climbed 33%, overdose deaths tripled, and rates of poverty, homelessness and incarceration among people with brain disorders went up. Today suicide claims more than 47,000 lives a year, three times as many as homicide, and the rate continues to rise in the U.S. even as it is falling in nearly every other country. He recalls a presentation of the institute's research in 2015 when he was chastened by a man whose son had schizophrenia and

was living on the streets. “Our house is on fire,” the man told Dr. Insel, “and you are talking about the chemistry of the paint.”

“That was a wake-up call,” Dr. Insel says over the phone from his home in Pleasanton, Calif., east of San Francisco, where he lives with his wife of more than 50 years. “In mental-health care we really struggle with what we call the ‘implementation gap’: the gap between what we know and what we do.”

To understand why insights into addiction haven't curbed overdose deaths, or why genetic maps for schizophrenia haven't improved the lives of those who suffer from the disease, Dr. Insel traveled the world in search of answers—“not as a psychiatrist, but as a journalist,” he says. The result is “Healing,” which explores the roots of America’s mental-health crisis and offers examples of care models that work. He hopes the book will serve as a “call to arms.”

Such advocacy is a long way from where Dr. Insel began his career in the 1970s. As a medical student at Boston University, he planned to study tropical medicine and work in the developing world, but he got “swept away” by neuroscience. “I was just fascinated by the connection between brain and behavior,” he explains. By 27, Dr. Insel was a research psychiatrist at NIMH, where he mapped neurological receptors and hunted for psychiatric biomarkers. The field felt ripe with possibilities, he recalls: “People were working on wild and crazy things. I felt like a kid in a candy store.”

First at NIMH and then at Emory University, where he ran his own lab and oversaw the primate center, Dr. Insel helped develop drugs for treating obsessive-compulsive disorder that gave rise to a class of antidepressants. He also led pioneering studies into the neurobiology of love and monogamy. But while he loved working in “biology stuff,” he says, he began to feel guilty that his work wasn’t having more of an impact on public health.

So when NIMH asked if he wanted to lead the institute, he decided to go for it. In his 13 years there, he believes he helped researchers make important discoveries about “how the brain works and develops.” But Dr. Insel no longer assumes that the future of mental health is a new drug or device. Instead, he argues for better coordination of existing therapies, many of which have been around for decades. He points to a relatively new approach to handling early psychosis that has resulted in fewer hospitalizations and better job prospects for patients simply by encouraging doctors, therapists, case managers and family members to work with patients as a team. “Medication is important, but so is social support and cognitive training and work,” he writes.

Over the past seven years, Dr. Insel has led mental health initiatives at Google, co-founded startups that use smartphone data to target therapeutic interventions, and helped guide California Gov. Gavin Newsom’s mental health reforms. In 2020 he and his daughter Lara Gregorio, a licensed clinical social worker, co-founded Humanest, a start-up that aims to expand access to quality mental health care by offering therapy and group support online. “I think technology can help us measure progress and democratize care,” he says.

Dr. Insel lays some of the blame for the current state of mental health care in the U.S. on what he calls our “sick-care system,” in which health care is designed to handle crises but not to prevent problems before they arise. “If I had to imagine the most intensive, most expensive way to manage mental illness, it would look like what we have

now," he says. There are few public services available to help people with acute psychosis or severe depression, and insurance rarely covers supportive or rehabilitative care.

States closed hundreds of psychiatric hospitals in the 1960s, '70s and '80s, and now offer little in their place. Without community-based mental health centers or hospital beds for psychiatric patients, people with severe mental illness tend to ricochet between homeless shelters and emergency rooms, often with extended stays in prisons and jails. "We've allowed brain disorders to be criminalized," says Dr. Insel, noting that people with mental illness are 10 times more likely to be in jail or prison than in a state hospital, according to data from the Treatment Advocacy Center, an advocacy group.

Dr. Insel is troubled that mental health providers tend to cluster in wealthier urban areas, and often don't take insurance. But he says that even privileged consumers with ready access to therapists run into problems of quality, given that there are no official standards or protocols for treatment. "The care you get depends on the door you knock on," he observes. Doctors and therapists aren't held accountable for their results and the payment model doesn't incentivize better care: "People are paid when patients are in treatment, not when they get well."

The therapies that work best, Dr. Insel writes, understand that "recovery is not just relief of symptoms, it's finding connection, sanctuary, and meaning not defined or delimited by mental illness." For people with serious mental illness, this can mean combining medical services with housing, job training and opportunities for social connection. For demographic groups that are at greater risk of mental illness, such as low-income mothers of newborns, he recommends low-tech, high-touch interventions like Nurse-Family Partnership, a program that sends nurses into the homes of first-time low-income mothers, from pregnancy until the child's second birthday. It has been shown to reduce ER visits and child abuse, with long-term benefits for the children.

These interventions may sound costly, but Dr. Insel argues that they are far less expensive than the current standard of "crisis care," which he estimates costs the country around $1 trillion a year in emergency hospitalizations, incarceration, lost wages and other expenses. "We know what works," he says. "We're just not doing it."

The United States Air Force Suicide Prevention Program

The United States Air Force Suicide Prevention Program (AFSPP) is a population-oriented approach to reducing the risk of suicide. The Air Force implemented 11 initiatives aimed at strengthening social support, promoting development of social skills, and changing policies and norms to encourage effective help-seeking behaviors.

Multicomponent Interventions: There is no single cause for suicide. Suicide is a complex act arrived at through multiple pathways, factors and causes. Research shows that suicide prevention interventions employing multiple strategies are particularly effective in reducing suicide rates. The United States Air Forces Suicide Prevention Program, which utilizes the multicomponent intervention model, was shown to be very effective in preventing suicide in the Air Force

AFSPP's 11 initiatives include: 1) Leadership Involvement, 2) Addressing Suicide Prevention in Professional Military Education, 3) Guidelines for Commanders on Use of Mental Health Services, 4) Community Preventive Services, 5) Community Education and Training, 6) Investigative Interview Policy, 7) Trauma Stress Response, 8) Integrated Delivery System (IDS) and Community Action Information Board (CAIB), 9) Limited Privilege Suicide Prevention Program, 10) IDS Consultation Assessment Tool, and 11) Suicide Event Surveillance System

Outcomes: A cohort of active-duty U.S. Air Force personnel exposed to the intervention between 1997 and 2002 was compared to a cohort not exposed between 1990 and 1996.The intervention cohort experienced risk reductions in the following areas when compared to the control cohort (Knox, 2003):

- 33% reduction for suicide
- 51% reduction for homicide
- 18% reduction for accidental death
- 54% reduction for severe family violence
- 30% reduction for moderate family violence

A follow-up study assessed the AFSPP's impact on suicide rates from 1981 through 2008, providing 16 years of data before the program's 1997 launch and 11 years of data after launch. Implementation of program components was measured at 2 points in time: during a 2004 increase in suicide rates, and 2 years afterward. Suicide rates in the Air Force were significantly lower after the AFSPP was launched than before, except during 2004. The study determined that the program was being implemented less rigorously in 2004 (Knox et al., 2010).

For more information, go to: https://www.airforcemedicine.af.mil/SuicidePrevention/

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Shareing & Careing

BREAST CANCER SUPPORT SERVICES · FOUNDED 1994

FY 2023 Preliminary Budget Hearing

Health Committee

Hon. Lynn Schulman, Chair

March 9, 2022

Submitted on behalf of:

Anna Kril

Founder & President

Astoria/Queens SHARE-ING and CARE-ING, Inc.

(dba SHAREing & CAREing)

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My name is Anna Kril. I am the Founder and President of **Astoria/Queens SHARE-ING and & CARE-ING, Inc. (dba SHAREing & CAREing).** I am a two-time breast cancer survivor, having received a second primary breast cancer diagnosis in 2020 during the pandemic, 27 years after being first diagnosed. Last month, was my one-year anniversary of completing chemotherapy.

Chair Schulman and Members of the Committee, on behalf of the Board and Staff of SHAREing & CAREing, I thank you for the Council's longstanding support of community organizations, including ours, which assist cancer survivors, their families and caregivers AND for your support of our funding under the Council's Cancer Services Initiative.

The onset of the pandemic two years ago changed our world and that of the city's most vulnerable populations including cancer survivors. The pandemic, and its resulting social and economic impact, triggered a significant amount of fear, anxiety and concern among cancer survivors resulting in an increased demand, 25% over 2019, for our services, specifically the need for individual and group counseling and emergent needs assistance. People who pre-pandemic would have been considered job, housing and food secure were no longer and turned to us for help.

At the same time, the restrictions put in place in 2020 and 2021 regarding group gatherings basically eliminated all of our traditional fundraising activities resulting in a loss of over $300,000 in revenue. **This loss of revenue has been compounded by the fact that as of TODAY, 9 months into FY 22, we still HAVE NOT received our FY 21 funding from the Council due to delays at the Department of Health.**

We have exhausted almost all of our reserves YET we have fulfilled our FY 21 and continue to fulfill FY 22 obligations under our Council funding. We are a small non-profit and this delay on the part of DOHMH has been devastating. I am at a loss of words to express the full impact that the agency's inaction has had on our organization. The City of New York could not have come up with a better plan to kill non-profits if it tried.

Our doors remain open and the staff paid only due to the understanding of our landlord who has agreed to defer our rent for the next few months.

SHAREing & CAREing was founded 28 years ago by four breast cancer survivors - Carolyn Scarano, Mary Demakos, the late Lucille Hartmann and myself - to address the needs of Queens women living with breast and/or ovarian cancer. It was our position then, and remains so today, that Queens residents should not have to leave the Borough for quality cancer treatment, care and support. Through the years, our reach has expanded and we now serve women and men with all types of cancer.

Our Advisory Board is made up of dedicated community members who give of their time and talents. Unlike nonprofits in other boroughs, we do not have deep pockets nor do we have big businesses or foundations to tap. Many of the private/foundational grants for cancer are for research not to support direct services and needs of cancers survivors, their families and caregivers.

I am therefore asking that the Council restore funding to the Cancer Services Initiative and that you support our request of $200,000. This funding will enable us to keep up with the increased demand for our services and allow us to continue to assist those living and coping with cancer in Queens County.

On behalf of my Board and those we serve, I thank you.

Sharing & Careing

CANCER SUPPORT COMMUNITY · FOUNDED 1994

PROGRAM REPORT

HISTORY & MISSION

Astoria/Queens SHARE-ING and CARE-ING, Inc. dba SHAREing & CAREing was founded in 1994 by four Breast Cancer survivors – Mary Demakos, the late Lucille Hartmann, Carol Scarano and Anna Kril – in response to the lack of breast cancer services in Queens county and to improve the lives of those living with cancer. We are a one-stop, grassroots, community-based organization which provides FREE direct and indirect services to cancer survivors, their families, caregivers and community members, historically serving between 4,000-6,000 individuals a year (the majority of whom reside in Queens).

Our mission is to provide services, comfort AND hope to those diagnosed and living with cancer. We strive to reduce fear and eliminate cultural and financial barriers in order to promote early detection and treatment as well as improve access to life saving cancer screenings, treatment and health care.

We are unique in that our staff and volunteers have deep roots in the diverse neighborhoods, including Spanish-speaking immigrant and Black faith-based populations, which make up our borough. As such, we are trusted by many disparate Queens communities.

PROGRAM REPORT

We are the face of hope, recovery and cancer survivorship!

SERVICES

Our services, which include bi-lingual linkages to free or low-cost cancer screenings and treatment, patient navigation and individual and group counseling, are wide-ranging and are targeted to those impacted by cancer as well as those at-risk for poor medical outcomes. Major flagship programs include:

Be a Friend to Your Mother Cancer Education Program

Born out of our Founder's own cancer experience, this program is a unique approach to communicating with young people about the importance of being proactive in one's own health. Under this program, which falls within the NYS Learning Standards for Health and Physical Education, cancer survivors, nurse practitioners and/or SHAREing & CAREing's licensed clinical social worker, educate students about health and wellness, breast, prostate, colon, skin and testicular cancer, the importance of knowing what's normal for each individual and sustaining healthy cancer-preventing habits over their lifespan.

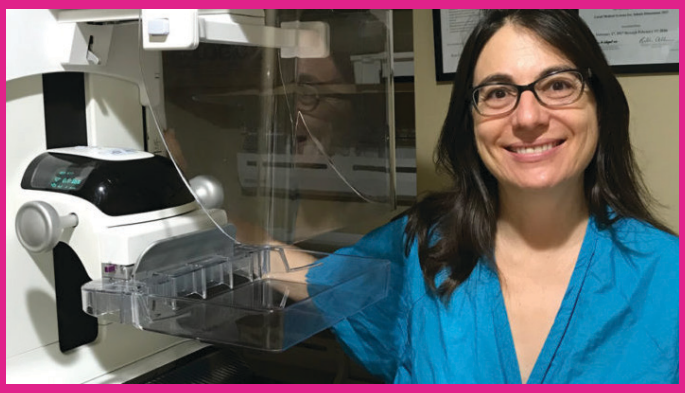
Many of the students served are from low income, immigrant families who under-utilize essential health care. All information is given in an engaging, sensitive and age and gender appropriate manner. Students leave our workshop(s) with more self-awareness, the ability to do self-exams, effective communication strategies and with information about free screening and counseling resources available to them and their families. And they are encouraged to share the information they have learned with the adults in their lives. We then link these adults, if needed, to free or low cost cancer screenings and, if diagnosed, to treatment and other support services.

Since its creation, this program has directly reached over 37,000 students, 6500 faculty members and (indirectly) 74,000 adult family members. Schools served include:

Site	Council District	Assembly District	Senate District	Congressional District
International High School for Health Sciences 48-01 90th Street Elmhurst, NY 11373	25	35	16	6
Young Women's Leadership School-Astoria – including Parent Outreach 2315 Newtown Avenue LIC, NY 11102	22	36	12	12
PS 28 Early Childhood Magnet School for the Arts 32-63 93rd Street East Elmhurst, NY 11369	21	34	13	14
Frank Sinatra School of the Arts – Counseling for Students Coping with Cancer & Bereavement 35-12 35th Avenue Astoria, NY 11106	26	30	12	12
PS 110Q The Tiffany School 43-18 97th Place Corona, NY 11368	21	39	13	14
John Adams High School 101-01 Rockaway Blvd. Ozone Park, NY 11417	32	23	10	5
Maspeth High School 54-40 74th Street Maspeth, NY 11373	30	30	15	6
Long Island City High School 14-30 Broadway Long Island City, NY 11106	22	36	12	12

The B.E.A.T. Program (Breast Cancer Education, Action & Treatment)

In collaboration with Mount Sinai Hospital Queens, our monthly B.E.A.T. Program offers education, diagnostic screening and treatment to women aged 40 years or older who are uninsured or under-insured. The program aims to mobilize women to seek mammography screening by removing the barriers created by fear, embarrassment, misinformation, lack of insurance and/or financial resources. SHAREing & CAREing's long-term survivors, many of whom are bilingual, act as patient navigators for women who require surgery and treatment to ensure follow-up with their doctor's recommendations as they themselves have personally been through a similar protocol of treatment.



Queens Public Library: Healthy Living/Wellness Programs

SHAREing & CAREing has partnered with Adult Education Learning Centers and the Community Health program at the Queens Public Library since 2017 to offer health education classes integrated with their literacy curriculum. This innovative program has enabled us to provide important health information to adult students, many of whom under-utilize and/or have limited access to health care, in a relevant, appropriate context where they are already receiving education in a venue they trust. The health curricula we provide - which includes topics such as ***Welcome to the USA and Queens, Heart Health, Chair Stretches and Meditation, Insomnia, Cancer Prevention, Understanding Depression, Stress Management and Managing Anxiety*** – is CRUCIAL for sustaining the health of our immigrant and low-income adult populations and their families. Libraries served include:

Site	Council District	Assembly District	Senate District	Congressional District
Elmhurst, Adult Learning Center 86-07 Broadway Elmhurst, NY 11373	25	35	16	6
Woodside 54-22 Skillman Avenue Woodside, NY 11377	26	30	12	14
Forest Hills 108-19 71st Avenue Forest Hills, NY 11375	29	28	15	6
Whitestone 151-10 14th Road Whitestone, NY 11357	19	26	11	3
Auburndale 25-55 Francis Lewis Blvd. Flushing, NY 11358	19	26	11	3
Rochdale Village 169-09 137th Avenue Jamaica, NY 11434	28	32	10	5
Richmond Hill 118-14 Hillside Avenue Richmond Hill, NY 11418	29	27	10	5
Peninsula 92-25 Rockaway Beach Blvd. Rockaway Beach, NY 11693	32	23	10	5
Long Island City 37-44 21st Street Long Island City, NY 11101	26	37	12	12
Sunnyside 43-06 Greenpoint Avenue Sunnyside, NY 11104	26	37	12	14
Steinway 21-45 31st Street Astoria, NY 11105	22	36	13	14
South Ozone Park 128-16 Rockaway Blvd. South Ozone Park, NY 11420	28	31	10	5
Pomonok 158-21 Jewel Avenue Flushing, NY 11365	24	27	16	6

Community Educational Outreach Programs

SHAREing & CAREing has a long history of community programming, all in service of our goal of providing health and wellness education and cancer awareness to underserved communities in Queens and helping these communities access appropriate cancer screenings, health care and treatment. Venues have included:

Site	Council District	Assembly District	Senate District	Congressional District
Mt. Sinai Queens, Family Health Associates 25-10 30th Avenue Astoria, NY 11102	22	36	12	12
NYC Health + Hospitals Elmhurst Women's Pavilion 79-01 Broadway Elmhurst, NY 11373	25	39	16	6
108th Precinct Breast Cancer Awareness Event Hunters Point South Park 5-47 50th Avenue Long Island City, NY 11101	26	37	12	12
National Night Out Against Crime Astoria Park 19 19th Street Astoria, NY 11105	22	36	12	12
Raymour and Flanigan 48-18 Northern Blvd. Long Island City, NY 11101	26	30	13	14
Queens Cancer Walk Phil Rizzuto Park 125-02 Atlantic Avenue Jamaica, NY 11419	28	24	10	5
9th Annual Lunar New Year Celebration and Resource Fair St. James Episcopal Church 8407 Broadway Elmhurst, NY 11373	25	35	16	6

Site	Council District	Assembly District	Senate District	Congressional District
Colon Cancer Prevention Program LGBT Center 3718 Northern Blvd. Long Island City, NY 11101	26	37	12	12
Cancer Education Center PSS Alberta Alston House 52-09 99th Street Corona, NY 11368	21	39	13	14
Center for Immigrant Education and Training (CIET) at LaGuardia Community College Wellness Fair 29-10 Thomson Avenue Long Island City, NY 11101	26	37	12	12
Elmhurst Hospital 79-01 Broadway Elmhurst, NY 11373	25	39	16	6
Friendship Baptist Church 38-35 12th Street Long Island City, NY 11101	26	37	12	12
Woodside Senior Center 50-37 Newtown Road Woodside, NY 11377	26	30	13	14
Ponce Bank – Jackson Heights 37-60 82nd Street Jackson Heights, NY 11372	21	39	13	14
Ponce Bank – Forest Hills 100-20 Queens Blvd. Forest Hills, NY 11375	29	28	16	6
Ponce Bank – Astoria 34-05 Broadway Astoria, NY 11106	22	36	12	12
Hands On Physical Therapy Center 32-44 31st Street Long Island City, NY 11106	22	36	12	12
Allen International Senior Center 90-20 170th Street Jamaica, NY 11432	27	29	14	5
Cancer Center @ Queens Hospital 82-68 164th Street Jamaica, NY 11432	24	24	11	6

Senior Center Programs

SHAREing & CAREing has developed sustained programming for senior citizens centered on healthy living, stress reduction and coping with cancer and bereavement, utilizing arts and crafts therapy, easy stretching/chair yoga, guided meditation & imagery, cognitive strategies and support groups. Centers served include:

Site	Council District	Assembly District	Senate District	Congressional District
Allen Community Senior Center 166-01 Linden Blvd. Jamaica, NY 11434	27	32	14	5
HANAC Harmony JVL Innovative Senior Citizen Center 27-50 Hoyt Ave. S. Astoria, NY 11102	22	36	12	12

Patient Navigation Program

This program, facilitated by our full-time Bilingual Spanish Navigator, is a proactive approach to helping cancer patients overcome the barriers of language, immigration status, financial cost, fear and misinformation and the challenges and difficulties in compiling the documentation needed to apply for public benefits and entitlements. Services include:

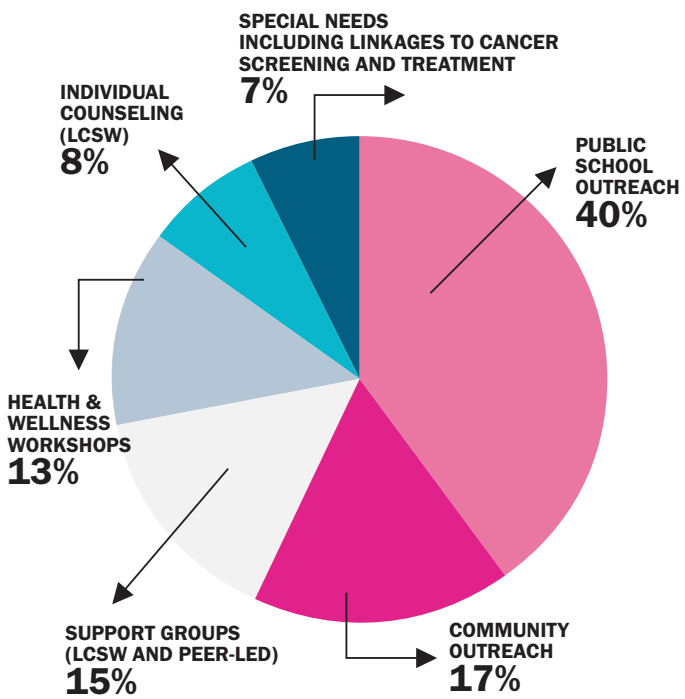
- ***Outreach to at risk populations, including Spanish speaking populations, in Queens County;***
- ***Guiding insured, under-insured and uninsured individuals through the healthcare system (public and private) to coordinate free or low-cost mammograms, other cancer screenings, diagnostic tests and medical treatments, utilizing our network of public hospitals and private providers;***
- ***Assisting individuals with no or limited access to computers, scanners, printers etc... , with completing and submitting public benefit applications and private insurance forms and requests for reimbursement as well as following up on said submissions as needed.***

Emergent Needs Assistance Program

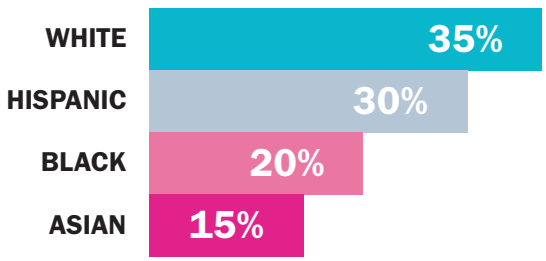
This program provides financial assistance to eligible cancer survivors, including those newly diagnosed and those currently in treatment, with an emphasis on individuals with, and survivors of, breast cancer. Assistance provided helps offset the cost of medical co-payments and deductibles, durable medical supplies not normally covered by insurance, transportation costs to and from medical appointments and cancer treatments as well as non-medical costs such as rent, utilities, phone service and food.

