CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH, DISABILITIES & ADDICTION JOINTLY WITH THE COMMITTEE ON STATE & FEDERAL LEGISLATION

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April 21, 2022
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B E F O R E: HON. LINDA LEE, CHAIR
HON. SHAUN ABREU, CHAIR

COUNCIL MEMBERS:

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CHRISTOPHER MARTE

COMMITTEE ON MENTAL HEALTH, DISABILITIES & ADDICTION
JOINTLY WITH THE COMMITTEE ON STATE & FEDERAL LEGISLATION

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

OTHER COUNCIL MEMBERS ATTENDING:

Joseph Borelli
Chi Ossé
Majority Leader Keith Powers

Dr. Charles Barron,
Deputy Chief Medical Officer of The Office of Behavioral Health and Medical and Professional Affairs at New York City Health + Hospitals.

Michael T. McRae, PhD
Acting Executive Deputy Commissioner of Mental Hygiene at The Department of Health and Mental Hygiene

Rebecca Linn-Walton PhD LCSW,
Senior Assistant Vice President the office of Behavioral Health at NYC Health + Hospitals

Alison Burke, Vice President for
Regulatory and Professional Affairs at the Greater New York Hospital Association; Point person of Behavioral Health Issues

Eileen Maher,
Community Activist and Civil Rights Leader from VOCAL-NY.

Dr. Ruth Gerson, MD
Senior Vice President for Mental Health Services at The New York Foundling

Karen Remy,
Clinical and Community Services at Director at Greenwich House

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

Brett Waters, Esq.,
Co-Founder & Executive Director at Reason for Hope

Lilya Berns,
Assistant Executive Director for Behavioral Health Services at Hamilton-Madison House

Lisha Luo Cai,
Advocacy Coordinator at the Asian American Federation [AAF]

SERGEANT SADOWSKY: Pc recording has started.

SERGEANT BIONDO: Cloud is underway.

SERGEANT BRADLEY: Uh, good morning, and welcome to today's New York City Council Hearing on Mental Health, Disabilities, and Addiction Jointly with the Committee On State And Federal Legislation.

At this time will all panelist please turn on your videos for verification purposes?

SERGEANT BIONDO: Sergeant Bradley, uh, can I stop you for one moment? We are in gallery mode on Zoom, uh, if we can have that switched, please?

SERGEANT BRADLEY: No problem.

To minimize disruptions, please place all electronic devices to vibrate or silent mode.

If you wish to submit testimony, you may do so at testimony@council.nyc.gov, again that is testimony@council.nyc.gov.

Thank you for your cooperation, Chairs, you may begin.

CHAIRPERSON LEE: Okay, so I guess this is the part where I gavel, huh?

[GAVELING IN] [GAVEL SOUND]

Uh, I just want to welcome all of you, good morning, for this very exciting topic that I know that all of us are very invested in.

I am actually excited to be joined also by my fellow colleague, Shaun Abreu, Council Member Abreu, who is the Chair of the Committee on State and Federal Legislation, uh, which is going to be an important piece of today's hearing, which is the Coordination of the State and City in the Provision of Mental Health Services.

And, also, I would like to, uh, welcome our fellow Council Member Chi Ossé; we will also be hearing Introduction Number 0056-2022, relating to establishing a nightlife opioid antagonist program.

I would also like to acknowledge the members of the committee that are present here with us today. I see we have Council Member Paladino as well as Council Member Shahana Hanif, and also our Majority Leader Powers is here with us, uh, Council Member Marte, thank you all for joining and for being with us this morning. Oh, and I see Council Member Cabán is here as well as Council Member Bottcher. Thank you so much to everyone for joining us today.

As we know, and I'll try to make my opening statement very brief... But as we know, there is a huge mental health crisis that we are facing in this city today. And, there is a desperate need for Behavioral Health Services, but we are facing and endless barrier to accessing this, uh, care. And this is particularly true for lower income communities and communities of color.

The provision of mental health services occurs through a complicated web of public and private providers and insurers, intersecting with federal, state, and local funding, and regulations.