2020 - 2021 PROGRAM STATS & DEMOGRAPHICS

Services



Racial Demographics



Gender

THE VULNERABILITY OF CANCER SURVIVORS IN THE AGE OF COVID AND BEYOND

Cancer survivors have been among the most vulnerable during the COVID-19 pandemic and we expect their need for our support to not only continue, but to increase, throughout 2022.

Risk factors we see on a daily basis include: compromised immunity due to cancer treatment, underlying illnesses such as diabetes and COPD, advanced age, and high numbers of survivors living alone, or with other high-risk individuals. Some have had their cancer screenings and treatment put on hold because of their increased risk of getting COVID while in the hospital or during recovery. We have worked with patients who have experienced recurrences of their cancer during the past year and have provided counseling for the unique needs of women coping with metastatic cancer.

Along with increased physical risk, our members continue to be at increased risk for mental illnesses including clinical depression, complicated grief, anxiety and PTSD. Many are facing the same traumas that our collective NYC/Queens community has been experiencing since last year. Our members have lost loved ones to COVID-19, are worried about family members on the front lines, job loss, housing insecurity, and have had to cope with self-quarantine and social isolation. Our group and individual counseling interventions have included, and continue to include, evidence-based interventions geared to help our community reduce risk, isolation, anxiety, depression and trauma.

Cancer survivors, and those currently in treatment, have also faced increased financial hardship since the onset of the pandemic. As the pandemic impacted the city's economy and health care system, we experienced an increase (over 25% from 2019) in requests for emergent needs assistance, even among populations that pre-COVID would have been considered financially stable and secure.

CONTACT US

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We are the face of hope, recovery and cancer survivorship!

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TESTIMONY ON BEHALF OF LOCAL 372 | NYC BOARD OF EDUCATION EMPLOYEES
DISTRICT COUNCIL 37 | AFSCME
TO THE PRELIMINARY BUDGET HEARING ON
MENTAL HEALTH, DISABILITIES, AND ADDICTION
MARCH 9, 2022
2:30 PM

Mental Health, Disabilities and Addiction Committee Chairwoman Linda Lee and distinguished members of the committee. I am Donald Nesbit, Executive Vice President of Local 372 - NYC Board of Education Employees, District Council 37 | AFSCME. I am here today to provide testimony on behalf of the approximately 250 Substance Abuse Prevention and Intervention Specialists ("SAPIS") Local 372 represents under the leadership of President, Shaun D. Francois I. The SAPIS program has historically received City funding through a dollar-for-dollar match with the State Legislature. We are here today to request that the City maintain this critical partnership with the State to support SAPIS in our schools.

It is no secret that our students are facing a mental health crisis caused by the COVID-19 pandemic. According to the Centers for Disease Control and Prevention ("CDC"), the proportion of children's mental health-related visits to Emergency Room Departments have skyrocketed since April 2020.

The CDC's report has concluded that it is critical to monitor children's mental health, as well as promoting coping and resilience skills, and to expand access to services in order to support children's overall mental health. The SAPIS program has been and continues to be best-equipped to shoulder this responsibility.

Since 1971, SAPIS have provided essential social-emotional strategies and services to help youth remain learning-ready. SAPIS is a credentialled and an established program, a service that is sponsored by the NYS Office of Addiction Services and Supports ("OASAS") to provide Evidence-Based Program ("EBP") presentations, group and individual counseling, and positive alternatives to NYC public school students, servicing K-12 throughout all of New York City's 32 school districts, including special education. This includes classroom presentations and counseling for mental health services and crisis mitigation in the individual and group settings; and more.

We can honestly – and proudly – state that SAPIS are already trained and ready to respond to this COVID-19 mental health crisis. SAPIS have *always* been proactive in providing students and their families with the tools to navigate the myriad of societal, personal, and peer pressures that can derail healthy academic, social, and individual development. SAPIS are also responsible for monitoring behavior, as well as offering resources and services to support students when they find themselves struggling to improve. Our programming is already tailored to address the long-term consequences of the pandemic and shutdown which are derailing healthy development.

Local 372 has long testified to this panel about the devastating effects of cuts to the SAPIS program and the loss of over 200 SAPIS workers since 2006. Now more than ever, there are simply not enough SAPIS today to address the needs of all of our at-risk children and their families. This is not acceptable in the current environment, and that is why New York City cannot afford to neglect this important work as the number of SAPIS positions continues to remain well below peak numbers. It is our shared responsibility to ensure our children meet and exceed their potential. Local 372's goal is to renew our partnership with the City and the State in making a smart

investment in the quality of life for both New York students, their families, and communities at-large.

To that end, the NYC Department of Education is not currently prioritizing our existing SAPIS as assets or utilizing their strengths to meet the increased demand for more Social-Emotional Learning curricula, turning instead to less effective and more costly alternatives. Last year, the prior Mayoral administration announced a "2021 Mental Health and Wellbeing Plan" to address the mental health crisis that instead proposes the hiring of school social workers and community-based organizations, and subsequently doubled down on hiring an additional 500 social workers and community-based organizations, investing in less-effective alternatives to duplicate the work that SAPIS already provide.

In contrast, it is in the students' best interest that the City prioritize its investments in expanding the existing SAPIS program before considering contracting with outside entities or hiring social workers to perform our work. First, SAPIS provide mandatory programming to students in the classroom setting, as opposed to the voluntary programs offered by community-based organizations after school. Second, SAPIS are more versatile and cost-effective as compared to social workers, whom are not trained to provide the same broad range of one-on-one and group-based services and programming. It is also more cost effective to hire a SAPIS than it is to hire a social worker. It costs approximately $50,500 in base salary, plus 49% in fringe benefits, to hire a single SAPIS. After two years of service, the base salary increases 15%. In contrast, hiring a new social worker cost approximately $63,000 plus fringe benefits. It is estimated that each individual SAPIS can directly reach approximately 500 at-risk students. With these facts in mind, it simply

makes no sense *not* to invest in SAPIS.

Local 372's goal is to once again partner with the City Council in making a smart investment towards the quality of life for both New York students, their families, and communities at-large. Even in the midst of a pandemic, it remains our shared responsibility to ensure our children meet and exceed their potential. Without SAPIS, we are robbing struggling students of their opportunity to a quality, competitive education, and ultimately, their futures. And the City Council has always been a leader in prioritizing opportunities for our children. However, we must do more to combat today's urgent mental health crisis. That is why Local 372 requests that the New York City Council maintains its dollar-for-dollar match of the State Legislature's SAPIS funding. We look forward to working with all of you to make this possible.

In addition, as the COVID-19 pandemic and economic shut down enveloped our communities in the spring of 2020, it appeared the City failed to include the traditional SAPIS funding in its budget. It is now our understanding that 2020's funding has been included, though it is unclear to us where in the budget this line is itemized – and thus whether the allocation actually exists. Likewise, Local 372 also requests that the City Council ensures that SAPIS funding is properly accounted for in the City budget. It is critical that funding for this program can be properly accounted for, so that we all have the confidence that these allocated funds are truly helping students in need.

Again, thank you for the opportunity to appear on behalf of Local 372 NYC Board of Education Employees and our SAPIS workers. We are available to answer any questions you all may have.

Committee on Health & Committee on Mental Health, Disabilities and Addiction
New York City Council Budget and Oversight Hearings on The Preliminary Budget for Fiscal Year 2023

March 9, 2022

Chair Schulman, Chair Lee and distinguished members of the City Council, thank you for the opportunity to provide testimony today. I'm Nadia Chait, Director of Policy & Advocacy for the Coalition for Behavioral Health. The Coalition represents over 100 community-based mental health and substance use providers, who collectively serve over 500,000 New Yorkers annually.

It is essential that the city budget for FY23 provide a robust investment in mental health and substance use services. New York City is facing a behavioral health crisis. Over the past two years, there has been a surge in the demand for behavioral health services. Since 2020, two out of every five New Yorkers reported poor mental health, and rates of anxiety and depression have drastically increased.[i] Almost 7,000 children in New York State have lost a parent or caregiver due to the pandemic and the Surgeon General declared a youth mental health crisis.[ii] New York City saw a 38% increase in the overdose death rate in 2020 from 2019, a catastrophic number that shows the speed with which this crisis is worsening.[iii]

Unfortunately, New York is not prepared to help New Yorkers, due to decades of inadequate funding and insufficient investment in the behavioral health sector. We are experiencing an access to care crisis, as staff leave the field for higher salaries and easier work, while more and more New Yorkers are reaching out for services. Programs are operating with staff vacancy rates as high as forty-eight percent. Members are being forced to pause intakes and to open waitlists, both unprecedented actions.

The City must take both immediate and long-term efforts to support the existing mental health and substance use workforce and to build a pipeline of mental health professionals that matches the diversity of New York City. For years, the City has not provided sufficient funding to contracted providers, resulting in low salaries and poor benefits for this critical workforce. We are members of the #JustPay campaign, organized by the Human Services Council, and we urge the City to implement this campaign's three asks. Our key priorities for the mental health and substance use workforce follow.

Workforce Solutions

1) **Establish, fund and enforce an automatic, annual cost-of-living adjustment (COLA) on all human services contracts.** This year, it is critical that the City match the State's 5.4% COLA. Without this, providers will be placed in an untenable situation of being able to give raises to some staff, who work on state contracts, while keeping salaries flat

for staff on city contracts. This will lead to increased turnover and decreased ability to recruit staff on city contracts.

2) **Create, fund and incorporate a comprehensive wage and benefit schedule for contracted mental health workers comparable to the salaries made by City employees.** The City pays social workers, mental health counselors, psychiatrists, psychologists and other mental health professionals a significantly greater amount than the funds it provides for salaries for these same professionals who work for community-based organizations on city contracts. The City must increase funding for salaries and benefits on city contracts to be competitive with city employees.
3) **Build the pipeline of mental health professionals through tuition assistance, loan forgiveness, and internship funding.** The City plays a key role in educating mental health professionals, but the costs for entering this field remain far too high. This is a particular barrier to increasing the diversity of the mental health workforce. It is incredibly difficult for providers to recruit staff who speak languages other than English, because there simply are not enough of these individuals in the behavioral health field. Similarly, Black and brown communities are underrepresented among mental health professionals. To build a more robust and diverse workforce, we recommend the following initiatives:
    a. **Provide Funding for 225 Clinical Internships - $5,000,000:** a key part of the education of social workers and mental health counselors are supervised internships that occur as part of the master's degree process. These internships are critical to providing students with the first-hand experience they need to become successful clinicians. These internships are not paid, however, and they limit the ability of students to work while going to school, adding yet another financial barrier to this field. Additionally, supervision of interns is uncompensated, making many staff reluctant to take on this additional duty. The City should provide funding to providers for interns that they host, to pay a robust hourly wage to interns and to cover the agency's supervision costs. A successful internship can be the key to having new graduates enter the public mental health field and work in community-based agencies.
        i. $5,000,000 would fund up to 225 internships annually. Agencies should be able to apply for up to $30,000 per intern, depending on the length of internship (typically 9 months, sometimes 12), the agency's fringe and administrative costs, and the supervisor stipend.
    b. **Expand the Human Services Career Advancement Scholarship:** this scholarship currently only covers 50% of the cost of tuition, which is simply insufficient. It should cover the full cost of school. The City should also work proactively with service providers to ensure that staff are aware of this opportunity before application deadlines – recently, one of our providers was not informed of the deadline for this program until after the deadline has passed. A scholarship cannot help anyone if staff are not aware of it. Additionally, the master's degree scholarship should include mental health counseling, which is offered by several CUNY schools.
    c. **Provide Loan Forgiveness:** the City should provide direct funding to staff on City contracts who have outstanding student loans. Our workforce often takes on significant student loan debt on the path to becoming a mental health professional,

and needs assistance from the City to be able to afford to work in the public mental health system.

Expand Access to School Mental Health Services - $28,500,000
COVID has caused a mental health crisis among children. The Surgeon General, American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry (AACAP) and Children's Hospital Association have all declared a national emergency in children's mental health. Our providers are seeing this crisis every day, as children enter their programs with more acute illness and more severe needs than pre-COVID. To support children's mental health and wellbeing, it is critical that the City invest now to bolster the existing school-based mental health clinics and to bring school-based mental health clinics into 100 new schools. Each school-based clinic should receive $75,000 in annual operating support to maintain and expand on-site mental health services for children.

Advantages of School-Based Mental Health Clinics

- **On-Site Mental Health Services**: School-based mental health clinics provide on-site mental health services, including diagnosis and treatment, to children during the school day. As satellite locations of community providers, these clinics are able to serve the entire family, both in school and in the community. Children typically receive a weekly psychotherapy session, and the clinician will meet as needed with the parents to discuss parenting skills and other supports to help with the child's behavioral needs. The clinics also offer psychiatry, including medication management, family peer support, and youth advocacy. School-based clinics integrate within the school, educating teachers on how to spot when a child needs help and teaching students about mental well-being.
- **Crisis Response**: School-based clinics are able to provide crisis mental health services, ensuring children receive a compassionate response when they are in need and reducing the use of suspensions, detentions and other punitive measures.
- **Funding:** clinics are primarily funded through revenue from billing health insurance, which is insufficient. Insurance does not cover school wellness activities, like mental health education and training. Medicaid does not cover services to children without a diagnosis. Commercial insurance often does not cover the service at all, or pays a rate that is so low that it covers only half of the cost of service.
- **Leverage State & Federal Dollars:** because school-based clinics can bill insurance, which the DOE largely cannot, an investment in clinics will result in an infusion of state & federal dollars into schools. The cost to the city for a school-based clinics is half the cost of DOE hiring a school social worker.

The City has consistently failed to invest in prevention and early intervention for mental health. A robust commitment to school-based mental health clinics will ensure children have quality and timely care, stopping issues from becoming more severe and helping children to leave healthy, happy lives.

Serving Individuals Experiencing Homelessness and Serious Mental Illness
Recently, there has been significant concern about individuals in NYC who are homeless and have serious mental illness. It is simply not true to broadly state that these individuals are dangerous. This harmful misconception increases stigma without doing anything to help these

vulnerable individuals, who are far more likely to be the victims of violent crime than other New Yorkers.

Clearly, these individuals are not currently receiving the mental health services that they need. Much of the current conversation has focused on mandating treatment. However, we would encourage policymakers to focus on the areas where our current system is failing, before moving to expand mandated treatment.

1) **Support Intensive Mobile Treatment:** Intensive Mobile Treatment (IMT) is an incredibly successful program for engaging individuals who have mental health, substance use, criminal justice and homeless services contact. This program does an excellent job in engaging these individuals in care, connecting them to housing, and reducing their criminal justice involvement. IMT used teams of individuals to provide flexible, interdisciplinary services that meet individuals where they are. Many of our members operate IMT teams and describe this model as transformative. The robust team structure, combined with an appropriate level of funding, allows agencies to hire highly qualified staff and engage individuals in care who were previously unserved. *Funding for Intensive Mobile Treatment must be maintained in the FY23 Budget.*
2) **Ensure Hospitals Admit & Discharge Appropriately:** currently, hospitals throughout NYC are not providing sufficient services to individuals with mental illness who need hospitalization. Our member agencies will often bring an individual to an ER or CPEP, having determined, based on their long-standing relationship with the individual and deep knowledge of the individual's condition, that a hospitalization is necessary. In many cases, the individual recognizes the need for hospitalization. However, the hospitals will often simply observe the individual for 1-3 hours and then discharge them. At best, they may admit someone for 24-36 hours, a stay that is too short to truly stabilize the individual. The individual will then be discharged, often without the community provider receiving a notification or any other discharge planning. This does not help individuals with serious mental illness, and it does not help the providers who serve them. In some particularly egregious instances, our members report that hospitals have told them a client is "too dangerous" for an inpatient psychiatric hospitalization. For individuals experiencing acute mental health systems that are causing them to act with violence, it is critical that hospitals have the ability to stabilize these individuals. Community providers cannot offer the intensity of services needed to someone whose illness is at such an acute point. The City must engage with the hospitals, both private and H+H, to improve inpatient psychiatric care and ensure that individuals receive this critical service.
3) **Increase Coordination of Services:** there are many different models now being rolled out to work with street homeless individuals who have mental illness. In addition to the long-standing subway outreach teams, the State is funding Safe Options Support Teams, the City is deploying 30 inter-agency collaborative teams, 12 new DOHMH Neighborhood Response Unit teams, and 12 new cross-agency teams. All of these models may well be good models. However, too many teams operating in this space will simply create confusion and overlap. In addition to these new teams, many of these individuals are already receiving outreach from an ACT or Intensive Mobile Treatment team. It will make it harder for any one time to effectively engage individuals in clinical services and in the move to shelter, safe haven or stabilization beds. There should be careful

coordination among these various efforts, clear communication, and uniform access to the databases necessary to do this work.

4) **Streamline the Supportive Housing Placement Process:** we support the Mayor's efforts to streamline the supportive housing placement process. Improving this process will get individuals into supportive housing faster, increasing stability in their lives and ensuring they have access to the wrap-around services they need.

The Role of the Office of Community Mental Health

The Office of Community Mental Health (OCMH) and its precursor, ThriveNYC, have a mixed track record. There are several important programs that are funded through OCMH, which serve New Yorkers every day. These programs have brought services into the community, have served some of our most high-need individuals, and have helped people access resources when they need help. At the same time, OCMH has repeatedly failed to engage with community-based providers and has often duplicated efforts and infrastructure that were already in place. **The FY23 Budget should move OCMH's contract dollars to DOHMH.**

1) **Maintain Funding for Contracted Mental Health Services & Move Oversight of Contracted Services to DOHMH.** For the mental health programs that OCMH contracts out to community-based organizations, it is critical that this funding be preserved. We strongly support funding for Intensive Mobile Treatment, Mobile Crisis Teams, Communities Thrive, expansion funding for Clubhouses, the Continuous Engagement between Community and Clinic Treatment Teams (CONNECT) pilot and NYC Well. However, these programs do not need to be overseen by OCMH, and could return to DOHMH, which in many cases developed the program model and oversees the contracts already.
2) **OCMH should serve to coordinate mental health efforts across City agencies.** This work should be done in close collaboration with DOHMH, which should have a lead role in setting policy and guiding programs for individuals with serious mental illness and/or substance use disorder. Community-based providers must be at the table for these conversations, so that the City has a full understanding of what is working on the ground, and where the gaps remain.
3) **Improve Coordination Between B-HEARD and Community Providers.** The programs that OCMH runs directly have consistently failed to engage community-based providers. We recently surveyed several of our members who have programs in the area where B-HEARD was operating, to determine if they had an interaction with this program. Not one of our members has had outreach or referrals from B-HEARD. It is critical that 911 mental health emergencies have a mental health response. However, the B-HEARD program has not appropriately engaged with the community, a hallmark of many OCMH programs. We are supporters of the Correct Crisis Intervention Today proposal, which would include peers in the response to mental health emergencies and ensure that EMS services are provided by EMTs with appropriate training and knowledge of behavioral health conditions. B-HEARD cannot succeed without engaging with community providers, peers and advocates. As the City is looking to expand this program, we encourage substantive changes to ensure a true mental health response to these emergencies. It is critical this includes the opportunity for warm hand-offs to services like crisis respite, as well as referral pathways.

Maintain City Council's Mental Health Services Initiative Funding - $21,847,879
The City Council currently provides funding for eight separate mental health initiatives. These initiatives serve a key role in filling gaps in service delivery and funding organizations & services that are not covered by other City or State funds. These dollars are critical to the mental health and well-being of New Yorkers.

- *Children Under Five ($2,502,000*): Funds mental health treatment for children under 5. Early childhood is a critical time to identify, prevent and treat stress and trauma and build resilience for kids and families.
- *Court-Involved Youth Mental Health ($3,400,000):* Funds assessments and connects youth and families with criminal justice involvement and mental health needs to mental health services.
- *Developmental, Psychological & Behavioral Health Services ($2,255,493):* This initiative helps individuals with behavioral health needs and developmental disabilities. The funding supports services including harm reduction, clubhouses, and group therapy.
- *Geriatric Mental Health ($3,405,540): This* funding supports organizations that provide a range of mental health services to older adults in non-clinical settings, including senior centers, religious institutions and homes.
- *Mental Health Services for Vulnerable Populations ($2,338,000):*
- *Opioid Prevention and Treatment ($3,500,000):* This funding supports neighborhood-based prevention and treatment efforts around opioid abuse, including providing overdose reversal drugs.
- *Autism Awareness ($3,246,846):* This allocation supports wraparound services for autistic children in after-school and summer programs and during school closings. The programs provide training to teach coping skills to families and caregivers affected by autism.
- *LGBTQ Youth All-Borough Mental Health ($1,200,000):* This allocation supports comprehensive mental health services for vulnerable LGBTQ youth, focusing particularly on youth of color, youth in immigrant families, homeless youth, and youth who are court-involved.

Maintain Mental Health Services for Older Adults - $3,307,424
Older adults experienced significant loss and isolation during the COVID pandemic. As the age group most vulnerable to serious illness and deaths, older New Yorkers lost friends, spouses and relatives. They were hospitalized at much higher rates. Many older adults isolated in their homes, and struggled to maintain connections to family and friends through technology that they were not comfortable using. In recognition of this, the City last year expanded funding for the Geriatric Mental Health Initiative, a joint program between the Department for the Aging (DFTA) and OCMH that provides mental health services at senior centers. The expansion was targeted at the neighborhoods hardest hit by COVID. These services have been able to succeed during COVID by pivoting to remote offerings, training clients on how to engage in telehealth, and providing telephonic services.

This program is very successful, serving more than 3,300 older adults in just the past 18 months and providing over 17,000 clinical sessions. Recent data shows clinical improvement rates of 62% for depression and 57% for anxiety after three months of treatment. The program has improved the overall health of older adults and helped keep older New Yorkers in their homes,

not in hospitals or nursing homes. It is critical that funding for the expansion to maintained in the FY23 budget. We oppose the cut to the program in the current fiscal year, which will delay the roll-out of these critical services.

Expand Overdose Prevention Centers

The City took a bold and necessary step forward in the fight against overdose last year with the opening of two Overdose Prevention Centers. Although these centers have only been open for a few months, they have already reversed over 150 overdoses. In the first quarter of 2021, more New Yorkers died from an overdose than in the entire year of 2010. Overdose Prevention Centers are working every day to reduce overdose death, provide safe injection supplies to reduce the risk of HIV and Hepatitis C, and to meet drug users with the compassion and care they need to engage in treatment when they are ready.

Overdose Prevention Centers work. New York City should expand the program throughout the City to neighborhoods with high rates of overdose death. We are in a crisis, and this is the response we need to save lives.

The mental health and substance use needs of New Yorkers are immense. The City can help New Yorkers access the treatment and services they need through close collaboration with community providers and a significant investment in the mental health workforce. Thank you for the opportunity to testify today. We look forward to working with the City Council to ensure robust mental health and substance use services are accessible to all New Yorkers.

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The Jewish Board

Testimony of Bridget McBrien, Director of Government Relations, The Jewish Board
New York City Council Hearing of the Committee of Mental Health, Disabilities, and Addiction
March 9, 2022

Good afternoon Council Committee Chair Lee and members of the Committee. My name is Bridget McBrien and I am the Director of Government Relations at The Jewish Board of Family & Children's Services.

The Jewish Board of Family & Children's Services is among the city's largest human services organizations, serving approximately 40,000 New Yorkers of all ages and backgrounds at sites throughout the five boroughs. Broadly speaking, our programs serve low-income individuals and families from three populations: those with mental health challenges, those who have experienced abuse or neglect, and those with intellectual/developmental disabilities.

Prior to the COVID-19 health crisis, demand for mental health services outstripped capacity in underserved communities throughout New York City. The pandemic has further exacerbated the lack of access to mental health clinic services. The city's 311 system recorded over 17,330 calls between March and December 2020 related to mental health issues — nearly 85 times more than the 206 calls recorded during the same time period in 2019. Hospital systems have also reported a surge in emergency department visits to treat mental health issues.

The Jewish Board provides a lifeline for New Yorkers facing mental health issues. Our network of 40 mental health clinics serves 10,000 New Yorkers of all religions, socioeconomic levels, and ethnic backgrounds. Despite our scope, the clinics consistently have a backlog of clients waiting for services. Presently, nearly 15% of enrolled clients are waiting to commence or resume clinical services, with wait times often exceeding three months. The wait for services is a result of clinical staff shortages in geographic areas where we provide care to vulnerable New Yorkers. Clinical staff resignations have been increasing as clinicians reevaluate professional goals, including the type of work they want to do and the setting where they want to work.

The demand for mental health services has been overwhelming as we received three times as many calls to our hotline number in 2021 (31,181 calls) as compared to 2020 (10,452 calls). New Yorkers are also suffering from more urgent and crisis mental health issues; in 2020 we received about 98 urgent crisis calls a month; in 2021, we averaged 608 crisis calls a month. Today we are caring for 432 clients who are considered at risk for suicide. We have been able to expand our telehealth services and are now providing approximately 25,000 telehealth visits per month while 40% of our clients have returned to in-person visits.

In many underserved areas, The Jewish Board is the only community behavioral health resource for New Yorkers with low or moderate income levels, which is reflective of our client's insurance status. In a partial view of 2021, 68% of our counseling clients (10,041 individuals)

were insured by Medicaid, 11% (1,682 individuals) were insured by Medicare, 18% were commercially insured (2,639 individuals) and 3% (462 individuals) were uninsured.

Youth also do not have access to timely, coordinated, and quality mental health care, which is tragic, as consistent and accessible care can transform the life of a young person struggling with mental illness. Prior to the pandemic, mental health challenges were the leading cause of disability among youth, according to the U.S. Department of Health and Human Services. Nationwide, one out of every five children between ages 3 and 17 suffered from a mental, emotional, developmental or behavioral disorder. In the decade before COVID struck, feelings of sadness among youth increased 40 percent while suicidal behaviors increased 57 percent. As the pandemic exacerbated the conditions leading to these rates, the U.S. Surgeon General issued an advisory about the crisis in early 2022.

The Jewish Board provides counseling services for all ages and offers a special focus on young children (ages 0-5). Our work has supported our partners, including early childhood educators, and increased their capacity to provide positive early learning experiences, nurture their social-emotional development, and secure meaningful attachments for healthy child development. We've also partnered with middle & high schools in 20 satellite mental health clinics and a specialized clinic called "OnTrack" for adolescent youth who are experiencing the first onset of psychosis seen in schizophrenia and other serious mental illnesses. In our community services programs (non-clinical), 43% of our clients are children under the age of 18.

The Jewish Board serves all New Yorkers, across all 5 boroughs and in every Council district. In our supportive housing residences (where we are best able to capture demographic data), we serve a population reflective of New York's diversity as approximately 40% of clients are aged 55+; 29% are 40-54; 24% are 26-39, the remainder are 18-25. 41% are female and 59% are male. 45% are African-American; 18% are Latino; and 13% are white, with the remainder identifying as "other."

The customary gap we see between government funding and actual program costs leads our clinics to operate on an annual $6 million program deficit. The gap in reimbursement rates from government health plans and commercial insurance companies creates significant and unsustainable deficits in all of our counseling centers. As the largest provider of community mental health services in New York City, we are especially at risk from this type of business model and have consolidated two community counseling centers in the past three years as a result of these financial difficulties. The Jewish Board accepts a wide range of insurance options for clinical services, including a sliding scale for those without insurance. No one is turned away because of an inability to pay.

Many difficulties associated with providing quality mental health care services and being able to respond to the increased demands borne from pandemic stress are related to NYS funding and insurance regulations. However, the City can take action by fully funding human services contracting and supporting their workforce needs. By neglecting to pay for necessary expenses, New York City has stripped human services providers of fundamental resources needed to successfully operate. It was this structural flaw that led New York City to recently implement the Indirect Cost Rate Funding Initiative, allowing nonprofits to qualify for a higher and individualized indirect rate. Yet the funding has fallen short. The FY22 budget included $60

million to fully fund the initiative for the next year, below the full cost to implement ICR. Mayor Adams must ensure that the city makes a permanent commitment to the Indirect Cost Rate Funding Initiative to cover costs on future contracts.

Chronic underfunding of our sector has resulted in a staggering 20% staff vacancy rate in the behavioral health community. We are proud members of the #JustPay campaign, which calls on the city to do the following:

1. Establish, fund, and enforce an automatic annual cost-of-living adjustment (COLA) on all human services contracts. For FY 23, the COLA should be 5.4% to match the state's current commitment, totaling approximately $108 million.

2. Set a living wage floor of no less than $21 an hour for all City –funded human services workers.

3. Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.

Funding from the City Council's Mental Health initiatives has also ensured safety net services to poor and vulnerable New Yorkers living with mental illness. The Jewish Board has been funded for several years through the Developmental, Psychological & Behavioral Health Services initiative. This funding has allowed us to provide specialized housing to people leaving Bronx & Manhattan psychiatric centers who have long histories of homelessness and institutionalization. The initiative has also allowed us to provide specialized group counseling to a Geriatric population in Northeast Queens. In the past, Speaker's List funding has also helped fund mental health services for clients without insurance or in plans that do not fully reimburse the cost of services. These initiatives should receive level funding and continue to support our programs that have responded to the enormous increase in behavioral health needs.

We are also a proud partner in the Fair Futures initiative. We are incredibly grateful to the City Council for championing Fair Futures over the past three years. We are also very thankful that Mayor Adams has committed to investing in New York City's young people in this year's preliminary budget. With Mayor Adams' support, Fair Futures now has $20 million in baselined funding. This will ensure all young people in foster care from middle school to age 21 have access to the life-saving support of Fair Futures coaches, tutors and specialists for years to come. Unfortunately, the City's current level of funding is only enough to serve young people up to age 21 even though Fair Futures was designed to stick with youth until they turn 26. This means that there are nearly 3,000 young people between the ages of 21-26 that still don't have the critical support of a Fair Futures coach or tutor. Now more than ever, it's critical that we fully fund Fair Futures and baseline an additional $15 million in the city budget to serve young people ages 21-26 who are in or have left foster care. This also would ensure that every Fair Futures participant has access to a housing specialist to help them navigate the City's complex housing programs and find safe, stable housing. No young person should ever have to experience homelessness when they leave foster care.

I can be reached at bmcbrien@jbfcs.org for future discussion. Thank you.

TESTIMONY: UJA-FEDERATION OF NEW YORK

New York City Council Budget and Oversight Hearings on the Preliminary Budget for Fiscal Year 2023

New York City Council Committee on Health
Honorable Lynn C. Shulman, Chair

New York City Council Committee on Mental Health, Disabilities and Addiction
Honorable Linda Lee, Chair

Submitted by:
Faith Behum, UJA-Federation of New York

March 9th, 2022

Thank you Chairpersons Shulman, Lee and members of the Committees on Health and Mental Health, Disabilities and Addiction for holding this hearing and for the opportunity to submit testimony. My name is Faith Behum and I am an Advocacy and Policy Advisor at UJA-Federation of New York.

Established more than 100 years ago, UJA-Federation of New York is one of the nation's largest local philanthropies. Central to UJA's mission is to care for those in need—identifying and meeting the needs of New Yorkers of all backgrounds and Jews everywhere. UJA has more than 50 thousand engaged donors in the New York area, supports an expansive network of nearly 100 nonprofit organizations serving those that are most vulnerable and in need of programs and services, and allocates over $150 million each year to strengthen Jewish life, combat poverty and food insecurity, nurture mental health and well-being and respond to crises here and across the globe.

Maintain funding for the Geriatric Mental Health Program

The Office of Community Mental Health (OCMH) hosts the Department for the Aging (DFTA) Geriatric Mental Health program (DGMH). The DGMH program differs from the Geriatric Mental Health Initiative, a City Council funded initiative that provides funding directly to senior centers, NORCs, supportive housing providers, and other human services providers to provide a wide range of mental health services to seniors in various environments. The DGMH program focuses specifically on placing mental health clinicians in senior centers across New York City.

In FY22, the City expanded funding for the DGMH program, targeting areas of the City that had been disproportionately impacted by the COVID pandemic. Three nonprofits in UJA's network received additional funding that was used to hire staff in their senior centers to ultimately connect more seniors to mental health services in community settings. The FY23 Preliminary Budget included a $1.365 million cut to the FY 22 funding for the DGMH program. However, the funding was maintained for FY 23. While senior centers hired additional staff, the FY22 funding cut in the Preliminary Budget made it impossible for these providers to compensate the new hires delaying expansion of the program. **UJA urges the Administration to restore the $1.365 million in FY 22 funding for the Geriatric Mental Health program.**

Maintaining Investments in Mental Health Initiatives

UJA's nonprofit partners receive funding through a number of mental health initiatives including Autism Awareness, Geriatric Mental Health, Court Involved Youth Mental Health, Opioid Prevention and Treatment, and Developmental, Psychological and Behavioral Health. UJA submits the following recommendations that will allow UJA's nonprofit partners to continue to serve these populations through FY 23:

1) **Maintain funding at $3.2 million for the Autism Awareness Initiative**

The Autism Awareness Initiative (AAI) funding allows eight of UJA's nonprofit partners to provide wraparound services to autistic children and youth in afterschool, weekend and summer programs. It also supports trainings for parents, guardians and caregivers of children with autism. Most importantly, these supports and trainings are largely offered to individuals with autism and their families who are not eligible for services through the Office of People with Developmental Disabilities. In many cases, this is one of the few supports these individuals and their families can access in the community.

Providers continue to use both virtual platforms and in-person services to meet the needs of their communities. In UJA's network of nonprofits, trainings and support groups for parents, guardians and caregivers of children with autism meet virtually which many providers believe has increased the number of individuals participating in these groups. The stress of the pandemic has increased the need for parents, guardians and caregivers of children with autism to reach out for support for themselves. According to one provider in UJA's network, "Parents are balancing managing their own lives in a pandemic, from working remotely, economic challenges, social isolation, and navigating feelings of stress, anxiety and depression, while ensuring their child with disabilities is healthy and supported, and receiving all of the care and services they need." Support groups for parents, guardians and caregivers of children with autism are very popular allowing for these individuals to virtually meet with others who are experiencing similar situations as well as learn new skills on how to support the individuals they are caring for.

During the past two years, when many out of school time activities were cancelled, UJA's nonprofit partners continued to provide virtual or in-person programming to children and youth. The wraparound afterschool and summer programs funded by the AAI, focused on assisting participants to develop intellectually and socially. More importantly, they provided a familiar social outlet for children during an isolating time. The afterschool programs funded by the AAI are a combination of virtual and in-person offerings while summer programs were in-person. Providers worked with the communities they served to understand if individuals were more comfortable with in-person, virtual or a combination of both types of programming and families appreciated the flexibility.

Last year, programs funded through the AAI provided an outlet for individuals with autism while also supporting parents and caregivers of these individuals. In the upcoming year, individuals with autism and their families will need these programs as they navigate pandemic recovery. UJA urges the City Council to maintain funding for the Autism Awareness Initiative at $3.2 million in FY23.

2) **Maintain funding for the Geriatric Mental Health Initiative (GMHI) at $3,405,540 million in FY 23.**

The GMHI supports organizations to provide individual and group counseling to older adults in non-clinical settings such as senior centers, Naturally Occurring Retirement Communities, and food pantries, while also supporting in-home services for homebound elderly. The GMHI also provides financial support for in-home services such as psychiatric evaluations and counseling, services that are often not covered by insurance companies or reimbursed poorly. By offering these services in a non-clinical setting, providers are able to adapt services to the needs of the communities without stigma. Older adults have also benefitted from case management services funded by the GMHI, helping them to get connected to additional social supports like SNAP.

As the pandemic continues, programs have switched between providing in-person and/or virtual services. One of UJA's nonprofit partners continues to speak to their older adult clients over the phone instead of performing home visits. This agency provides in-home counseling and screens at least 200 homebound seniors annually for depression and substance abuse. As the situation with the pandemic improves, they hope to transition to in-person home visits again while also maintaining the flexibility of virtual options should they need to pivot for pandemic-related issues.

Regardless of how hard providers have worked to continue to serve older adults virtually during the pandemic, isolation and loneliness has increased amongst this population. Providers recognize the continued and increased need for these services in their communities and the important role they will play in helping older adults recover from the pandemic. Maintaining funding for this program in FY23 would allow our nonprofit partners to continue to connect more homebound elder adults with the mental health services they require to live fulfilling lives in the community.

3) Maintain funding for the Court Involved Youth Mental Health Initiative at $3.4 million in FY 23.

The Court-Involved Youth and Mental Health Initiative is a citywide initiative that assesses risk for mental health concerns and connects court-involved youth with nonprofits. The initiative also provides family counseling and respite services to families of court-involved youth. These services are essential for preventing entry and re-entry into the juvenile justice system. At-risk youth often lack access to mental health services, family counseling, or other supports that will keep them from juvenile detention. This initiative addresses lack of access to these important interventions through best practices in support services and referrals.

JCCA, one of UJA's nonprofit partners, receives funding through the Court-Involved Youth and Mental Health Initiative. The JCCA's "Second Chances" program is for youth between the ages of 12 and 17 who have mental and/or behavioral health needs and do not have health insurance, are court-involved or have behavioral indicators for court involvement. The program provides free mental health/counseling services, educational support and substance abuse referrals, family support services, and advocacy. During the pandemic, JCCA launched virtual workshops and programming on career exploration and skill development. In FY22, JCCA offered an eight-week program titled, "Make it Work" which prepares a cohort of 12 to 15 at-risk youth opportunities for career exploration and critical work-readiness skills through projects such as resume-writing, interview prep, job etiquette, and work assignments. FY22 funding was used to staff the program as well as pay for expenses related to overseeing the program. Funds were also used to pay stipends to youth involved in the job training program. The stipends were especially beneficial to the many youths involved in the "Make it Work" program who lived in homes dealing with unemployment. A maintained investment in the Court Involved Youth Mental Health Initiative in FY 23 would support agencies like JCCA to expand services and supports to youth who are court involved and struggling to thrive during the pandemic and beyond.

4) Maintain funding for Developmental, Psychological and Behavioral Health at $2,255,493 in FY 23

This initiative supports a range of programs and services that address the needs of individuals with substance use disorder, developmental disabilities, and/or serious mental illnesses and their families and caregivers. One of UJA's nonprofit partners oversees two programs with the funding they receive through this initiative. One of the programs provides housing and services to ten people with serious mental illness who are transitioning from inpatient psychiatric hospitalization into a less restrictive setting. The second program is at a clinic where adults with mental illness and older adults receive mental health treatments in a group setting. The clinic provides services to approximately 900 individuals annually. Both individuals with serious mental illness and/or developmental disabilities have higher mortality rates when exposed to COVID.

With council funds for this initiative over the past year, this provider has been able to pay their staff, support all residents, and help two residents per year move into a lower level of residential care. A continued investment in this initiative in FY 23 will help prevent higher rates of homelessness and ensure those with serious mental illness survive through the pandemic without additional hospitalization.