While New York I believe we are resource-rich compared to many other states and cities, this intersection of governmental entities and regulations can create bureaucratic and logistical barriers in the provision of mental health services.

And, for myself as a former mental healthcare provider, I can attest to the fact that is often not the lack of resources that prevents communities from receiving care -- but instead it is this intricate balance and dance that we have between bureaucracy and lack of governmental coordination. And also there are a lot of strict regulations, which we all

know are there for good reason, but often times can be what prevents individuals and communities from accessing care they need so desperately.

So, just to provide a couple of examples, the minimum standard of inpatient care is often marked as 50 psychiatric beds per 100,000 people. But, as of 2018, New York has failed to meet this standard and it was at 16.3 beds per 100,000 people capacity. So, again, it should be at 50, and in 2018 it was at 16.3, which is less than 1/3 of the minimum standard. And the answer to this is complicated in terms of how we ended up here, but one of the reasons I think is that, uhm, since the 1960's the federal government actually has placed a prohibition on fully paying for state inpatient psychiatric services. So, to overcome that and receive full funding, the states must apply for a waiver. I believe New York State has not done that, but instead, uhm, as we know, The Mayor and The Governor have vowed to restore several psychiatric beds -- which is great especially since we lost of during the pandemic -- and to commit more funding to psychiatric services. But this complicated relationship between the fed, state, and city actors... The funding regulations is part of

the reason why it's so difficult for us to access these services.

Another frustrating example, which I personally know all too well, is that the New York State reimbursement and parity rates for mental health services is extremely at an embarrassing low. In a national survey of state efforts to ensure parity when it comes to behavioral health insurance benefits, New York received a failing grade.

On a city-specific level, the city employee insurance provider, which is Emblem GHI, was found – through four Attorney General Investigations between 2009 and 2018 – to have not updated its reimbursement rates since they were set in 1983.

And, what you see here, and what I saw in the [INAUDIBLE 00:05:37] clinic that I ran in my previous nonprofit, is that the reimbursement rates are low, so what ends up happening is realistically, a lot of these outpatient clinic, they need to pay bills, they need to pay their staff, they need to pay rent, they need to keep their lights on, and so what's happening is, is that we are not providing access to patients that need the most care. But, it's based on our ability to pay. And, so, uhm, it's not outcomes

driven or who needs care, but it's really simply... So, a lot of times what happens is that because Medicaid, for example, reimburses more, a lot of clinics tend to get more about... I would say the ratio is safely 60% Medicaid in order to cover your expenses and costs.

So, as a city, I think this is where we as city council members can push the city insurance payers to actually pay higher rates for mental health services and actually include more of that in the insurance plan. So, I think that is something that we can do, and I look forward to working on that more. And we need to do a better job actually negotiating better reimbursement rates for a lot of the folks that they insure and cover.

And, one final example that I will just go over is that New York State allows a licensed clinical social worker (LCSW) to be reimbursed if the insurance group requests it, but in New York City, the city employees' insurer, which is again, Emblem, requires additional training known as an R designation. So, you can have an LCSW-R next to your degree, which, yes, it does provide, you know, more oversight, and more hours, and more training, but

it's an additional 36 months and 2400 hours of direct client contact post your LCSW, plus additional fees, paperwork, and clinical supervision.

So, although I understand the need and requirement to have more supervision oversight and training, given the fact that we are in a mental health crisis, I think that it is important for the city, uhm, to figure out a way to not impose additional barriers to practice in New York City, but actually, you know, providing ways to access clinicians from actually getting their certifications in an easier way.

So, while these regulatory and bureaucratic inconsistencies and barriers are very frustrating, I am also confident that we as a city and a state can come up with solutions that make sense to make mental health more accessible. Whether we are coordinating together as a city through the Department of Health and Mental Hygiene, Health + Hospitals, or through the newly created Mayor's Office of Community Mental Health, or whether we are coordinating with our colleagues in the state, these are problems we must address and ultimately fix.