5) Maintain funding for Opioid Prevention and Treatment at $3,500,000 in FY 23

Opioid Prevention and Treatment supports neighborhood-based prevention and treatment efforts related to opioid abuse. JCCA, one of UJA's nonprofit partners receives funding through the Opioid Prevention and Treatment Initiative. JCCA uses this funding for the Kesher Opioid Prevention and Treatment program to target Jewish Orthodox and Bukharian youth between the ages of 14 and 19 in Queens who are at-risk for or engaging in opioid abuse. All participants in the program complete substance use screenings; those who are determined to be exhibiting at-risk behaviors or dealing with substance use issues participate in a 10-week program focused on prevention and recovery tools and resources.

Since the beginning of the pandemic, youth living in the community that the Kesher program serves have experienced high rates of depression, leading some youth to turn to marijuana, opioids, and psychedelic drugs to self-medicate. The Kesher program provides a therapeutic outlet for youth who have been socially isolated from friends and family. The Kesher program has increased the number of cohorts of individuals who meet in person, limiting the number of participants while remaining socially distance and maintaining participation rates. Information on empowerment and well-being is sent virtually to youth as well and those engaging has increased as youth involve their friends. Community leaders such as Rabbis and principals continue to refer youth to the Kesher program, recognizing many are at risk for engaging in drug use during this challenging time. FY22 funding was used to pay staff and for youth incentives and outdoor recreational activities for participants.

Programs like the Kesher Opioid Prevention and Treatment continue to be needed throughout New York City. Overdose deaths increased 55% from 2015 to 2019. The CDC reported 100,306 drug overdose deaths in the United States over a 12-month period ending in April 2021, with more than 2,300 fatal overdoses taking place in New York City. This data indicates a 28.5% increase in overdose deaths compared to FY20. UJA is requesting that the City Council maintain funding for this Initiative in FY 23 at $3,500,000 to support providers responding to the opioid epidemic in their communities.

<u>Nonprofit Contracting</u>

New York City provides a wide range of human services to low-income and vulnerable individuals and families to address a myriad of needs including but not limited to, early childhood education, afterschool and summer programs, senior services, fighting food insecurity and behavioral and mental health care services. These services are provided by nonprofits and managed through contractual relationships that dictate who is eligible for the services, and how the services will be administered. However, the ability of nonprofit organizations to provide the services required by their contracts is challenged by a host of issues that can jeopardize service delivery, including late registration and inadequate and delayed reimbursement for services rendered.

According to the recently released *A Better Contract for New York*, more than 75% of contracts were registered after the contract start date in FY22. Additionally, a survey by the Human Services Council of its membership indicated that 70% of organizations reported delayed payment from the City in the last year. Nearly 46% of respondents were forced to take out loans or draw on a line of credit due to withheld or delayed payments—sometimes at significant cost. The average annual cost of interest for those loans is reported as $223,000. Late registration forces nonprofits to begin service delivery without startup costs or payments covered. For example, one of UJA's nonprofit partners that oversees behavioral health services has a FY21 contract that has not completed the registration process. Therefore this provider cannot bill for services completed over a year ago, leading to delayed payments for services rendered. UJA participated in Mayor Adams and Comptroller

Lander's Joint Task Force to Get Nonprofits Paid on Time, which produced *A Better Contract for New York*. **UJA encourages the City to implement these reforms promptly, which will directly support human services organizations and the communities they serve.**

Increase Wages for Human Services Workers

UJA is also a member of the #JustPay campaign, a campaign dedicated to increasing wages for human services workers. Despite the essential services that they provide their communities, human services workers are some of the lowest paid workers in New York's economy. UJA is urging the City to adopt three core reforms:

1. **Establish, fund, and enforce an automatic annual cost of living adjustment (COLA) on all human services contracts.**

Investing in the COLA is the most impactful action the City Council can take to support the human services workforce. City contracts have not included a COLA for two years. Ideally, human services workers could benefit from a multi-year COLA agreement. In the absence of this, the City should include a 5.4% COLA based on the Consumer Price Index and mirroring the COLA included in the FY23 State budget for human services workers. **UJA is urging the City Council to include $108 million in the budget to provide a COLA for human services workers.**

2. **Set a living wage floor of no less than $21 an hour for all City and State funded human services workers.**

There is longstanding underinvestment in the human services sector, making it difficult for providers to keep up with the demand for services or holistically raise wages across all staff lines without increased funding. The average human services contract in New York pays only 70 cents on the dollar for direct program expenses. This chronic underfunding puts providers in the impossible position of taking contracts that neither pay fair wages nor fully fund services or turn down those opportunities—resulting in laying off employees and closing vital community programs. A living wage floor of no less than $21 an hour is vital to helping retain and recruit a committed and talented human services workforce.

However, not all employees at human services nonprofits are paid 100 percent through City contracts. When salaries are increased for contracted workers, there is an unintended spillover effect that must be addressed. If a higher wage floor were put in place, providers would have to find the funds to increase wages for workers not paid through City contracts, which would create undue burden particularly at time when nonprofits are struggling more than ever. We implore the Administration and Council to not overlook these workers and consider ways to support the full workforce.

3. **Create, fund, and incorporate a comprehensive wage and benefit schedule for government contracted human services workers comparable to the salaries made by City and State employees in the same field.**

Because the Government is the predominant funder of human services, they are also the primary driver of human services salaries. Under this system, it is the workers themselves who have borne the brunt of decades of chronic underfunding all while ensuring programs with inadequate funding meet their targets. Government contracts either directly set low salary levels or do so indirectly by establishing low rates for services along with required staffing levels on a contract. This creates low starting salaries that are often stagnant because human services contracts last five to seven years (or more) with no opportunity for cost-escalators to allow for raises. A comprehensive wage and benefit schedule is needed as workers, advocates, providers, and elected officials continue to work together to ensure that human services workers finally earn fair pay for their labor.

Conclusion

UJA-Federation of New York respectfully urges your consideration and support of these vital programs that assist New York City's most vulnerable and the organizations that serve them. Thank you for your time and if you have any questions please contact me at behumf@ujafedny.org or 212-836-1338.

UNITED NEIGHBORHOOD HOUSES
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Testimony of United Neighborhood Houses
Before the New York City Council

FY 2023 Preliminary Budget Hearing:
Committee on Health
Council Member Lynn Schulman, Chair
Committee on Mental Health, Disabilities, & Addiction
Council Member Linda Lee, Chair

Submitted by Tara Klein, Senior Policy Analyst
March 9, 2022

Thank you for convening today's Preliminary Budget hearing. United Neighborhood Houses (UNH) is a policy and social change organization representing 45 neighborhood settlement houses, including 40 in New York City, that reach over 765,000 New Yorkers from all walks of life. A progressive leader for more than 100 years, UNH is stewarding a new era for New York's settlement house movement. We mobilize our members and their communities to advocate for good public policies and promote strong organizations and practices that keep neighborhoods resilient and thriving for all New Yorkers. UNH leads advocacy and partners with our members on a broad range of issues including civic and community engagement, neighborhood affordability, healthy aging, early childhood education, adult literacy, and youth development. We also provide customized professional development and peer learning to build the skills and leadership capabilities of settlement house staff at all levels.

Settlement houses have been on the frontlines of serving their communities throughout the COVID-19 crisis, and will remain critical partners in our City's recovery. The pandemic has resulted in enormous new mental health needs, including across-the-board increases in anxiety, depression, isolation, and grief. It is more critical than ever that the City invest in mental health services. Since before the pandemic, UNH members have provided a wide variety of mental health and substance abuse services to their communities, such as Article 31 mental health clinics, Article 32 substance abuse treatment programs, PROS programs, Geriatric Mental Health, and many others.

This testimony will focus on several key recommendations for the FY 2023 budget, including: restoring all funding for the Council's Mental Health Initiatives at $21.8 million, investing $28.5 million to expand school-based mental health clinics, securing a long-term funding strategy to support community schools, restoring the $1.365 million cut to the DFTA Geriatric Mental Health program, reinstating the Mental Health First Aid program, supporting cost of living adjustments for all human services workers, and addressing the backlog of Comprehensive Background Checks for early childhood and youth programs at the Department of Health and Mental Hygiene.

Restore Funding for Council Mental Health Initiatives

In FY 2023, UNH recommends the City Council restore funding to all eight of the previously-funded DOHMH Mental Health Council Initiatives, including: Autism Awareness; Children Under Five;

Court-Involved Youth Mental Health; Developmental, Psychological, & Behavioral Health; Geriatric Mental Health (GMHI); LGBTQ Youth; Mental Health Services for Vulnerable Populations; and Opioid Prevention and Treatment – totalling $21.8 million in funding. Twenty UNH members provide services through City Council Mental Health initiatives.

We greatly appreciate the Council's long-standing support for these programs that bring mental health services to vulnerable populations in their own communities. Year after year, these initiatives provide crucial funding to nonprofit providers to offer mental health services in non-clinical community settings, including community centers, senior centers, and early childhood programs. Despite the fact that the funding must be restored each year by the Council instead of being on more stable multi-year contracts, the funding is flexible and allows providers to best meet their hyper-local needs through creative solutions to distinct mental health challenges. Further, while many mental health programs were baselined by the City as part of the 2015 ThriveNYC initiative, these Council initiatives continue to be important because several of the Thrive programs changed scopes of services and were structured in a way that prevented existing providers from applying. For example, many settlement houses were excluded from applying to serve as host sites for the DFTA Geriatric Mental Health Program (DGMH) due to rigid selection methodology.

After a devastating FY 2021 where many of these initiatives were significantly cut due to the poor economic outlook related to COVID-19, in FY 2022 these initiatives were restored and many were increased above previous levels, allowing new sites to access services and supporting much-needed increases for existing programs. **It is crucial that the Council at a minimum restore all of this funding in the FY 2023 budget ($21.8 million total).**

Specific funding levels in FY22 that must be maintained in FY23 include:

Geriatric Mental Health Initiative	$3,405,540 (18 settlement houses receive this funding)
Children Under Five	$2,502,000 (2 settlement houses receive this funding)
Autism Awareness	$3,246,846 (3 settlement houses receive this funding)
Developmental, Psychological, & Behavioral Health	$2,255,493 (2 settlement houses receive this funding)
Court-Involved Youth Mental Health	$3,400,000 (1 settlement house receives this funding)
Mental Health Services for Vulnerable Populations	$2,338,000 (1 settlement house receives this funding)
Opioid Prevention and Treatment	$3,500,000
LGBTQ Youth Initiative	$1,200,000

Geriatric Mental Health Initiative

UNH is a long-time supporter of the Geriatric Mental Health Initiative (GMHI). (Note that this program is distinct from the DFTA Geriatric Mental Health Program, which will be discussed in a later section.) GMHI funds mental health services in community spaces where older adults gather, such as senior centers, NORCs, and food pantries. GMHI increases the capacity of community-based organizations serving older adults to identify mental health needs, provide immediate mental health interventions, and refer clients for further psychiatric treatment when necessary. By placing mental health services in nonclinical settings, GMHI providers are able to improve access to mental health services in the community, and providers can adapt their programs to meet the needs of the community they serve without stigma. GMHI currently supports 35 organizations, 18 which are UNH members.

During COVID-19, GMHI providers indicated tremendous increase in demand for telephone-based counseling due to increased depression, anxiety, and isolation. One provider reported reaching 381% more individuals than predicted; another indicated a two-to-threefold increase over previous years. Group counseling and screenings continued to operate remotely during peak pandemic periods. Even before the pandemic hit, the aging services network expressed an overwhelming demand to expand mental health services for older adults, especially at senior centers and NORCs and in multiple languages. Given patterns of increased demand since the start of the pandemic, we are thrilled that the Council funded a significant expansion to this program in FY22, allowing the program to reach 13 new sites and supporting long-needed increases for existing providers.

While contract registration and payment have been delayed – a systemic problem across human services contracts across the City that must be addressed – providers report very positive results from this new funding. One new GMHI recipient uses the funding across their aging services programs to screen, identify, and refer seniors to mental health services. A staff member notes: "I was pleased with the amount of data we were able to obtain from the screenings. It has helped us enhance current programming. For example: our Senior Companion Program has added onsite activities for their senior volunteers to have more interaction and engagement with their peers." Another new recipient notes that they used the funds to bring on a bilingual worker, and trained case workers across their senior centers to conduct mental health and substance abuse screenings. They began the screenings in February and expect that by June 2022 they will have screened at least 400 older adults. A long-time GMHI recipient will be using their funding increase to strengthen individual and group mental health programming, and to expand training opportunities for staff and clients. They note that "COVID-19 and the subsequent variants posed challenges in shifting to remote services, however, GMHI was successful in engaging and supporting clients with no service gaps in counseling, groups, or other services." Given the vast success of this program, we urge the Council to restore full funding to GMHI of $3,405,540 in FY 2023.

Children Under Five

The Children Under Five (CU5) initiative provides early childhood mental health services to infants, toddlers and pre-school aged children and their families in community-based settings. The program allows organizations to work with children to develop psychosocial and educational skills, as well as to cope with trauma resulting from witnessing or experiencing domestic violence, sexual abuse, or physical or mental abuse. Using a trauma-informed lens, providers are able to provide screening and clinical evaluation, individual, small group, and child-parent psychotherapy, and consultation to pediatricians, teachers, and child welfare workers. For years, CU5 providers have been testing new interventions and models of providing care, greatly contributing to the City's understanding of the most appropriate ways to treat this population. Their expertise is essential in both working on complex cases and in putting forth new treatment options. CU5 currently supports 13 organizations, including two UNH members. These programs have continued to operate with regular participation levels throughout COVID-19.

CU5 underwent a large expansion in FY22, increasing the number of providers from 4 to 13 citywide and offering increases to existing providers. UNH members had been requesting increases for many years, and are pleased with the new funding levels. In FY 2023, the program should be restored at $2,502,000.

Autism Awareness

The Autism Awareness Initiative supports wraparound services for children with Autism Spectrum Disorder (ASD) at 39 organizations across New York City, including 3 UNH member organizations. Services offered include after-school programs, summer camps, social skill development, and weekend programming, as well as supportive services for families and caregivers of children with ASD. These programs often fill crucial gaps in services, such as extended support beyond State services under the

Office of People with Developmental Disabilities Services (OPWDD), weekend and summer programming, and supports for young adults who have aged out of the OPWDD system but still need support around vocational and life-skills coaching. Autism Awareness providers also offer family support and coaching, so that parents of children with ASD have resources to care for their children, and supports for themselves to prevent against caregiver burnout. In FY 2023, we ask the Council to restore Autism Awareness at $3,246,846.

Developmental, Psychological, & Behavioral Health

Developmental, Psychological, & Behavioral Health supports a range of programs and services that address the needs of individuals with substance use disorder, developmental disabilities, and/or serious mental illnesses, as well as the needs of their families and caregivers. The funding may support medically supervised outpatient programs, transition management programs, Article 16 clinics, psychological clubs, recreation programs, or other behavioral health services. This initiative reaches 18 organizations including two UNH members. In FY 2023, the Council should restore the Developmental, Psychological, & Behavioral Health initiative to $2,255,493.

Court-Involved Youth Mental Health

The Court-Involved Youth initiative supports programs that help identify teenagers with criminal justice involvement who require mental health services. The initiative provides assessments, family services, counseling, and respite services, and connects participating youth and families with additional services. This initiative supports 24 organizations including one UNH member. In FY 2023, the Council should restore the Court-Involved Youth Mental Health initiative at $3,400,000.

Mental Health Services for Vulnerable Populations

The Mental Health for Vulnerable Populations initiative supports community-based behavioral health programs that provide a range of programs, services, trainings, and referrals to support vulnerable and marginalized populations, including people who may be HIV-positive, suicidal, schizophrenic, or have developmental disabilities, as well as broader population groups such as children and youth, immigrants, homeless individuals, and at-risk seniors. This program currently supports 37 organizations including one UNH member, and should be restored at $2,338,000.

Support Youth Mental Health Needs

During the first few months of the COVID-19 pandemic, 1 in 600 Black children and 1 in 700 Latinx children lost their parent or caregiver to the pandemic in New York State, more than double the rate of white children. More than half of those parent deaths were in the Bronx, Brooklyn, and Queens. Losing a caregiver is associated with a range of negative health effects, including lower self-esteem, a higher risk of suicide, and symptoms of mental illness. According to pediatricians, addressing the impact of family death on young people will "require intentional investment to address individual, community, and structural inequalities." Beyond grief, the learning loss and isolation has had an extreme impact on our young people. In late 2021, the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP) and the Children's Hospital Association (CHA) declared a National State of Emergency in Children's Mental Health; and the Surgeon General followed suit by declaring a Youth Mental Health Crisis.

Invest $28.5 million in School-Based Mental Health Clinics

The City currently has 280 school-based mental health clinics, which feature community-based providers who operate satellite sites of their licensed Article 28 or 31 clinics in schools. Providers can offer group and individual therapy, clinical treatment, diagnosis, crisis mental health services, support for teachers, family support, and more. These clinics work to improve overall school wellness. They

integrate with broader community-based services to support whole families, and seek to reduce punitive measures for children experiencing mental health challenges.

The City should make a robust, $28.5 million investment in expanding school-based mental health clinics in the FY 2023 budget. This funding would support the creation of 100 new sites over the next two years (due to the time it takes for city procurement, state licensure, and securing space and staff) costing $150,000 per program. It would also provide increases of $75,000 per program to the existing 280 providers. Notably, staff retention at existing school-based clinics is a challenge due in large part to a lack of pay parity between community-based providers and DOE-employed professionals, including school social workers.

While clinics receive funding by billing health insurance, this is insufficient because insurance does not cover school wellness activities like mental health education and training; Medicaid does not cover services to children without a diagnosis; and commercial insurance often does not cover the service at all, or pays a rate that is so low that it covers only half of the cost of service. Further, because school-based clinics can bill insurance, which the DOE largely cannot, an investment in clinics will result in an infusion of state & federal dollars into schools, and ultimately cost the City less than hiring a DOE school social worker.

Invest in Community Schools

To meet the growing need for quality mental health services so that we can set up young people across New York City with the tools they need to move towards a brighter future, UNH recommends that the City lean on an already established program: the community schools initiative. In FY22, a combination of funding resources (including federal stimulus dollars, City administrative funding, and Council discretionary funds) supported this initiative after the austerity measures of the previous fiscal year.

Specifically, the success of the community schools is built on the pillars of integrated student supports, expanded learning time and opportunities, family and community engagement, and collaborative leadership and practices. These inextricable elements work together to address socioeconomic and health disparities in schools and communities, particularly mental health needs for both students and families through a partnership between school staff and community based organizations to deliver wraparound services.

Given their track record of success[1], the New York State Education Department recommended the community schools model as part of their reopening guidance to school districts,[2] and the City committed to using federal stimulus funding to expand the number of NYC community schools from 266 to 406. The community school model is the best strategy for supporting the education spectrum – academic, enrichment, student and family support, engagement/reengagement and restorative justice policies and practices, and have also served as a community centers of mental health through depression/anxiety screenings, in-house mental health services and referrals to larger networks of support outside of the school. Community schools are also an investment in conflict mediation, a pliable model for delivering mental health services to young people to meet them where they are, and can be spaces for families to begin the steps of accessing culturally competent care for their young people.

Unfortunately, the City has yet to develop a long term sustainable funding solution for community schools, and while federal stimulus dollars will partially sustain them until 2025, the future of these

[1] The RAND Corporation released a comprehensive report on the impact of NYC community schools accessible here.
[2] Guidance accessible here

neighborhood mental health centers is in jeopardy without a commitment to baselined city funding. Securing the future of community schools before federal stimulus funding begins to taper off in 2023 is key to ensuring long-term recovery and sustained mental health support in communities hardest hit by the COVID-19 epidemic.

Support Older Adults' Mental Health Needs

No Cuts to the DFTA Geriatric Mental Health Program in the FY22 Budget

Older adults have been the group most vulnerable to COVID-19, facing physical health concerns, food and financial insecurity, and social isolation. Before the pandemic, we knew that older adults had an escalated risk for depression and suicide, brought on in part by high levels of social isolation, and in today's world those concerns are even stronger. With a growing older adult population in New York, it is more important than ever to focus on the mental health needs of this population as the City recovers from the COVID-19 pandemic.

The Office of Community Health hosts the Department for the Aging (DFTA) Geriatric Mental Health program (DGMH), which contracts with a handful of borough-based providers who place mental health clinicians in dozens of senior center host sites. By placing mental health services in nonclinical settings, DGMH providers are able to improve access to mental health services in the community without stigma. Several UNH members serve as host sites for this program and report very positive outcomes. The program has undergone several expansions since its launch along with Thrive in 2015 and has been highly valued. (Note that DGMH is distinct from the Geriatric Mental Health Initiative (GMHI), which as mentioned earlier is a City Council-funded initiative that provides mental health funding directly to senior centers, NORCs, and others.)

The most recent DGMH expansion was funded in FY22. New sites were selected and contractors began setting up operations, including many that hired new staff. It was disappointing to see the FY2023 Preliminary Budget, where as part of Mayor Adams' Program to Eliminate the Gap (PEG) the DFTA budget included a $1.365 million cut in DGMH for the current fiscal year (FY22). The funding reappears in FY23 and beyond. However, the City cannot afford any delay in implementing mental health services for older adults. This cut must be reversed immediately so DGMH providers can proceed to get new programs up and running.

Reinstate the Mental Health First Aid Program

One of the most successful programs implemented under the Office of Community Mental Health, is Mental Health First Aid (MHFA), an evidence-based, public training program that teaches participants how to recognize the signs and symptoms of mental illness and substance misuse, and "introduces participants to risk factors and warning signs of mental illnesses, builds understanding of their impact, and overviews common supports."[3] It has been compared to CPR training in the applicability and usefulness to anyone, minus the full professional diagnosis and treatment skills. The program has existed globally for two decades, and became formalized and funded in NYC with the launch of Thrive in November 2015. When introduced, the program's goal was to train 250,000 individuals by 2021, and in fall 2018 the City announced having trained 75,000 individuals so far.[4] Many settlement house staff members across various programs have participated in the 8-hour MHFA training and have spoken very highly of its usefulness. The program offered specialized courses focusing on different populations, including public safety professionals and people serving youth and older adults.

[3] https://mhanys.org/programs/mhfa/

[4] https://www1.nyc.gov/office-of-the-mayor/news/480-18/first-lady-chirlane-mccray-over-75-000-new-yorkers-now-trained-mental-health-first-aid

Unfortunately, this program was suspended in March 2020 due to the COVID-19 pandemic and has not been offered since. According to the 2021 Mayor's Management Report, in June 2020 MHFA trainings were replaced by "COVID-19 Community Conversations (3C): a virtual model comprised of 1-hour presentations and 3-hour interactive training that provides COVID-19 resources and information to New Yorkers living in one of the 33 neighborhoods designated by TRIE as those hardest hit by the COVID-19 pandemic." The report notes that these sessions reached over 18,000 people in FY21. It is unclear whether the 3C trainings have continued into FY22, as dates are not currently listed on the City's website.

While focusing on the pandemic and mental health needs in TRIE neighborhoods is an important effort and pivoting services in 2020 was necessary, the 3C program appears to be very distinct from MHFA and not nearly as in-depth, professionalized, or evidence-based. It is also important that MHFA be made available citywide and not only in TRIE neighborhoods. The TRIE neighborhoods don't always capture smaller pockets of NYC neighborhoods that may have been hard hit by COVID, and don't always allow for a nuanced approach to services. For example, Red Hook is not considered a TRIE neighborhood, despite the fact that the Red Hook Houses had high COVID positivity rates throughout the pandemic. By not being a TRIE neighborhood, local providers like the Red Hook Initiative were not always able to access funding, PPE, testing, or other supplies as quickly as TRIE neighborhoods.

Now, with rising mental health needs brought out by the pandemic, Mental Health First Aid trainings should be reinstated as soon as possible, either in a virtual, in-person, or hybrid format; and as before should be offered in several languages. Settlement house staff are calling for MHFA trainings to resume, with many suggesting they be mandatory and recurring, as the mental health field evolves quickly and staff can use a refresher. Certainly some of the content from the 3C program could be adapted into the MHFA curriculum to address new pandemic-specific needs, but clearly 3C is not a long-term replacement for MHFA.

The City Council has previously expressed support for this program. Intro 1180, sponsored by Council Member Ayala and former Council Member Chin, went into effect in June 2019. This law requires caseworkers providing services at senior centers to complete the MHFA training course for older adults offered by the DOHMH (or any successor agency), and to complete a refresher training course at least once every three years. This law is still in effect. The Council should consider whether this legislation is a model for other public-facing workers including police, firefighters, youth workers, and others.

Fund a Cost of Living Adjustment and Raises for Human Service Workers

UNH was disappointed to see that the Mayor's Preliminary Budget proposal failed to offer any meaningful investments in the human services workforce that has been on the frontlines of the pandemic, which includes many community-based mental health workers. Last year, UNH and our partners advocated for $48 million in the adopted budget to pay for Cost of Living Adjustments (COLAs) for human service workers. Instead, we received $24 million to pay for one-time bonuses. These essential workers deserve better, and UNH supports the #JustPay campaign's three-pronged ask for investments for the human services workforce that includes: 1) Automatic COLAs for all human services contracts to help wages keep pace with inflation; 2) a living wage floor for human services workers of no less than $21 per hour; and 3) the creation and funding of a comprehensive wage and benefit schedule that is compatible to similarly-qualified City and State government employees.

Human service workers were there for the City when we needed them most, and the City should be there for them now. Low wages for human service positions have contributed to a staffing crisis, and without increased budgets for City contracts to cover wage increases, nonprofits will be unable to recruit and train the next generation of human service workers, setting future New Yorkers up for

significant barriers to accessing services. **We urge the Council to emphasize the needs of the human service workforce in budget negotiations.**

Address the Backlog of Comprehensive Background Checks for Early Childhood Education and Youth Programs

Since September 25th, 2019, New York State Office of Children and Family Services (OCFS) has required NYC DOHMH to perform new extensive background checks for staff and volunteers in after-school and early childhood education that are listed below:

- A NYS criminal history record check with the Division of Criminal Justice Services; (new)
- A national criminal record check with the Federal Bureau of Investigation; (new)
- A search of the NYS sex offender registry; (new)
- A database check of the NYS Statewide Central Register of Child Abuse and Maltreatment (SCR) in accordance with 424-1 of the Social Services Law;
- A search of the national sex offender registry using the National Crime and Information Center ***Required at a later time (new)

If the individual being cleared has lived outside of New York State in the last five years, they will also have to undergo background checks in every other State where they have lived. This includes:

- Each state(s) criminal history repository; (new)
- Each state's sex offender registry or repository; (new)
- Each state's child abuse or neglect registry. (new)

Providers and advocates strongly support rigorous background checks for all staff and volunteers, and we rely on our partners in government to process background checks quickly and efficiently so that programs can operate.

DOHMH has not been able to complete the background checks in a timely manner and many prospective staff members in after-school and early childhood education programs are unable to work due to pending clearances. In February 2020, the backlog led New York State Office of Children and Family Services to provide some relief through a temporary rule change that allows staff members to work provisionally if they have been cleared through the State Central Register of Child Abuse and Maltreatment (SCR) and if they are supervised for 100% of the time that they are in contact with children by a staff member who has been cleared.

While this measure has helped tremendously it is not an ideal way to operate a program. It is difficult to ensure full program coverage if a staff with a pending clearance must constantly work with a cleared staff member. Furthermore, delays have been so bad that some organizations have had to close classrooms or programs because of a lack of cleared staff. This also leads to retention issues; staff who must wait for months for a clearance will often find other work where they can start right away. All of this negatively impacts the children and youth who attend early childhood and afterschool programs throughout the City, as well as their parents who cannot rely on steady childcare as they try to work.

Early childhood and youth programs must have pre-cleared staff who can start working in programs quickly to ensure a continuity of care. The City must clear the backlog of staff awaiting clearances and develop processes to quickly clear prospective staff members. Having additional staff and resources at DOHMH to process these clearances quickly would help address the backlog issues.

Thank you. To follow up, please contact me at tklein@unhny.org.

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FY 2023 Preliminary Budget Hearing: Committee on Mental Health, Disabilities, and Addiction
March 9, 2022

Testimony Presented by Marilus Castellanos
Senior Program Director
Early Childhood Mental Health and Family Wellness
University Settlement

Thank you for convening this hearing. I'm Marilus Castellanos, the Senior Program Director of Early Childhood Mental Health and Family Wellness at University Settlement.

Since 1886, University Settlement has provided holistic programming for families and communities across Manhattan and Brooklyn. Our programming stretches from babies to older adults, including early childhood education and afterschool programs, housing counseling and eviction prevention, and mental health programs. University Settlement's Butterflies program provides a continuum of supportive mental health services to children under five and their families who are enrolled in our early childhood programs and live in our community.

The City Council's Children Under 5 Initiative supports Butterflies and last year, we were grateful to the City Council for not only restoring but also increasing our funding, which has allowed us to stabilize our staffing and provide high-quality mental health services to our youngest community members and their families. We are asking for the Council to, at minimum, match our current funding levels and increase the overall funding of the CU5 by 5%.

Matching the funding we received last year ensures we continue to help more than 200 NYC families and children. With increasing funding, we could expand our programs and hire more staff, which is critical to meet the need for support. The families we work with have experienced adversity, trauma, complex social obstacles, mental health challenges, and other institutionalized barriers that impact their ability to access quality resources and achieve their full potential. To address inequalities and effectively reach families most in need, Butterflies equips the adults who interact with children each day—teachers, parents, and childcare staff—with skills and tools to effectively support children's development. Services are engaging, low-risk, culturally and linguistically appropriate, and designed to improve the social-emotional well-being of children.

The Butterflies Program is uniquely embedded into six of our programs across Brooklyn and Manhattan: the Early Childhood Center (ECC), Children's Corner Early Childhood Center (CC), Park Slope North Early Childhood Center (PSN), our Family Child Care Program (FCC) in Manhattan, our four Early Head Start Programs, including the Lower East Side EHS (EHS-LES), our EHS-FCC

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partnership in the Lower East Side (EHS-FCC), and our EHS program in East New York (EHS-ENY). Butterflies does not receive state or federal money, so the City Council funding is crucial to our program. Our staff are experts and dedicated to the families that we serve, but our funding makes it challenging to pay them what they deserve. At University Settlement, we are often competing with bigger organizations with more stable funding, which impacts our ability to hire and retain staff members and expand programs. For example, we're looking to increase services in East New York, where there are only a few organizations offering mental health programs and the other programs are not focused on children from 0-5. In ENY, the few organizations operating programs have waitlists, indicating a high level of need that has been echoed in conversations with the Department of Health and community partnerships with other ENY organizations. With additional funding, we would hire an additional clinician at our East New York site to support an additional 15 families in the community.

Currently, Butterflies is offering a hybrid in-person and virtual model to accommodate the comfort level of our families. We have on-site services for children attending our in-person programming, but as Covid variants like Delta and Omicron have led to surges, we have needed to be nimble and adaptive. Our parents are often anxious about Covid's spread, especially since children under 5 are currently ineligible for the vaccine.

With children mostly back in school, we have seen a general improvement in social skills and their ability to build relationships. However, our staff report that children with special needs such as speech, OT, or mental health concerns have experienced delays in getting the evaluations and additional care they need. Because of this, it has been even more important to have available clinicians on site at programs. Though we may not be able to provide the OT or speech therapy support, we can help teachers and families develop behavioral management skills to assist the children while they wait for evaluations and services.

Finally, the continued trauma and uncertainty from Covid negatively impacts our families and kids. Many of our families have lost employment, housing, and loved ones during the pandemic. The anxieties experienced by caregivers trickle down to the children, who also react to the uncertainty around Covid protocols and policies. Children need consistency and stability, which have been difficult to maintain with Covid surges. Though we know we will need to navigate some uncertainty for the health and safety of our community, we believe that the City can help us respond more quickly and efficiently by making sufficient testing kits available to all childcare programs. This would allow us to quickly test all the children and staff or send tests home with the children if we hear of a positive Covid case. Ideally, this would help us isolate the positive cases and prevent us from having to shift an entire program online for quarantine.

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Thank you so much for your time. I am happy to take questions at mcastellanos@universitysettlement.org.

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Advocates for Children of New York
Protecting every child's right to learn since 1971

Testimony to be delivered to the
New York City Council Committee on Mental Health, Disabilities and Addiction and the Committee on Health

RE: New York City Council Budget and Oversight Hearings on The Preliminary Budget for Fiscal Year 2023, The Preliminary Capital Plan for Fiscal Years 2023-2026 and The Fiscal 2022 Preliminary Mayor's Management Report

March 9, 2022

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My name is Dawn Yuster, and I am the Director of Advocates for Children of New York's ("AFC's") School Justice Project. 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 speak out for students whose needs are often overlooked, such as students with disabilities, students with mental health needs, students involved in the juvenile or criminal legal system, students from immigrant families, and students who are homeless or in foster care. AFC is a member of Dignity in Schools Campaign-New York ("DSC-NY"), a coalition of youth, parents, educators, and advocates dedicated to shifting the culture of New York City schools away from punishment and exclusion and towards positive approaches to discipline and safety. We are also a member of the Campaign for Effective Behavior Supports in Schools, a coalition that supports increasing student access to mental health services, improving staff training, and creating systemic policies to end the New York City Department of Education's ("DOE's") reliance on punitive, exclusionary practices like the use of Emergency Medical Services ("EMS"), police intervention, and student suspensions to respond to students in behavioral crisis or students with significant mental health needs.

We are here today to discuss the urgent need for our city to invest in a comprehensive system to ensure that our young people have access to and receive behavioral and mental health supports in schools. As emphasized at the oversight hearing on the mental health crisis two weeks ago, the past two years have presented unprecedented challenges that have uniquely impacted the mental health and wellbeing of our students. As highlighted in a recent U.S. Surgeon General's Advisory, the pandemic has exacerbated youth mental health needs that existed before the pandemic and spurred a national youth mental health crisis. We have seen dramatically increased rates of psychological distress among children and youth. Many young people in our

City experienced unimaginable trauma and loss and are struggling with the return to in-person learning this year. For students to thrive in school, they must feel safe and supported by their school communities, and our schools must be places that are healing-centered, where students and families experience physical, psychological, and emotional safety.

Students are 21 times more likely to seek support for mental health issues at school than at a community-based clinic, if at all. However, too often when students are struggling, they are met with exclusionary school discipline and policing practices that only further traumatize them and perpetuate the school-to-prison pipeline, disproportionately harming Black and Brown students and students with disabilities. Through our work assisting individual students and families, we know the traumatic impact of NYPD intervention, EMS transport, and unnecessary hospitalization on students, families, and school staff. Furthermore, these responses do nothing to address the root causes of student behavior, reduce time spent in class learning, and correlate with poor academic outcomes, decreased likelihood of graduating, and increased likelihood of entering the juvenile or criminal legal system.

In June, AFC released a report (attached), *Police Response to Students in Emotional Crisis: A Call for Comprehensive Mental Health and Social Emotional Supports in Police-Free Schools,* analyzing NYPD data over four school years (July 2016 to July 2020), finding that NYPD officers, including precinct officers and school safety agents, responded to a total 12,050 incidents in which a student in emotional distress was removed from class and transported to the hospital for psychological evaluation—what the NYPD terms a "child in crisis" intervention.[1] Almost half of these interventions (5,831, or 48.4%) involved children between the ages of 4 and 12. In nearly one out of every ten interventions, the NYPD's response to an apparent school-based mental health crisis involved putting handcuffs (i.e., metal or Velcro restraints) on the child. This horrifying practice continues today: in fall 2021, between October 1 and December 31, the NYPD reported intervening in 653 instances of students in emotional crisis. Many New York City schools continue to lack the resources and appropriately trained staff to support their students' emotional, behavioral, and mental health needs; instead, they rely heavily on law enforcement to respond to students in emotional crisis.

Mirroring broader trends in policing, a disproportionate number of child in crisis interventions involve Black students, students with disabilities in the DOE's District 75 special education schools—a segregated school district in New York City for students with significant needs—and students attending schools located in low-income communities of color. Black students and students in District 75 are not only dramatically over-represented in these incidents, they are also more likely than their peers to be handcuffed when removed from school.

[1] Advocates for Children of New York, *Police Response to Students in Emotional Crisis: A Call for Comprehensive Mental Health and Social-Emotional Support for Students in Police-Free Schools* (June 2021), **https://www.advocatesforchildren.org/sites/default/files/library/police_response_students_in_crisis.pdf**.

Safety does not exist when Black students and students with disabilities are forced to interact with a system of policing that views them as a threat and not as students. Indeed, there is overwhelming evidence that these harsh responses harm children's futures and do nothing to ensure safety.[2] By contrast, there is substantial evidence that mental health support, trauma-informed care, restorative justice practices, and positive behavioral intervention strategies in schools are effective ways to improve school climate and culture.[3]

Schools need key resources to transform school environments, address our students' mental health and behavioral needs, and help improve academic outcomes. New York City's approach to addressing the social-emotional needs of students in schools has been fragmented and woefully deficient. Even with the hiring of 500 new school social workers, NYPD school safety agents outnumber DOE social workers by more than 1,000. In addition, while the City funded some social-emotional initiatives in schools over the last year, many of these programs do not address the immediate needs of school communities and are piecemeal. What New York City needs to keep students and schools safe is a comprehensive system to ensure that students are receiving direct mental health services, schools are receiving support to effectively manage student behavior and mental health, and the DOE is coordinating within key parts of the agency and across other key agencies to provide this support. It is more urgent than ever that our City prioritize investment in practices that support young people and divest from practices that criminalize them.

To this end, we urge the Administration and the City Council to work towards creating a comprehensive, integrated system of mental health and behavioral health supports for students by making the following budget investments in Fiscal Year 2023:

- **Baseline $5 million for the Mental Health Continuum, a promising model for integrating a range of direct services and developing stronger partnerships between schools and hospital-based mental health clinics so the DOE, Health + Hospitals ("H+H"), and the Department of Health and Mental Hygiene ("DOHMH") can provide more effective and efficient supports to students with significant mental health needs in high-needs schools.** In FY 22, the City allocated $5 million for the Mental Health Continuum for only one year so, unless extended, the funding for this critical initiative will expire in June 2022 just when it will get off the ground. **The Mental Health Continuum represents the first-ever cross-agency collaboration (DOE, H+H and DOHMH) to help students with significant mental**

[2] The Bazelon Center for Mental Health Law, *Replacing School Police with Services that Work* (Aug. 2021), **http://www.bazelon.org/resource-library/publications/**; The Sentencing Project, *Back-to-School Action Guide: Re-Engaging Students and Closing the School-to-Prison Pipeline* (Aug. 2021), **https://www.sentencingproject.org/publications/back-to-school-action-guide-re-engaging-students-and-closing-the-school-to-prison-pipeline/**; ACLU of California, *No Police in Schools: A Vision for Safe and Supportive Schools in California* (Aug. 2021), **https://www.aclusocal.org/en/no-police-in-schools**.
[3] *See, e.g., id.*

health challenges access direct mental health services in school and connect students to other services throughout the City. Ongoing support for this model will generate a huge cost savings by preventing student involvement in the foster care system, law enforcement system, juvenile or criminal legal system, and hospital system. This model aims to meet the needs of students with significant mental health challenges in the schools and neighborhoods with the highest rates of NYPD interventions, suspensions, and chronic absenteeism. **Thanks to the City Council's efforts to get $5 million in the FY 22 budget, the model is set to launch this spring in 50 high-needs schools in the South Bronx and Central Brooklyn and provides the support that students and schools desperately need now and moving forward. However, its success depends on future sustainability. The City must baseline $5 million for the Mental Health Continuum in order for it to succeed, with the following funding allocations:**

- **FY 23: DOE: $889,459; H+H: $3,638,068; DOHMH: $472,473 (Total: $5M).**
- **FY 24 (and beyond): DOE: $787,272; H+H: $3,740,255; DOHMH: $472,473 (Total: $5M).**

- **Increase the number of school-based mental health clinics and fully fund existing mental health clinics so that more students have access to timely, ongoing mental health care at school, and schools have the support of trained clinicians when working with students with mental health needs.** Given the current crisis in youth mental health, our students need timely, effective direct mental health services in school. School-Based Mental Health Clinics and school partnerships with community-based mental health clinics have proven to eliminate barriers that prevent young people and families from seeking mental health care by providing services on-site in schools. In addition to providing ongoing therapeutic services to students, school-based mental health clinicians and community providers work directly with school staff to coach them in strategies to support students in the classroom, prevent behavioral challenges, and better respond when behavioral issues and crises arise.

- **Fund the citywide expansion and implementation of school-wide restorative justice practices. We recommend investing $118 million in FY 2023, increasing to $225 million by FY 2028.** By building and healing relationships, addressing the root causes of behavior, holding students accountable, and teaching positive behaviors, restorative practices have been proven to work in schools across New York City and around the country: their adoption is correlated with improved academic outcomes, school climate, and staff-student relationships. This evidence-based model includes hiring a restorative justice coordinator in each school; training all staff and interested members of school communities on restorative practices; providing young people with

training and stipends to lead restorative practices in schools; and partnering with community-based organizations to support programs in schools.