And even just yesterday, I was speaking on a mental health panel through city and state with the OMH commissioner at the state level, Ann Sullivan, she's great, she's smart, she understands all of the issues, and I think there is a real opportunity for us to coordinate on both the city and a state level to make sure that the funding is there, but also that the regulations compliance meets our need in this recovery time post pandemic.

This committee, we have a tremendous opportunity to make improvements here, especially through our partners. I see Dr. McRae from DOHMH, thank you for being here, as well as Dr. Barron from Health + Hospitals, who is the only safety net hospital system in New Yorker, which is amazing. Uhm, and, so we are... I am excited to hear from you guys today, because we need you both, obviously as partners in this and we can't do it alone.

So, I just want to thank my colleagues as well as my staff, John Wani, who is our Legislative Budget Director, as well as Chief of Staff Asher Zlotnik the Council Committee Staff, uhm, Sara Lis, Assistant Deputy Director; and Legislative Policy Analyst, Cristy Dwyer, and Finance Analyst, Lauren Hunt for

making today's hearing possible. So, thank you all so much.

And with that, I will turn it over to my colleague, Chair Abreu, for his opening remarks.

CHAIRPERSON ABREU: Thank you, Chair Lee. And, good afternoon, my name is Shaun Abreu, and I am the Chair of the Committee on State and Federal Legislation. Thank you for joining our virtual hearing today on the coordination of the Coordination of the state and city in the Provision of Mental Health Services.

Before we begin, I would like to thank Chair Lee for the opportunity to work together on this incredibly, incredibly important topic.

Over the course of the last two years, we have paid very close attention to the physical aspects of our healthcare due to the serious circumstances of the pandemic. Even though the physical health of New Yorkers should always remain a priority, it is crucial to remember that mental health is just as important. Adequate care and access to mental health providers is difficult to achieve without proper coordination between the city and state. Albany has been working to make strides in the mental health

field, and it is imperative that we look at their work to see how the city can best collaborate with the state to provide care and services to New Yorkers. Recently, the state has adopted a new rule that permits licensed applicants with doctoral degrees in psychology to qualify for New York's education requirements for licensure helping to streamline and lengthy application process in an effort to increase access to mental health providers.

Additionally, there is legislation pending in Albany on this subject. A5540 sponsored by Assemblyman Phil Palmesano is a bill that would allow the state of New York to become a member of the Interstate Medical Licensure Compact. This would allow physicians to become licensed in multiple participating states, thereby increasing the number of mental health service providers that can provide counseling and care to New York patients. Furthermore, the State is also considering a bill introduced by Senator Brad Holyman. If passed, S8422 would authorize the payment of medical assistance funds for long-term stays in large residential mental health institutions. Efforts like these will greatly impact all New Yorkers and ensure growth in

accessibility and options for New Yorkers looking to prioritize their mental health.

I would like to thank committee staff Jayasri Ganapathy, Senior Counsel to Committee; Wiam Diouri, Legislative Policy Analyst; Hector German, Finance Analyst, and I would also like to thank my staff Jalissa Quigley.

I will turn it over to the Committee Counsel, thank you.

CHAIRPERSON LEE: Sorry, I just wanted to acknowledge, I believe we have also been joined by Council Member Gutiérrez as well as Council Member Williams. So, I just wanted to say hello to both of you as well.

And, actually, I wanted to turn it over, uh, to Council Member Ossé, if you will, to deliver an opening statement. So, Council Member Ossé, feel free.

COUNCIL MEMBER OSSÉ: [NO AUDIO]

CHAIRPERSON LEE: Are you allowed to unmute? Can you unmute?

COUNCIL MEMBER OSSÉ: There we go. Thank you so much, Chair Lee and Chair Abreu, uh, just watching

your leadership is inspiring, especially on an issue so prevalent in our city, uh, and state here today.

The number of overdose death rates in New York has skyrocketed since the onset of the pandemic. According to the Department of Health and Mental Hygiene, there was over 2,000 overdose deaths in the city in 2020, an increase of nearly 600 deaths from 2019. These deaths are also disproportionally impacting Black neighborhoods with death rates in Central Brooklyn, Harlem, and the South Bronx exceeding the citywide rate.