- **Expand inclusive school programs for students with emotional, behavioral, or mental health disabilities.** Black students and students from under-resourced communities with emotional, behavioral, or mental health disabilities are disproportionately referred to the DOE's District 75 special education schools that segregate students with disabilities instead of providing them with targeted supports in schools with peers who do not have disabilities, as required by law. **The City should fund the expansion of the cost-effective, evidence-based, whole-school inclusion model successfully piloted in P.S. 88, first in other schools in District 9 and then in other districts, to support students with emotional disabilities.**

Thank you very much for the opportunity to testify today. We look forward to working with you to prioritize investments in the FY 23 Executive Budget that ensure all students receive the behavioral and mental health support they need to be able to learn and succeed in healing-centered schools. I would be happy to answer any questions.

Data Brief

Advocates for Children of New York

Protecting every child's right to learn

JUNE 2021

POLICE RESPONSE TO STUDENTS IN EMOTIONAL CRISIS

A Call for Comprehensive Mental Health and Social-Emotional Support for Students in Police-Free Schools

During the past four school years, police responded to a total 12,050 incidents in which a student in emotional distress was removed from class and transported to the hospital for psychological evaluation—what the New York City Police Department (NYPD) terms a "child in crisis" intervention.[1] Almost half of these interventions (5,831, or 48.4%) involved children between the ages of 4 and 12. In nearly one out of every ten interventions, the NYPD's response to an apparent school-based mental health crisis involved putting handcuffs (i.e., metal or Velcro restraints) on the child.

This brief explores data on NYPD child in crisis interventions that occurred in New York City public schools between July 1, 2016 and June 30, 2020, with a particular focus on the 2018-19 and 2019-20 school years. It is an update to our November 2017 report, *Children in Crisis*, which examined NYPD data on such interventions during the 2016-17 school year, the first full year for which data were publicly available. Data from subsequent years show that the number of child in crisis interventions has only increased. Many City schools continue to lack the resources and appropriately trained staff to support their students' emotional, behavioral, and mental health needs; instead, they rely heavily on law enforcement to respond to students in emotional crisis. Mirroring broader trends in policing, a disproportionate number of child in crisis interventions involve Black students, students with disabilities in New York City Department of Education (DOE) District 75 special education schools, and students attending schools located in low-income communities of color. Black students and students in District 75 are not only dramatically over-represented in these incidents; they are also more likely than their peers to be handcuffed when removed from school.

These patterns reflect where the City has chosen to invest resources: at present, law enforcement personnel—NYPD School Safety Agents (SSAs)—outnumber DOE social workers by a factor of more than three to one.[2] While overall student enrollment has held relatively steady for the past

two decades, the number of SSAs employed by the City has increased by approximately 65%—from 3,200 unarmed officers to over 5,300—since 1998, when the School Safety Division was first transferred to the NYPD.[3]

The COVID-19 pandemic has further increased the urgency of changing course and responding to students in crisis with compassion and support instead of with handcuffs. When schools fully reopen for in-person learning, many students will return still struggling to cope with the illness or death of a loved one, the economic aftershocks of the pandemic, or the emotional and psychological impact of months of social isolation—challenges that will inevitably show up in the classroom. At the same time, systemic racism and police brutality—whether experienced personally or vicariously—has significant psychological and academic costs for students of color,[4] who in recent months have been exposed to numerous police shootings in Black and Brown communities, including the killings of youth their own age.

It is critical that our schools not compound the individual and collective trauma young people have already experienced by treating their emotional and behavioral health needs as a matter for law enforcement. Students are 21 times more likely to seek support for mental health issues at school than at a community-based clinic, if at all, bolstering the need to provide mental health support to children in school.[5] The City must remove police from schools, end the practice of involving law enforcement when responding to students in emotional crisis, stop calling Emergency Medical Services (EMS) to take students to the hospital emergency room when medically unnecessary, and end the practice of handcuffing children in emotional crisis. Furthermore, the City must leverage the influx of state and federal funding to invest in a comprehensive system that ensures all schools can effectively support students' behavioral, emotional, and mental health needs. Our recommendations are described in more detail below.

KEY FINDINGS

- During the first three quarters of the 2019-20 school year—the months prior to the closure of school buildings due to COVID-19—the number of child in crisis interventions was approximately 24% higher than the equivalent time period in 2016-17.
- More than one out of every three (36.7%) students in emotional crisis handcuffed between July 2018 and March 2020 was a Black boy, even though Black boys comprised just 13% of enrollment. Black girls were handcuffed at twice the rate of White girls.
- Of the children between the ages of 4 and 12 who experienced a child in crisis intervention during the 2018-19 and 2019-20 school years, more than half (51.8%) were Black.
- At least 9.1% of all child in crisis interventions during the 2018-19 and 2019-20 school years occurred in District 75 special education schools, even though District 75 enrolled only 2.3% of City students. More than one out of every five (21.3%) students handcuffed while in crisis was a student with a disability in District 75.
- In 297 instances between July 2016 and March 2020, the NYPD handcuffed a student who was age 12 or younger, including three 5-year-olds, seven 6-year-olds, and 23 7-year-olds.
- Nearly a third (32.7%) of all child in crisis interventions during the last four school years occurred in just ten of the City's 77 police precincts—eight of which are in the Bronx—even though schools in those precincts enrolled less than a fifth of City students.

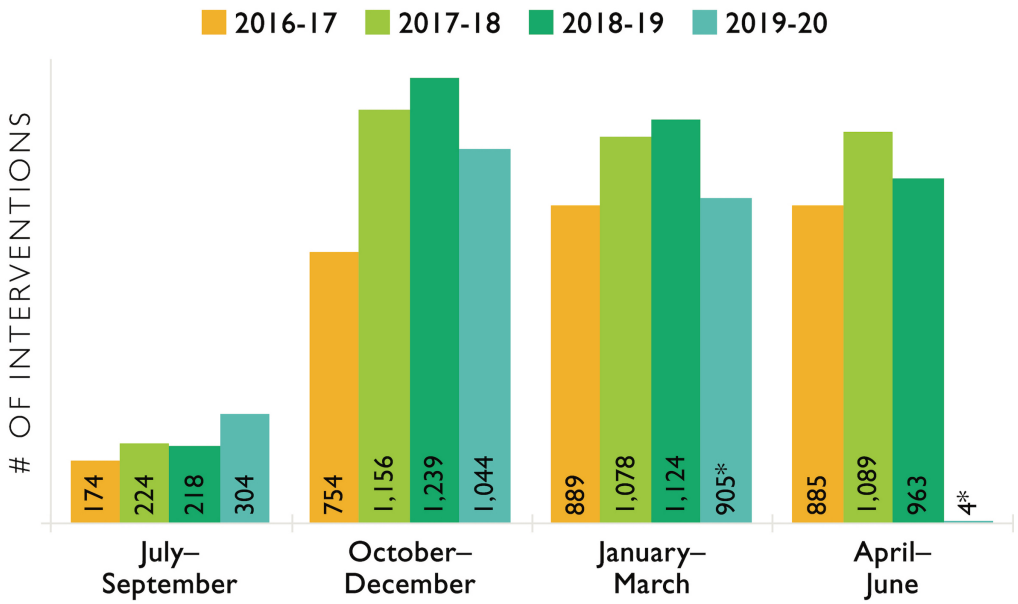
FINDINGS

The 12,050 child in crisis interventions that occurred between July 2016 and June 2020 represented 30.8% of *all* NYPD interventions in New York City public schools during these four years.[6] Following our initial data brief, which documented 2,702 child in crisis interventions during the 2016-17 school year, the number of such NYPD interventions rose to 3,547 in 2017-18 and remained at that level the following year, with 3,544 incidents reported in 2018-19. Prior to school buildings closing in March 2020 due to the COVID-19 pandemic, the number of child in crisis interventions was trending downward, relative to the two preceding years, but was nevertheless on track to surpass the 2016-17 count. The NYPD reported 2,253 child in crisis interventions between July 1, 2019 and March 31, 2020, compared to 2,581 interventions during that time period the prior school year and 1,817 interventions between July 2016 and March 2017 (see Figure 1).

FIGURE 1

Child in crisis interventions by quarter

The total number of NYPD child in crisis interventions during the first three quarters of the 2019-20 school year was approximately 24% higher than the equivalent time period in 2016-17, though it represented a 12.7% decline relative to the first three quarters of 2018-19 and an 8.3% decline from 2017-18.



* School buildings were closed from March 16, 2020 through the end of the 2019-20 school year due to COVID-19. The total for the third quarter of the 2019-20 school year is therefore not precisely comparable to the same three-month period in prior years, as it was cut short by approximately two weeks. The four interventions reported between April and June 2020—when students were not physically attending school at all—likely involved children of essential workers enrolled at Regional Enrichment Centers (RECs).

SOURCE: NYPD Student Safety Act Reports by precinct, https://www1.nyc.gov/site/nypd/stats/reports-analysis/school-safety.page.

The NYPD used handcuffs (i.e., metal or Velcro restraints) on students in emotional crisis a total of 1,180 times between July 2016 and March 2020 (9.8% of all child in crisis interventions during this time period). Of students who were handcuffed while in crisis, one in four (297, or 25.2%) was 12 or younger, including three 5-year-olds, seven 6-year-olds, and 23 7-year-olds.[7]

The rate at which the NYPD uses restraints on students in emotional crisis has declined since our initial report: 9.1% of all child in crisis interventions that occurred between July 2018 and March 2020 involved restraints, compared to 12.2% of interventions in the 2016-17 school year. However, as the NYPD also intervened more frequently in student mental health crises after 2016-17, the total *number* of students handcuffed each year has not changed substantially even as the rate has fallen. In the first three quarters of the 2019-20 school year, the NYPD used handcuffs 224 times, compared to 214 times during the corresponding months in 2018-19 and 235 times between July 2016 and March 2017.

Of the 1,180 child in crisis incidents between 2016 and 2020 in which handcuffs were used, 54% involved SSAs, while 45% of the time, the student was handcuffed by an armed police officer.[8] The City does not report which member of law enforcement—an SSA or a police officer—responded to a student mental health crisis in incidents where the student was *not* handcuffed, making it impossible to know the extent to which the majority of child in crisis interventions are carried out by SSAs versus police officers. While SSAs are designated as peace officers under the law and do not carry guns, they have similar duties, roles, training, and appearances to police officers, as they make arrests, issue summonses, carry and use handcuffs made of metal or Velcro, wear law enforcement uniforms, and get trained at the New York City Police Academy.[9] The City also is not required to report information about the circumstances leading up to an NYPD intervention, such as whether trained members of the school's Crisis Team tried evidence-based de-escalation strategies and contacted the student's parent, whether the officer intervened on their own or was asked to do so by DOE staff, or, if the latter, the role of the school staff member who requested the intervention (e.g., teacher, principal).

Child in crisis interventions by race and gender

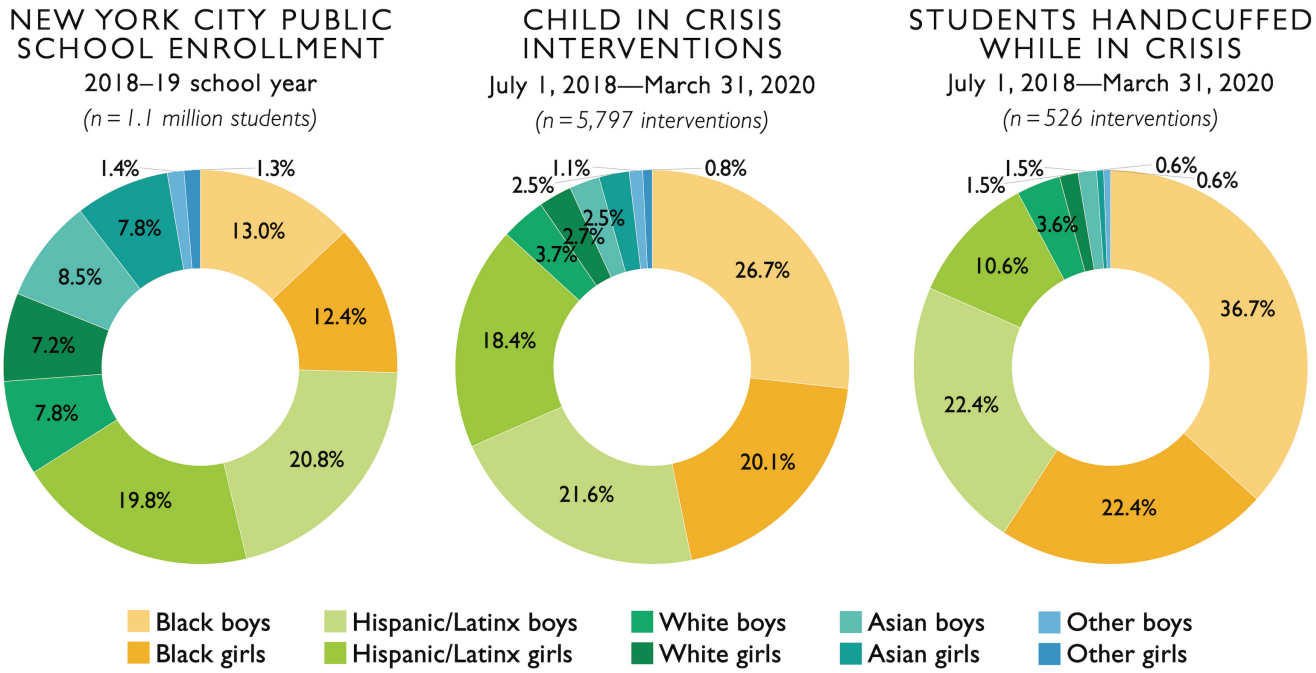
Black students—and especially Black boys—are dramatically over-represented in the population of students for whom a mental health crisis at school leads to an interaction with the police and removal to the hospital. In the 2018-19 and 2019-20 school years, more than a quarter (26.7%) of child in crisis interventions involved Black boys, who were only 13% of the public school population; Black girls comprised 12.4% of enrollment but 20.1% of those subject to child in crisis interventions (see Figure 2). Of the children between the ages of 4 and 12 who experienced a child in crisis intervention between July 2018 and March 2020, more than half (51.8%) were Black.

The disparities by race are even more unsettling with respect to the NYPD's use of handcuffs during these interventions. During this two-year period, more than one out of every three (36.7%) students handcuffed while in emotional crisis was a Black boy, while more than one in five (22.4%) was a Black girl. Hispanic/Latinx boys were also slightly over-represented, making up 20.8% of enrollment but 22.4% of those handcuffed in these incidents. (Hispanic/Latinx girls were under-represented, relative to overall enrollment). Together, Black and Latinx youth—who are roughly two-thirds of the student population—accounted for 92% of the students in emotional crisis on whom the NYPD used handcuffs.

FIGURE 2

Child in crisis interventions by race and gender (2018-19 and 2019-20)

Students involved in NYPD child in crisis interventions—and especially those who are handcuffed while in emotional crisis—are disproportionately Black.



"Asian" includes students whose race was reported by NYPD as "Asian/Pacific Islander" or "East Indian;" "Hispanic/Latinx" includes students whose race was reported by NYPD as "Black Hispanic" or "White Hispanic;" and the "Other" category includes students NYPD identified as "Arabic" or "American Indian," along with students of unknown race.

SOURCE: Enrollment data cross-tabulated by race and gender was obtained from the DOE via a 2020 Freedom of Information Law (FOIL) request. Data on child in crisis interventions is from the NYPD Student Safety Act Reports by precinct.

There has been some very modest progress towards reducing racial disproportionality since our initial report: in 2016-17, approximately half (49.6%) of all child in crisis interventions involved Black students, a percentage that dropped to 46.8% for the two most recent school years; while Black students accounted for 59.1% of all students handcuffed in the 2018-19 and 2019-20 school years, they were 61.8% of those handcuffed in 2016-17. Even so, addressing such extreme racial disparities at a glacial pace is far from cause for celebration; the consistency with which, year after year, Black children's behavioral, emotional, and mental health needs are treated as a police matter should be a clear signal that the City cannot rely on half-measures or minor reforms.

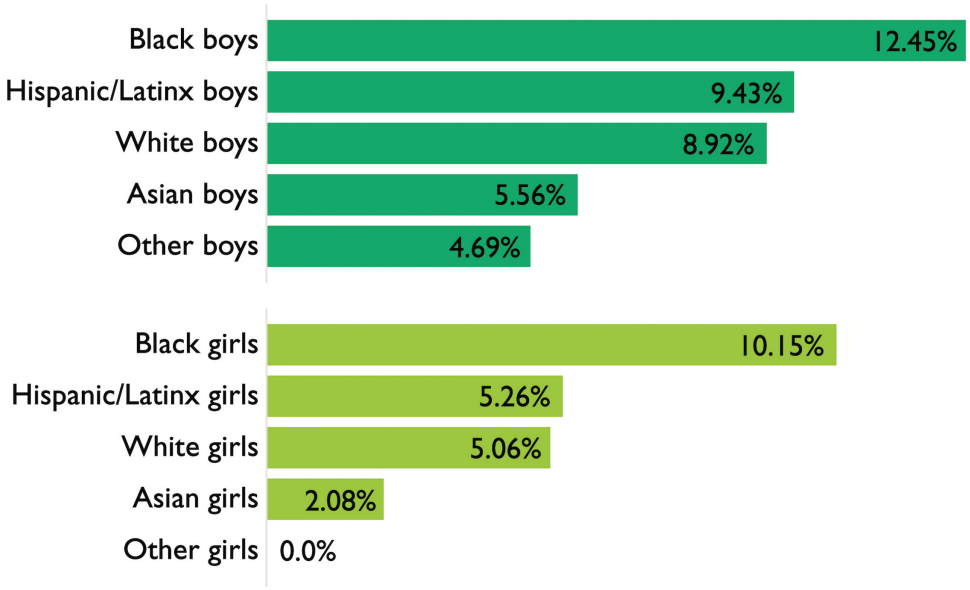
Finally, the NYPD also continued to handcuff Black students at notably higher *rates* than their peers.[10] Between July 2018 and March 2020, Black boys in emotional crisis were handcuffed 12.5% of the time, while White boys subject to the same type of intervention were handcuffed 8.9% of the time and Asian boys 5.6% of the time; Black girls were handcuffed at twice the rate of White girls (10.15% versus 5.06%) and 4.9 times as often as Asian girls (see Figure 3). While egregious, these numbers nevertheless represent some improvement since 2016-17, when 15.9% of Black boys and

14.2% of Black girls were handcuffed. Still, all 33 children between the ages of 5 and 7 who were handcuffed during the past four years were students of color; 17 were Black boys, 8 were Black girls, and 8 were Hispanic/Latinx boys.

FIGURE 3

Handcuffing rates by race and gender (2018-19 and 2019-20)

When the NYPD responds to a student in emotional crisis, they are more likely to use metal or Velcro handcuffs when the student is Black.



Child in crisis interventions by disability status

While the Student Safety Act requires data on police interventions to be disaggregated by student disability status "where practicable,"[11] the NYPD does not report this information, making it impossible to determine the exact proportion of child in crisis interventions that involved students with Individualized Education Programs (IEPs). However, in addition to reporting quarterly data on child in crisis interventions by police precinct, the NYPD is required to produce separate reports disaggregating interventions by school building,[12] and these school-level reports show that District 75 schools—schools at which *all* students have significant disabilities—comprise a disproportionate share of the schools where police intervene when students are in emotional crisis:

- Between July 2018 and March 2020, *at least* 9.1% of all child in crisis interventions and 21.3% of interventions involving the use of handcuffs occurred in District 75 special education schools, even though District 75 enrolled only 2.3% of New York City students.[13]
- During the entire four-year period examined in this brief, there was roughly one child in crisis intervention for every 98 students in District 75, as compared to a rate of about one intervention for every 402 students in schools outside of District 75.
- Citywide, the three schools reporting the highest total number of NYPD child in crisis interventions between 2016 and 2020 were all District 75 schools: J.M. Rapport School for

Career Development in the Bronx (127 interventions, 70 of which used handcuffs), I.S./P.S. 25 South Richmond High School on Staten Island (95 interventions, 22 of which used handcuffs), and Queens Transition Center (84 interventions, 19 of which used handcuffs).[14] By comparison, our analysis of the available data indicates that at least 260 City schools, which together enrolled roughly 148,000 students each year, had *no* child in crisis interventions at any point between July 2016 and June 2020.[15]

The alarming regularity with which some District 75 schools employ a law enforcement response to student mental health crises is deeply concerning, especially given that these particular schools are *expressly designed* to serve students who have significant disabilities and require more specialized support than can be provided in a community school. By the very premise of their existence, District 75 schools—restrictive placements in which students with very high needs are largely isolated from their peers without disabilities—should be better equipped than nearly all other City schools to provide intensive behavioral and mental health supports to students who need them in order to be successful in the classroom. Yet the data suggest that the opposite may be true for at least some of the schools: District 75 schools segregate students with disabilities while some of them simultaneously rely on the NYPD, rather than special educators or mental health clinicians, to manage those students' emotional and behavioral needs. By failing to provide some students in District 75 schools with needed emotional and behavioral supports through the IEP process, the DOE may well be failing to provide these students with a free appropriate public education (FAPE), in violation of their rights under the Individuals with Disabilities Education Act (IDEA).[16]

This is particularly significant in light of the fact that the majority of students whose IEPs recommend a District 75 placement have a classification of autism, emotional disturbance (ED),[17] or intellectual disability—and Black students and students from low-income families are disproportionately likely to be assigned the latter two classifications.[18] One result is that the 26,000 students served by District 75 are in no way representative of the larger student population, but are instead disproportionately Black, male, and economically disadvantaged. In 2019-20, for example, 34.9% of students in District 75 were Black, compared to 24.9% of all City students and 27.0% of all DOE students with IEPs; 86.7% of students in District 75 were eligible for free/reduced-priced lunch or Human Resources Administration (HRA) benefits, compared to 72.6% of all City students and 82.0% of all DOE students with IEPs; and 73.5% of students in District 75 were boys, compared to 51.4% of all City students and 66.1% of all DOE students with IEPs. In other words, the data suggest that low-income Black students with emotional and behavioral disabilities are disproportionately referred to some District 75 schools where they are segregated from their peers, heavily policed, and may not be receiving the therapeutic supports and services they need to learn, in violation of their rights under federal law.