Brooklyn alone lost 371 lives to overdose last year. The culprits behind these deaths are usually substances laced with dangerous opioids like fentanyl a highly potent, synthetic opioid with 50 times the strength of heroin and 100 times the strength of morphine.

But, these deaths are preventable. Every overdose is preventable. And these lives can be saved.

Access to opioid antagonist such as naloxone, can reverse an overdose and save a life. We have a responsibility as representatives and leaders to

expand access to these vital medications to New Yorkers who need it the most.

As a young person who formally worked in the nightlife industry, I know that our patrons who frequent our bars, clubs, and other nightlife venues are impacted by fentanyl related overdoses and the need to combat them.

Currently, the Department of Health and Mental Hygiene has a program called *NARCAN Behind Every Bar*, which is a program that provides bars and other nightlife establishments with naloxone. I am proud to be a sponsor of Introduction 0056, because we need to codify this program to ensure that the Department of Health and Mental Hygiene can continue to provide this resource for our city and to ensure that we, as The City Council, have reporting information that will allow us to measure the program's rate of success and whether there are gaps that need to be addressed.

We have the tools to blunt this crisis, let's use them.

And, I would like to thank my pro-prime sponsor Majority Leader Powers, as well as the Chairs for allowing me to speak this morning.

CHAIRPERSON LEE: Thank you so much Council Member Ossé.

And, I am going to go a little bit out of order, because I know that Majority Leader Powers is also, as you mentioned a pro prime sponsor, so I just wanted to give you the opportunity to say a few words as well.

MAJORITY LEADER POWERS: Thank you, thank you, Chair Lee, thank you Chair Abreu, and thanks to giving me, uh, just one minute, I won't take too much time, but thanks for having me.

First of all, I just wanted to commend my colleague, Council Member Ossé, for introducing this bill and getting up to 36 sponsors so quickly into session, Democrats and Republicans on the bill, and it is an impressive feat to get there so quickly. But, it is because it's a lifesaving measure that is a type of intersection, it's a common sense intersection point when you're talking about trying to do harm reduction here to make sure that people are in nightlife establishments, where we have to be clear about what people do in nightlife establishments -- which is people sometimes do drugs-- that there is, uh, an opportunity to save their

lives there. And, so, I think this is a really kind of common sense piece of legislation with a really, really good end goal to save people lives and to be in places where it's most needed and necessary. So, I hope that other colleagues will consider signing on to this bill as well. It's something that Council Member Ossé and I discussed even before he got in to the City Council and decided to work on this bill together -- you know, both being people who care about finding these intervention points and also, you know, having ties to the nightlife industry here and knowing that they would be good partners in helping us to combat overdoses.

So, I just ask that people take a look at the bill and please sign on. And, I am very happy that we are getting a hearing on this today, and a very big congratulations top Council Member Ossé for moving so quickly on a really important lifesaving measure.

CHAIRPERSON LEE: yes, thank you to you both.

And, I will now turn it over to our moderator, Committee Counsel, Jayasri Ganapathy, to over some procedural items.

COMMITTEE COUNSEL: Thank you, Chair Lee.

I am Jayasri Ganapathy, Committee Counsel to The Committee on State and Federal Legislation, and I will be moderating this hearing.

Before we begin, I would like to remind everyone that you will be on mute until you are called on to testify, at which point you will be unmuted by the host.

During the hearing, I will be calling on panelists to testify. Please listen for your name to be called, as I will be periodically announcing who the next panelist will be.

At this hearing, we will first be inviting testimony from the Health + Hospitals Corporation, the Department of Health and Mental Hygiene, and then from members of the public.

During the hearing, if Council Members would like to ask a question of the administration or to a specific panelist, please use the Zoom Raise Hand Function, and I will call on you in order.

For all panelists, when called to testify, please state your name and the organization you represent if any.

We will now call representatives of the administration to testify. We will be hearing from

Dr. Charles Barron, Deputy Chief Medical Office of the Office of Behavioral Health at New York City Health + Hospitals and Michael T. McRae, PhD, Acting Executive Deputy Commissioner of Mental Hygiene at The Department of Health and Mental Hygiene.