Child in crisis interventions by police precinct

During the last four school years, the rate of child in crisis interventions varied widely across New York City neighborhoods, as did the frequency with which the NYPD handcuffed students in emotional crisis. Between 2016 and 2020, law enforcement intervened in student mental health crises at significantly higher rates, relative to total enrollment,[19] at schools in the Bronx, central and eastern Brooklyn, midtown Manhattan and the East Village, and southeast Queens, as compared to

schools elsewhere in the five boroughs. As a result, students attending school in different parts of the City have wildly disparate experiences. For example:

- In the 48th precinct in the heart of the Bronx, the NYPD intervened in more than 500 incidents between 2016 and 2020, a rate of approximately one intervention for every 152 students who attended schools located in the precinct, which encompasses the neighborhoods of Belmont, East Tremont, and West Farms. In contrast, the 68th precinct, which covers Bay Ridge and Dyker Heights in Brooklyn and has an overall student population similar in size to that of the 48th, reported only 41 child in crisis interventions, about one for every 1,975 students.
- There were 444 child in crisis interventions in the 40th precinct (Mott Haven, Melrose, and Port Morris in the south Bronx) over the past four years, about one for every 221 students. In almost a quarter of those interventions (108, or 24.3%), the student was handcuffed. In fact, the NYPD handcuffed more students in emotional crisis in the 40th precinct than in any other precinct in the City during each of the 2016-17, 2017-18, 2018-19, and 2019-20 school years. In contrast, in the 109th precinct—which encompasses the neighborhoods of Flushing, Whitestone, and College Point in northeast Queens and is roughly the same size as the 40th—there were 122 child in crisis interventions during this time period (about one for every 800 students), and zero students were handcuffed.

Overall, nearly a third of all child in crisis interventions (3,936, or 32.7%) during the last four school years occurred in just ten of the City's 77 police precincts,[20] even though schools located in those precincts enrolled less than a fifth (an estimated 18.8%) of the City's students. Of the ten precincts with the most child in crisis interventions, eight are in the Bronx; the other two encompass Brownsville and East New York in Brooklyn (see Figure 4). The neighborhoods reporting the highest numbers of interventions are also remarkably consistent from year to year:

- The 42nd precinct (Morrisania) reported more child in crisis interventions than any other precinct in the City three out of the past four school years, and the second-highest total the remaining year.
- The 48th precinct (Belmont, East Tremont, and West Farms in the central Bronx) had the most interventions of any precinct in 2017-18 and the second- or third-highest total in each of the other three years.
- The 40th precinct (Mott Haven and Melrose), 44th precinct (the southwest Bronx, including Highbridge and Concourse), 52nd precinct (Norwood and Bedford Park), and 75th precinct (East New York) were all among the eight precincts with the most child in crisis interventions in each of the past four years.

Similarly, almost half of all interventions involving the use of handcuffs (583, or 49.4%) took place in one of just 15 precincts, even though less than a quarter (an estimated 23.2%) of students attended school in those precincts. Ten precincts were responsible for well over a third (453, or 38.4%) of all such incidents; they include five Bronx precincts, part of midtown Manhattan, Bedford-Stuyvesant and East New York in Brooklyn, southeastern Jamaica in Queens, and part of the South Shore of Staten Island (see Figure 5). Together, just two Bronx precincts—the 42nd and the 48th, an area encompassing Morrisania, East Tremont, Belmont, and West Farms—restrained more children between the ages of 5 and 12 (39 of the 297 interventions in which a child under 13 was handcuffed, or 13.1%) than all sixteen precincts in Queens combined (which reported 31 such incidents).

FIGURE 4

Precincts reporting the highest number of child in crisis interventions (2016-17 to 2019-20)

The ten precincts with the most NYPD child in crisis interventions accounted for 32.7% of all such incidents Citywide between 2016-17 and 2019-20, even though schools in those precincts enrolled less than a fifth of City students.

1. 42nd (Morrisania and Claremont in the Bronx)
2. 48th (Belmont, East Tremont, and West Farms in the Bronx)
3. 40th (Mott Haven, Melrose, and Port Morris in the Bronx)
4. 44th (Southwest Bronx, including Highbridge and Concourse)
5. 75th (East New York and Cypress Hills in Brooklyn)
6. 52nd (Norwood and Bedford Park in the Bronx)
7. 73rd (Brownsville and Ocean Hill in Brooklyn)
8. 45th (Co-op City, Throgs Neck, Schuylerville, and the northeast Bronx)
9. 47th (Woodlawn, Wakefield, Williamsbridge, and Baychester in the Bronx)
10. 46th (Fordham, Morris Heights, University Heights, and Mount Hope in the Bronx)

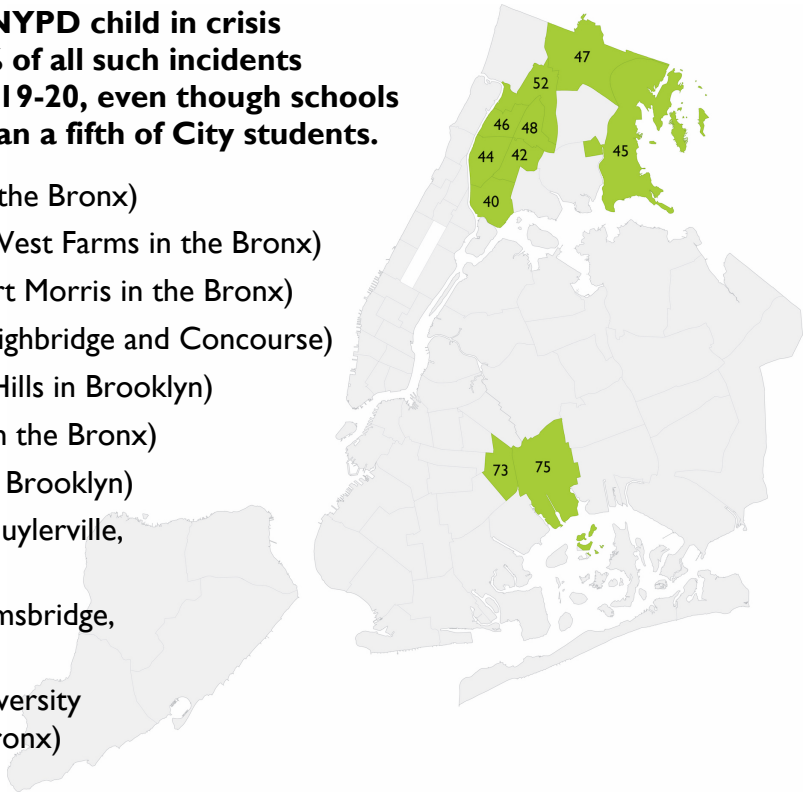
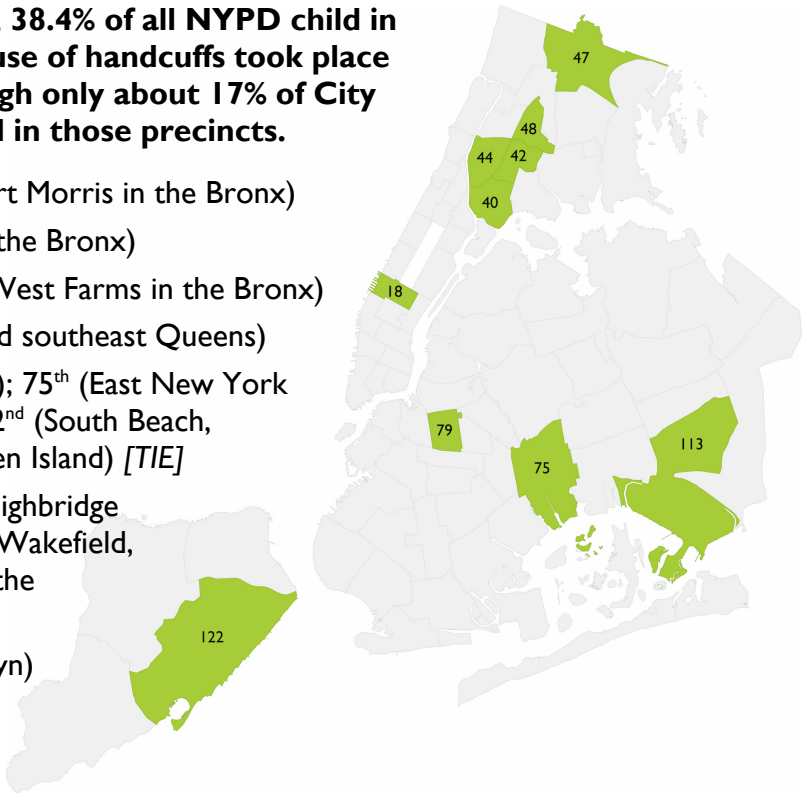


FIGURE 5

Precincts in which the NYPD handcuffed the most students in crisis (2016-17 to 2019-20)

During the past four school years, 38.4% of all NYPD child in crisis interventions involving the use of handcuffs took place in one of ten precincts, even though only about 17% of City students attended schools located in those precincts.

1. 40th (Mott Haven, Melrose, and Port Morris in the Bronx)
2. 42nd (Morrisania and Claremont in the Bronx)
3. 48th (Belmont, East Tremont, and West Farms in the Bronx)
4. 113th (St. Albans, South Jamaica, and southeast Queens)
5. 18th (Midtown North in Manhattan); 75th (East New York and Cypress Hills in Brooklyn); 122nd (South Beach, Oakwood, and New Dorp on Staten Island) *[TIE]*
8. 44th (Southwest Bronx, including Highbridge and Concourse); 47th (Woodlawn, Wakefield, Williamsbridge, and Baychester in the Bronx) *[TIE]*
10. 79th (Bedford-Stuyvesant in Brooklyn)



RECOMMENDATIONS

The frequency with which children face law enforcement when experiencing emotional crises at school, and the substantially disparate impact of these interventions on Black students and students with disabilities in District 75 schools, signals a crisis that necessitates reform with all deliberate speed. Being removed from class by police, potentially even handcuffed, and sent to the hospital emergency room is traumatic for a student and does nothing to address the root cause of their emotional distress, while also decreasing time in class learning.[21] Now, the pandemic has created and exacerbated social-emotional challenges for all members of the school community; as students return to school buildings to learn in person, it is more critical than ever that the DOE implement public health alternatives to police interventions and 911 calls. Students should be supported by educators, behavior specialists, and mental health staff with the knowledge, training, and skills necessary to meet students' emotional and behavioral needs. While it is notable that the City has launched new initiatives focused on social-emotional learning and support, these separate initiatives do not provide a comprehensive, integrated system of school-wide, multi-tiered behavioral and mental health supports and services that will promote well-being and equity for all students and school staff.[22] The City must transform its response to children's behavior and social-emotional needs by eliminating police in schools and abandoning punishment-based strategies in favor of supportive, healing-centered models.

Collectively, the following recommendations will help prevent crises from occurring and ensure schools respond in a trauma-informed, developmentally appropriate manner when they do. Moreover, these recommendations outline a preventative framework that increases the capacity of the DOE to provide every student access to effective mental and behavioral health support in their school, initially targeting schools with the highest need. To implement these recommendations—many of which are also recommended in the New York City Council's response to the Fiscal Year 2022 Preliminary Budget[23]—the City should tap into the billions of dollars in COVID-19 relief funding it is poised to receive, as well as the $450 million currently slated for law enforcement in schools.[24]

End the criminalization of students in emotional crisis.

Stop involving law enforcement in response to students in emotional crisis.

Police are not mental or behavioral health professionals and should not respond to students' social-emotional, behavioral, or mental health needs. Not only is the NYPD ill-equipped for this role, but police interventions can in and of themselves have negative effects on adolescent mental health, heightening emotional and psychological distress and resulting in feelings of social stigma.[25] The City has already recognized that police are not appropriate first responders when adults are in emotional crisis, moving toward pairing emergency medical technicians with social workers instead of police.[26] A child facing a mental health crisis in school deserves no less.

End the practice of handcuffing students in emotional crisis by passing Int. No. 2188-2020, pending in the New York City Council, and signing it into law.

This bill regulates the NYPD's response to children in emotional crisis within public schools and imposes significant limitations on the NYPD's ability to handcuff children in emotional crisis.[27]

End the practice of calling 911, the police, or Emergency Medical Services (EMS) to take students to the hospital emergency room when medically unnecessary.

This practice disproportionately impacts Black students and students with disabilities and acts as a form of school removal, decreasing student instructional time, increasing disconnectedness from school, and fracturing relationships between students and staff.

Eliminate all police and police infrastructure from schools citywide and create safe, nurturing, and inclusive schools for all students.

There is no conclusive evidence that the presence of police in schools improves student safety or prevents violence—but there *is* research indicating that school policing practices harm some students.[28] Our findings on children in crisis bolster the case for New York City to reimagine the school safety role, not simply transfer School Safety Agents (SSAs) from the NYPD to the DOE, and certainly not use $20 million to hire 475 new SSAs as the City had planned.[29] Re-purposing SSA funding to pay for restorative justice staff and clinically trained mental health staff who can provide direct services to students is a critical step to creating a safe and supportive school environment for all.

Clarify school staff roles and responsibilities related to students in emotional crisis.

Revise and monitor implementation of Chancellor's Regulation A-411, the DOE's policy related to students in emotional crisis.

Chancellor's Regulation A-411 requires schools to establish a crisis intervention plan that identifies school staff trained to de-escalate students in behavioral crises and to call 911 only as a last resort. However, thousands of students in emotional crisis continue to face police interventions each year. The Regulation should be revised to clarify school staff roles and responsibilities, including detail as to when and how schools should use the DOE's existing resources, such as School Response Clinicians,[30] instead of calling 911; what type and amount of training members of the school crisis intervention team need to receive; and how the school will communicate its crisis intervention plan to all staff.

Increase mental and behavioral health supports, services, and programs to prevent crises and appropriately address the needs of all students.

Fund more clinically-trained mental health staff in schools or in organizations partnered with schools, targeting schools with the highest need.

The National Association of Social Workers recommends a ratio of one school social worker to each school building serving up to 250 general education students, or a ratio of 1:250 students, and a lower ratio, such as 1:50 students, when services are provided to students with intensive needs.[31] Yet 290,000 New York City students attend a school without a full-time social worker, and overall, there is only about one social worker for every 621 students enrolled in DOE public schools.[32] By contrast, every school has at least one School Safety Agent, and some have several of them. While the City is taking an important step in its proposal to add 500 school social workers in 2021-22,[33]

in order to reach the ratio of 1 social worker to 250 students, the DOE needs to create a multi-year plan to add more than 2,220 social workers. The City must increase its investment in mental health staff housed within schools and through partnerships with community-based organizations with expertise in providing direct services to support students, such as social workers, behavior specialists, and trauma-informed de-escalation staff, and provide them with ongoing supervision, training, and opportunities to coach instructional staff in effective behavior supports and interventions. To promote equity, the City should partner with local educational institutions to create pipelines for diverse community members to fill these roles.

Fund school-wide, evidence-based practices that promote healing-centered schools, including restorative practices.

It is imperative that students and families see school as a place of physical, psychological, and emotional safety—somewhere they are supported and valued, not somewhere they experience trauma. A school that is healing-centered ensures all of its operations, policies, and practices align to emphasize students' social-emotional well-being and to remove punitive responses to behavior.[34] Healing-centered educational practices have been proven to produce positive outcomes for students, staff, and parents.[35] Restorative practices are a type of healing-centered practice that builds and heals relationships, teaches positive behaviors, and holds students accountable for their actions; adoption of restorative practices is correlated with improved academic outcomes, school climate, and staff-student relationships.[36] The Executive Budget includes an increase of only $12 million for restorative justice, far less than the $53 million recommended by the City Council or the $118.5 million needed for expansion to 500 high schools in FY 2022 and the $225 million needed for full implementation citywide, as the Mayor pledged to do, by FY 2027.[37] The DOE must fully invest in restorative practices so that all schools have access to this effective model.

Invest in an integrated system of targeted and intensive supports and services for students with significant mental health needs, such as through the Mental Health Continuum.

The Mental Health Continuum model, recommended by the Mayor's Leadership Team on School Climate and Discipline,[38] the City Council,[39] 41 organizations,[40] and the City Comptroller,[41] consists of school partnerships with hospital-based mental health clinics; a call-in center to advise school staff about students in crisis; mobile response teams with mental health professionals who respond to students in crisis; direct mental health services for students; School-Based Mental Health Clinicians; and whole-school training in Collaborative Problem Solving, an evidence-based, skill-building approach to effectively respond to students' needs.[42] While not necessary in every school, a continuum of integrated and intensive services to meet the needs of students with significant mental health challenges should be targeted to the schools and neighborhoods with the highest rates of NYPD child in crisis interventions and other indications of high need, such as arrests, summonses, suspensions, and chronic absenteeism.

Staff the Borough Offices, beginning with the Bronx, and District 75 with additional behavior specialists to provide direct support to schools struggling to address student behavior.

Currently each Borough Office has only one behavior specialist to support *every* school in their portfolio, and their role is often limited to providing trainings or general advice. Many schools would benefit from access to additional behavior specialists who can provide hands-on support and

coaching on behavior supports for students. Behavior specialists should also regularly train and coach school staff to conduct effective Functional Behavior Assessments (FBAs) to help school staff understand a student's individualized behavioral needs and to create effective Behavioral Intervention Plans (BIPs) to help staff identify and implement necessary support for students whose behavior impedes their learning, and monitor implementation of the BIPs.[43] For schools with high rates of child in crisis interventions and other behavior-related incidents, behavior specialists should provide onsite coaching for school staff by reviewing schools' responses to incidents immediately after they occur and providing input and specific strategies to address student behavior, as well as ongoing training and supports on a school-wide behavior strategy.[44] When teachers and staff are aware of a student's behavioral and mental health needs and are trained to intervene effectively, emotional crises can be prevented and managed within the classroom without the need for outside intervention, leading to increases in academic engagement and better outcomes for students.[45]

Expand school program options for students with emotional, behavioral, or mental health disabilities.

While New York City has created effective specialized programs in inclusive school settings to support students with autism (e.g., ASD Nest), similar specialized programs do not exist for students with emotional, behavioral, or mental health disabilities. Expanding programming options could reduce referrals to District 75 schools and provide targeted, inclusive support to the more than 9,700 students with an "Emotional Disturbance" (ED) disability classification on their Individualized Education Programs (IEPs),[46] as well as to many students with other disability classifications who struggle with their current special education services because their emotional and behavioral needs remain unmet.

The City should adopt and implement the NYU ASD Nest Support Project's cost-effective proposal for an evidence-based, whole-school inclusion model to support these students.[47] If the model proves effective, the City should invest in funding a long-term plan to systematically scale up the program in schools serving low-income Black students, who are disproportionately affected by child in crisis interventions. In the proposed model, four students with emotional disabilities would be placed in small Integrated Co-Teaching (ICT) classes with two trained teachers, one of whom is a special educator, alongside students without IEPs. They would receive frequent individual and small-group therapy from a trained clinical social worker using cognitive behavioral intervention strategies.[48] The social worker would also work collaboratively with teachers and parents to infuse trauma-informed practices across all settings. A university partner with knowledge of trauma-informed care and therapeutic practices, as well as evidence-based practices used in the ASD Nest program, would collaborate with the DOE to develop the school-wide model and provide clinical training and onsite support to school staff. All school staff would receive training to produce a school-wide culture where students and families feel connected, supported, and safe and are able to build resiliency, practice self-regulation, and achieve emotional and academic growth.

Continue to invest in expanding the number of Community Schools.