We will also be joined for questions by Rebecca Linn-Walton PhD LCSW, Senior Assistant Vice President the office of Behavioral Health at NYC Health + Hospitals.

At this time, I will administer the affirmation.

Panelists, please raise your right hands:

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

Dr. Barron?

DR. BARRON: I do.

COMMITTEE COUNSEL: Dr. McRae?

DR. MCRAE: I do.

COMMITTEE COUNSEL: Senior Assistance Vice President Linn-Walton?

DR. LINN-WALTON: I do.

COMMITTEE COUNSEL: Thank you.

At this time, I would like to invite Dr. Barron to present their testimony.

DR. BARRON: Thank you, uh, good morning, Chairperson Lee, and Chairperson Abreu, and members of the Committee on Mental Health, Disabilities, and Addiction, and the Committee on State and Federal Legislation.

I am Dr. Charles Barron, the Deputy Chief Medical Officer of The Office of Behavioral Health and Medical and Professional Affairs at New York City Health + Hospitals.

I am joined this morning by Rebecca Linn-Walton, Senior Assistant Vice President in the Office of Behavioral Health at Health + Hospitals.

I am happy to testify to you today to discuss the coordination of State and City in the Provision of Mental Health and Behavioral Health Services at Health + Hospitals.

Health + Hospitals is the main provider of Behavioral Health and Inpatient Psychiatric Care Services in New York City currently operating one of the largest and most robust continuums of mental health and substance use services in the country. All of our mental health services are licensed and regulated by New York State.

Our mental health programs, which include psychiatric emergency, inpatient, and outpatient clinics, are licensed and regulated by the New York State Office of Mental Health.

Our substance use in medical and other settings, including the emergency department's inpatient medicine, outpatient substance use, and methadone programs are all licensed and regulated by the New York State Office of Addiction Services and Supports. And as hospitals, we are also licensed by New York State Department of Health and are subject to joint commission review. As such, we work with the state closely in the provision of all of our Behavioral Health Services.

Health + Hospitals is in regular communication and coordination with The Office of Mental Health as well as city agency partners like the Department of Health and Mental Hygiene, The Department of Homeless Services, the New York City Police department, and The Mayor's Office of Community Mental Health, and many others to support homeless patients with behavioral health needs. This includes the most recent subway safety plan and the B-HEARD programs.

When COVID-19 saw its first case in New York City in March of 2020, Health + Hospitals was at the forefront responding to the needs of its patients and the city overall. Amidst unprecedented circumstances, Health + Hospitals kept its doors open so that New Yorkers could safely access care. We utilized all modalities including in person, telephonic, video calls, home visits, and mobile crisis outreach to provide care. Working hand and hand with the Department of Health and Mental Hygiene, the Office of Mental Health and OASAS (sp?), Health + Hospitals ensured coordination of all available behavioral health beds across all hospitals.

To accommodate the surge in critical COVID-19 patients, Health + Hospitals worked as one system to safely transfer behavioral health patients to other facilities that had capacity -- even standing up COVID positive psychiatric units in several of our hospitals.

COVID led to necessary relaxing of certain regulatory barriers to care that have greatly improved our ability to receive and retain patients in our care. When the pandemic began, Telemental

health services and sessions rolled out in Psychiatry, Substance Use Services, The Family Justice Centers for Domestic Violence, addiction consult teams for both Medical Emergency Departments and Inpatient Medicine, and mobile treatment in both Mobile Crisis Teams and Assertive Community Treatments Teams. To help make this possible, Health + Hospitals distributed iPads to inpatient and Emergency Department Behavioral Health Consult Services. Today, Health + Hospitals has completed 5,020 Behavioral Health Sessions telephonically and virtually.

Other initiatives launched during the pandemic include the virtual Buprenorphine Clinic created to provide same-day buprenorphine access to existing and to new patients.

We also partnered with the state, The Department of Health and Mental Hygiene and OASAS to provide methadone delivery to patients in quarantine at hotels and in their homes or to stable patients who were at high risk of complications from COVID for whom it was not safe to attend in person sessions.

For New Yorkers who required quarantine [INAUDIBLE 00:24:10] hotel, we provided access to behavioral health services.

Once COVID-19 vaccination outreach began, the Test & Trace launched The Street Health Outreach and Wellness mobile units or better known as SHOW vans. We also began providing free mental health and substance use screenings on these units as well as linking people to ongoing care either virtually or in person.

With the introduction of behavioral health telehealth services, Health + Hospitals has seen significant positive effects. Virtual access to mental health and substance use services, especially being able to initiative buprenorphine via virtual care, has meant patients have access to care including detox support right in the safety of their homes.

Virtual express care helps us assess urgent cases and reduce unnecessary emergency department visits. Tele and video therapy have enabled patients to see clinicians safely and more frequently when needed, and help us retain patients in treatment through lockdown and beyond.

Methadone delivery to patients isolating during COVID has greatly supported patients.

We look forward to building on the success of these evolved services to continue to meet New Yorkers where they are and to provide care they need.

In October of 2021, Health + Hospitals received $1.8 million award from OASAS to expand services to opioid and stimulant use in underserved communities of The Bronx, Manhattan, and Queens. The funding helps coordinate emergency department substance use access, consults for addiction treatment, and care in hospitals, better known of us as CATCH Programs.

Outpatient services and virtual access to substance use care and bridge between substance use disorders and psychiatry for patients with co-occurring mental health and substance use diagnoses.

However, there are a lot of areas within the behavioral health system nationwide that need improvement. The federal government continues to regulate methadone in a manner that is overly restrictive for patients. Patients must receive medications in heavily regulated specialized clinics. The state is currently rightly advocating to allow methadone to be dispensed in traditional outpatient

substance use clinics which exist in greater numbers and to make this lifesaving medication available to pharmacies. This change will allow patients to receive their medications when and how it convenient and to receive treatment as a support rather than a condition tied to receiving lifesaving medication. We support this effort to remove barriers to easily access medication and treatment.

Another of the better known issues is the parity for behavioral health billing and the inability to bill for social work in primary care settings. As Health + Hospitals moves to implement behavioral health support throughout the system including right in primary care settings, having these licensed clinicians able to provide and bill for services is key to patient care and financial sustainability. In order to overcome these barriers, healthcare providers need increased funding for new models of care and care provision for uninsured [INAUDIBLE 00:27:43] for stakeholders including elected officials to reduce regulations that increase barriers to care and expansion to key existing safety net services especially for special populations.

Health + Hospitals has a long history of taking care of the most vulnerable New Yorkers and will continue to do so. We look forward to continuing to partner with government and key stakeholders to forge solutions.

I thank your committee for your attention to this important topic, and we are happy to answer any questions that you may have.

Thank you.

COMMITTEE COUNSEL: Uh, thank you, Dr. Barron, we would just like to now invite Dr. McCrae to testify.

DR. MCRAE: Alrighty, good morning, Chairs Lee and Abreu, and members of the committees on Mental Health, Disabilities, and Addiction and State and Federal Legislation. I am Dr. Michael McCrae, Acting Executive Deputy Commissioner of The Division of Mental Hygiene and the New York City Department of Health and Mental Hygiene.

On behalf of Commissioner Vasan, thank you for the opportunity to testify today on Proposed Introduction 56.

First, I want to thank Majority Leader Powers and Council Member Ossé for championing harm reduction approaches for substance use and overdose. We

appreciate you bringing attention to this issue and helping to dismantle the stigma around substance use and people who use drugs.

Before discussing the bill, I would like to take a moment to acknowledge that New York City is facing an overdose crisis. Uh, 2020 was the deadliest year on record for drug overdoses both in New York City and nationally. More than 2,000 New Yorkers died of a drug overdose in 2020. This trend continued in to the first two quarters of 2021 when there were 1,233 overdose deaths compared to 965 overdose deaths during the same period in 2020. This equates to one person dying of an overdose every four hours in New York City. In response, The Health Department has strengthened our multi-pronged harm reduction approach to addressing overdose. We continue to work closely with syringe services providers across the City, uh, expand access to effective substance use disorder treatment, and support the implementation of new evidence-based strategies to prevent overdose including The Overdose Prevention Centers.