Community Schools can help address systemic racial, socioeconomic, and other barriers by ensuring that all students and their families have access to cohesively integrated supports and resources in the areas of health and wellness, academics, youth development, and family engagement. Social workers and school-based mental health clinics provide direct mental health services to students, among other wrap-around services. An independent study of the New York City Community Schools Initiative found that graduation rates and student achievement were significantly higher, and

chronic absenteeism and disciplinary incidents were significantly lower, in Community Schools, as compared to demographically similar schools not participating in the initiative.[49] The City is taking a positive step by proposing to increase the number of Community Schools from 266 to 406 in the coming years.[50] However, the proposed funding for the first phase of expansion (27 schools in Fiscal Year 22)[51] falls short of what is needed by $2.2 million. The City should ensure that the proposed Community Schools expansion is fully funded in this year's budget and that the funding is sustained going forward.

Ensure mental health services available at each New York City public school are effectively communicated to families.

The DOE website contains a spreadsheet listing mental health services offered at each school (e.g., school health or mental health clinics, partnerships with community-based organizations or hospital-based clinics, school mental health clinicians, school response clinicians).[52] To improve the accessibility of these mental health services, the DOE should clearly and conspicuously post information about each school's mental health services on the individual school webpages on the DOE's website along with contact information for a point person who can connect the family to the services. In addition, information about each school's mental health services should be listed on school applications and school guidebooks to help parents make educated decisions about schools for their children. The DOE should also conduct outreach to families using multiple methods that do not require digital literacy or internet access—such as sending notices on paper directly to families, phone calls, and text messages—informing them about the mental health services at their school in their home language.

NOTES

[1] The NYPD defines a "child in crisis" as "A student who is displaying signs of emotional distress who must be removed to the hospital for psychological evaluation." N.Y.C. Police Department, *NYPD Student Safety Act Report Definitions* (2021), https://www1.nyc.gov/assets/nypd/downloads/pdf/school_safety/student-safety-act-report-definitions.pdf.

[2] N.Y.C. Dep't of Educ., *Report on Guidance Counselors Pursuant to Local Law 56 of 2014* (Feb. 15, 2021), https://infohub.nyced.org/reports/government-reports/guidance-counselor-reporting.

[3] Charlotte Pope, Children's Defense Fund-New York, *"Unthinkable:" A History of Policing in New York City Public Schools & the Path toward Police-Free Schools* (Oct. 2019), https://www.cdfny.org/wp-content/uploads/sites/3/2019/10/CDF-NY-Report-History-of-Policing-in-NYC-Public-Schools.pdf; The City of N.Y., *Mayor's Management Report – Fiscal 1999 Summary Volume* (Sept. 1999), https://www1.nyc.gov/assets/operations/downloads/pdf/mmr/0999_summary.pdf.

[4] For example, exposure to local police killings has been linked to higher physiological stress levels for Black boys as well as increased absenteeism, lower GPA, and decreased likelihood of graduation among Black and Hispanic high schoolers. Desmond Ang, *The Effects of Police Violence on Inner-City Students*, 136 Q. J. of Econ. 1, 115–168 (Sept. 9, 2020), https://scholar.harvard.edu/files/ang/files/policeviolence_ang.pdf; Christopher Browning et al., *Exposure to police-related deaths and physiological stress among urban black youth*, 125 Psychoneuroendocrinology (Mar. 2021), https://doi.org/10.1016/j.psyneuen.2020.104884.

[5] Linda Juszczak et al., *Use of health and mental health services by adolescents across multiple delivery sites*, 32 J. of Adolescent Health 6, 108–118 (June 1, 2003), https://doi.org/10.1016/s1054-139x(03)00073-9; *see also* Mir M. Ali et al., *Utilization of mental health services in educational setting by adolescents in the United States*, 89 J. of Sch. Health 5, 393–401 (March 18, 2019), https://doi.org/10.1111/josh.12753 (finding that adolescents from low-income households and students of color are more likely to access mental health services in an educational setting only, as opposed to in a combination of school and non-school settings or only outside of school).

[6] The most common type of intervention reported by the NYPD is "mitigated," meaning SSAs or police responded to an incident but released the student back to school staff rather than taking further action; together, child in crisis interventions and mitigations comprised just over 74% of the more than 39,000 NYPD interventions in public schools between 2016 and 2020. In other words, the majority of NYPD interventions in schools have nothing to do with law enforcement.

[7] The NYPD reports on the number of *interventions*, not the number of *students* involved in those interventions; a given student may have had multiple emotional crises that led to an interaction with police (i.e., there were not necessarily 23 unique 7-year-old children who were handcuffed; it is possible that there were 22 7-year-olds, 21 of whom were handcuffed a single time and one who was handcuffed twice). For simplicity's sake, in this paper we occasionally refer to "students who were handcuffed" rather than "interventions in which the student was handcuffed."

[8] The remaining 1% of incidents involved a member of the Uniformed Task Force (the armed officers assigned to the School Safety Division) or were reported as "non-NYPD."

[9] N.Y. Crim. Proc. Law § 2.10.

[10] For each demographic subgroup, rates reflect the number of incidents in which the student was handcuffed divided by the total number of interventions (e.g., handcuffs were used in 118 of the 1,163 interventions involving Black girls).

[11] N.Y.C. Council Pub. L. No. Int. 0730-2015A (N.Y. 2015), http://bit.ly/0730-2015.

[12] Many school buildings are home to more than one school, while some schools are split across multiple physical sites.

[13] It is possible that the percentage of interventions involving students in District 75 placements was even higher, as our calculations only include interventions that could be definitively tied to District 75 schools (i.e., the NYPD reported the name of the specific school or site). Many District 75 schools are co-located with one or more non-District 75 schools, and in instances in which the NYPD reported interventions using the *building* name, rather than the individual *school* name, it is impossible to know whether the student in crisis was enrolled in the District 75 school or another school in the building. It is also unclear whether the NYPD is assigning students in District 75 inclusion programs to the District 75 school providing special education support or to the affiliated general education school; we suspect that, in at least some instances, the latter may be the case. For example, the NYPD reported an unusually high number of child in crisis interventions at Beacon High School, as compared to demographically similar high schools—but one notable difference between Beacon and many of the City's other academically competitive high schools enrolling disproportionately few Black and Latinx students is that Beacon is home to a District 75 inclusion program (P335M Manhattan High School @ Beacon).

[14] School-wide totals include interventions across all school sites. For example, the number for South Richmond High School includes interventions the NYPD reported as occurring at P25 South Richmond, P25 Annex Arthur Kill Road, and PS/IS 25 North Shore Annex.

[15] This estimate only includes schools that opened prior to the start of the 2016-17 school year and have four years of enrollment data. In addition, as the NYPD's reports use a mix of both *building* names and individual *school* names, locations reported by the NYPD cannot always be matched to specific schools in DOE records, making it challenging to determine the exact number of child in crisis interventions that occurred at many schools; the true number of schools with zero child in crisis interventions may therefore be higher.

[16] When a student's behavior impedes their learning or the learning of others, the IEP Team must include in the IEP positive behavioral interventions and supports, and other strategies to address that behavior, when necessary to provide a FAPE. 34 C.F.R. § 300.324; *see also* U.S. Dep't of Educ. Office of Special Educ. Programs, *Dear Colleague Letter: Supporting Behavior of Students with Disabilities* (Aug. 2016), https://www2.ed.gov/policy/gen/guid/school-discipline/files/dcl-on-pbis-in-ieps--08-01-2016.pdf (clarifying that failure to consider and provide needed behavioral supports through the IEP process is likely to result in a child not receiving a meaningful educational benefit or FAPE). If a student with a disability has a 504 Plan pursuant to Section 504 of the Rehabilitation Act of 1973 and needs behavior or mental health supports in school, a school district's failure to provide such supports could violate the student's right to receive a FAPE. 34 C.F.R. § 104.33.

[17] We find the name of the disability classification "emotional disturbance" inaccurate, stigmatizing, and a barrier to inclusion. It is written into the IDEA and state special education law; we appreciate that the New York State Education Department is discussing replacing the name in New York, as other states have done. *See* N.Y. State Educ. Dep't, The Univ. of the State of N.Y., *Letter to P-12 Educ. Comm., Special Education Disability Classification "Emotional Disturbance"* (Jan. 20, 2020), https://www.regents.nysed.gov/common/regents/files/120p12d1.pdf.

[18] Cheri Fancsali, Research Alliance for New York City Schools, *Special Education in New York City: Understanding the Landscape* (2019), https://steinhardt.nyu.edu/research-alliance/research/publications/special-education-new-york-city; *see also* N.Y.C. Dep't of Educ., *School-Age Special Education Data Report – SY 2019-20* (Nov. 2, 2020), https://infohub.nyced.org/reports/government-reports/special-education-reports (showing that 8.8% of all Black students with disabilities attending DOE schools and 5.4% of all students with IEPs eligible for free/reduced-price lunch had an ED classification in 2019-20, compared to 3.0% of White students with disabilities and 2.8% of students not eligible for the school lunch program).

[19] Total enrollment in each precinct was estimated using school-level enrollment data from the New York City Department of Education (DOE) Demographic Snapshots for the 2016-17, 2017-18, 2018-19, and 2019-20 school years. Enrollment is a point-in-time count, rather than a year-long total, and thus does not capture students who first enrolled (or who transferred out) after October 31 of each year. Students attending schools located across multiple sites (e.g., many District 75 schools and District 79 programs) were assigned to the precinct associated with the school's primary address, as the DOE does not report site-specific enrollment on the Demographic Snapshot. Precinct enrollment totals also do not account for Alternate Learning Centers (ALCs), programs for middle and high school students serving suspensions outside their home school; around 55 child in crisis interventions took place at ALCs during this four-year period, but students do not necessarily attend an ALC located in the same precinct as their school. Given these limitations, intervention rates are *rough estimates* intended to illustrate the disparities between neighborhoods while accounting for the fact that some precincts have far more schools, and/or much larger schools, located within their boundaries than others.

[20] There is one precinct—that which covers Central Park—in which no students attend school; all other precincts in New York City are home to at least four schools.

[21] *See, e.g.,* Elizabeth A. Shaver & Janet R. Decker, *Handcuffing A Third Grader? Interactions Between School Resource Officers and Students with Disabilities*, 2017 Utah L. Rev. 229 (2017); Elsa Haag, *Who Protects Whom: Federal Law As A Floor, Not A Ceiling, to Protect Students from Inappropriate Use of Force by School Resource Officers*, 16 Duke J. Const. L. & Pub. Pol'y Sidebar 187 (2021); *see also* Melanie Asmar, *Handcuffed in Denver in Fifth Grade: 'Whenever I Shut My Eyes I Saw The Cuffs,'* Chalkbeat Colorado (May 30, 2019), https://co.chalkbeat.org/2019/5/30/21108333/handcuffed-in-denver-in-the-fifth-grade-whenever-i-shut-my-eyes-i-saw-the-cuffs.

[22] The National Center for School Mental Health, Center for Health Care in Schools and the School-Based Health Alliance recommend that school districts create comprehensive school mental health systems to "provide a full array of tiered supports and services that promote a positive school climate, social and emotional learning, and mental health and well-being, while reducing the prevalence and severity of mental illness and substance use." National Center for School Mental Health, *Foundations of School Mental Health*, http://www.schoolmentalhealth.org/Resources/Foundations-of-School-Mental-Health/ (last visited May 20, 2021); *see also* Sharon Hoover et al., *Advancing Comprehensive School Mental Health: Guidance From the Field*, Baltimore, MD: National Center for School Mental Health, University of Maryland School of Medicine

(2019), http://www.schoolmentalhealth.org/media/SOM/Microsites/NCSMH/Documents/Bainum/Advancing-CSMHS_September-2019.pdf.

[23] The New York City Council recommends that the Fiscal Year 2022 Executive Budget add the following social, emotional, and mental health investments in schools: $110M to ensure that every public school has at least one full-time social worker and one full-time guidance counselor; $15M to develop a Mental Health Continuum to address the needs of students with significant mental health challenges in school; $53.3M to expand restorative justice practices; and $190M to create 400 additional community schools. N.Y.C. Council, *Response to the Fiscal 2022 Preliminary Budget and Fiscal 2021 Preliminary Mayor's Management Report* (Apr. 7, 2021), https://council.nyc.gov/budget/wp-content/uploads/sites/54/2021/04/Fiscal-2022-Preliminary-Budget-Response.pdf.

[24] The City of N.Y., *Executive Budget Fiscal Year 2022, Message of the Mayor* (Apr. 26, 2021), https://www1.nyc.gov/assets/omb/downloads/pdf/mm4-21.pdf.

[25] *See, e.g.,* Dylan B. Jackson et al., *Police Stops Among At-Risk Youth: Repercussions for Mental Health*, 65 J. of Adolescent Health 5 (2019), https://doi.org/10.1016/j.jadohealth.2019.05.027.

[26] Ariama C. Long, *More Mental Health Services to Come to New York City, says de Blasio*, amNY (Apr. 28, 2021), https://www.amny.com/news/more-mental-health-services-says-de-blasio/.

[27] The bill's lead sponsor and champion, Council Member Diana Ayala, introduced the bill on December 17, 2020 and provided a statement on the bill at the hearing on February 28, 2021. N.Y.C. Council, Int. No. 2188-2020, Police Department's Response to students in emotional crisis in public schools (Feb. 28, 2021), https://bit.ly/2188-2020.

[28] *See, e.g.,* Aaron Kupchik, ACLU of Pennsylvania, *School Policing: What the Research Shows* (August 2020), https://www.endzerotolerance.org/impact-of-school-policing; *see also* Emily K. Weisburst, *Patrolling Public Schools: The Impact of Funding for School Police on Student Discipline and Long-term Education Outcomes*, 38 J. of Pol'y Analysis and Mgmt. 2, 338–365 (Oct. 2018), https://doi.org/10.1002/pam.22116; Center for Popular Democracy et al., *Arrested Learning: A survey of youth experiences of police and security at school* (Apr. 2021), https://www.youthmandate.com/arrested-learning; Ctr. for Law & Social Pol'y (CLASP), *Youth Mobile Response Services: An Investment to Decriminalize Mental Health* (Apr. 2021), https://www.clasp.org/publications/report/brief/youth-mobile-response-services-investment-decriminalize-mental-health; The Advancement Project, *We Came to Learn* (2018), https://advancementproject.org/wecametolearn/; ACLU, *Bullies in Blue: Origins and Consequences of School Policing* (Apr. 2017), https://www.aclu.org/issues/juvenile-justice/school-prison-pipeline/bullies-blue.

[29] Jillian Jorgensen, *Student Activists Ask Mayor Not to Hire More NYPD School Safety Agents*, Spectrum News NY1 (Apr. 24, 2021), https://www.ny1.com/nyc/all-boroughs/education/2021/04/24/student-activists-ask-mayor-not-to-hire-more-nypd-school-safety-agents; Jillian Jorgensen, *Plan to Hire NYPD School Safety Agents Reignites Controversy Over Police in Schools*, Spectrum News NY1 (Feb. 22, 2021), https://www.ny1.com/nyc/all-boroughs/news/2021/02/23/possible-hiring-of-new-nypd-school-safety-agents-reignites-controversy-over-police-in-schools.

[30] The City's new School Response Clinicians program, comprised of licensed social workers who aim to support students facing crises Citywide, has the potential to provide much-needed support to schools, but will need to be monitored to determine its effectiveness. N.Y.C. Mayor's Off. of ThriveNYC, *School Response Clinicians (SRCs)* (Feb. 28, 2020), https://thrivenyc.cityofnewyork.us/program/school-response-clinicians-srcs.

[31] Nat'l Ass'n of Social Workers, *NASW Standards for School Social Work Services* (2012), https://www.socialworkers.org/LinkClick.aspx?fileticket=1Ze4-9-Os7E%3D&portalid=0.

[32] N.Y.C. Dep't of Educ., *Report on Guidance Counselors Pursuant to Local Law 56 of 2014* (Feb. 15, 2021), https://infohub.nyced.org/reports/government-reports/guidance-counselor-reporting.

[33] The City of N.Y., *Executive Budget Fiscal Year 2022, Message of the Mayor* (Apr. 26, 2021), https://www1.nyc.gov/assets/omb/downloads/pdf/mm4-21.pdf.

[34] In their *Community Roadmap to Bringing Healing-Centered Schools to the Bronx*, the Bronx Healing-Centered Schools Working Group—a coalition of Bronx parents, students, mental health providers, and advocates—outlines specific steps individual schools can take to become healing-centered. Bronx Healing-Centered Schools Working Group, *Community Roadmap to Bring Healing-Centered Schools to the Bronx* (2020), https://www.legalservicesnyc.org/what-we-do/practice-areas-and-projects/access-to-education/community-roadmap-to-healing-centered-schools.

[35] For example, the Schenectady City Schools District uses a suspension diversion program to identify the root cause of student behavior and provide interventions and trauma-informed treatment to address the mental health needs of students. More than half (78) of the 141 students who participated in diversion in the 2016-17 school year completed their intervention program. 95 percent of the students who completed the diversion program did not have another serious

behavior incident. *See* Schenectady City Schools, *Developing Trauma-Sensitive Schools* (2018), http://www.schenectady.k12.ny.us/News/what_s_new/our_work_to_develop_trauma_sensitive_schools.

[36] Researchers studying 804 public middle and high schools in New York City in the 2012 and 2013 school years found that restorative practices and other positive approaches can greatly improve overall school climate, student-staff relationships, and student outcomes. Lama Hassoun Ayoub et al., Center for Court Innovation, *School Discipline, Safety, and Climate: A Comprehensive Study in New York City* (2019), https://www.courtinnovation.org/school-discipline.

[37] The City of N.Y., *Mayor de Blasio, First Lady McCray, Chancellor Carranza Announce Major Expansion of Social-Emotional Learning and Restorative Justice Across All City Schools* (June 20, 2019), https://www1.nyc.gov/office-of-the-mayor/news/314-19/mayor-de-blasio-first-lady-mccray-chancellor-carranza-major-expansion-of#/0.

[38] N.Y.C. Dep't of Educ., *Maintaining the Momentum: A Plan for Safety and Fairness in Schools* (July 2016), https://www1.nyc.gov/assets/sclt/downloads/pdf/SCLT_Report_7-21-16.pdf.

[39] In Fiscal Years 2020 and 2022, the City Council has recommended investing $15 million to develop a Mental Health Continuum in 100 high-need schools. N.Y.C. Council *supra* note 23 at 15; N.Y.C. Council, *Response to the Fiscal Year 2020 Preliminary Budget and Fiscal Year 2019 Preliminary Management Report*, 34 (Apr. 9, 2019), https://council.nyc.gov/budget/wp-content/uploads/sites/54/2019/04/Fiscal-2020-Preliminary-Budget-Response_FINAL-1.pdf.

[40] Advocates for Children of New York, *AFC Calls for Funding a Mental Health Continuum for Students with Significant Mental Health Needs* (Apr. 17, 2020), https://www.advocatesforchildren.org/node/1520.

[41] New York City Comptroller, *Safe and Supportive Schools: A Plan to Improve School Climate and Safety in NYC* (June 18, 2018), https://comptroller.nyc.gov/reports/safe-and-supportive-schools-a-plan-to-improve-school-climate-and-safety-in-nyc/.

[42] Ctr. for Law & Social Pol'y (CLASP), *supra* note 28 (recommending mobile response of mental health professionals as an alternative to law enforcement and part of a continuum of services for rapidly responding to youth experiencing a traumatic event or mental health crisis).

[43] FBAs and BIPs are required for students with IEPs, in some instances, and can be recommended for students with and without disabilities. 20 U.S.C.A. § 1414; 8 N.Y.C.R.R. § 200.2. FBAs and BIPs are also listed as possible supports and interventions for students with and without disabilities who are accused of certain behaviors in New York City's discipline code. N.Y.C. Dep't of Educ., *Citywide Behavioral Expectations to Support Student Learning* (Sept. 2019), https://www.schools.nyc.gov/docs/default-source/default-document-library/discipline-code-kindergarten-grade-5-english.

[44] Ramapo for Children works with schools to provide onsite coaching on behavior supports. *See* Ramapo for Children, https://ramapoforchildren.org/services-programs/training/coaching/.

[45] "Interventions, school-wide and individual, that use proactive, preventative approaches, address the underlying cause or purpose of the behavior, and reinforce positive behaviors, have been associated with increases in academic engagement, academic achievement, and reductions in suspensions and school dropouts." U.S. Dep't of Educ., *School Climate and Discipline* (last updated Jan. 4, 2017), https://www2.ed.gov/policy/gen/guid/school-discipline/index.html#suspension-101.

[46] N.Y.C. Dep't of Educ., *School-Age Special Education Data Report – SY 2019-20* (Nov. 2, 2020), https://infohub.nyced.org/reports/government-reports/special-education-reports.

[47] ASD Nest Support Project, New York Community Trust Grant #P19-001148L, *Toward Effective Inclusion for Students with Emotional Disturbance Classification* (Sept. 2020), https://www.nycommunitytrust.org/newsroom/grantmaking/.

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