The Health Department has also ramped up efforts to address the involvement of fentanyl in overdose

deaths through public awareness campaigns and fentanyl test strip distribution.

Naloxone distribution is a central piece of The Health Department's strategy to curb the overdose epidemic. Naloxone is a lifesaving drug that can reverse and overdose. Our data shows that most overdoses occur in someone's home, and we work to equip people who use drugs, and their loved ones, with naloxone to prevent overdose deaths.

We aim to make naloxone and other safe for use supplies widely available across a variety of community settings including nightlife settings in bars and clubs. Since 2018, we have worked closely with The Office of Nightlife at The Mayor's Office of Median and Entertainment to provide trainings and promote availability of naloxone at nightlife establishments.

In 2018, with the help of The Office of Nightlife, we initiated our Using Cocaine's Initiative (sp?) through which we conducted direct outreach to nightlife venues on the Lower East Side to educate staff about the presence and cocaine and the risk of overdose, trained staff and patrons to administer naloxone and respond to overdoses, and

provide venues with naloxone kits, and posters with overdose prevention messaging.

The initiative was well received by nightlife staff, patrons, and community partners and was expanded to North Brooklyn in 2019.

In 2021, The Health Department partnered with The Office of Nightlife to hold a special virtual naloxone training for those who work in the nightlife industry as part of the launch of their NARCAN Behind Every Bar public awareness campaign. Over 250 naloxone kits were mailed to individuals from that training. And, importantly, and employee of a nightlife establishment can currently reach out to The Health Department for any opioid overdose preventive program to get trained in overdose response and receive free naloxone kits.

The Office of Nightlife promotes these trainings through the ongoing NARCAN Behind Every Bar Campaign with regular webinars, social medial posts, and other communications with thousands of venues they work with, all to ensure nightlife establishments are aware of this opportunity and can join as partners in our collective efforts to combat opioid crisis.

For everyone here and everyone listening, I want you to be clear, naloxone saves lives. We encourage all New Yorkers who use drugs or who know someone who is at risk of an overdose, to get trained in overdose response and have naloxone available.

You can visit the naloxone page of our website or call 3-1-1 to learn more about where to find naloxone or take one of our virtual trainings to receive a free kit in the mail.

We appreciate our partner community based organizations and The Council for their help in promoting these trainings and increasing access to naloxone.

We will now turn to Proposed Introduction 56, which would establish a nightlife opioid antagonist program at The Health Department and make naloxone related trainings and resources available free of charge to nightlife establishments.

The Health Department supports the goal of this legislation to expand access to opioid antagonists and ensure continued coordination with The Office of Nightlife to prevent overdoses in nightclub establishments. We look forward to working with Council on the bill to ensure our shared goals are

achieved, and that New Yorkers continue to have access to this vital lifesaving resource in these settings.

Thank you for your continued partnership and support for the health and well-being of all New Yorkers. I am happy to take your questions.

COMMITTEE COUNSEL: Thank you, I will now turn it over to questions from Chair Lee. Panelist, please stay unmuted if possible during this question and answer period. And I would also just like to acknowledge we have been joined by Council Members De La Rosa and Minority Leader Borelli.

CHAIRPERSON LEE: And, also Council Member Mealy I noticed also joined as well, so I didn't want to remit that.

Thank you so much. So, I will just dive right in to the questions. Thank you again, both Dr. McCrae as well as Dr. Barron for being here with us, as well as Dr. Rebecca Linn-Walton. I am a huge fan, again, as I said before, of the work that you guys do at H+H and just wanted to thank you both again.

So, you know, one of the common themes I think that we've been hearing that is sort of a barrier to accessing services -- or when you look at the whole

mental health continuum of services and care -- is really the coordination of services between, especially the agencies and the nonprofit organizations, and the CBOs on the ground. So, I just wanted to know, uhm, and I know some of the answers to this just from my own experiences, but if you could, uh, for my colleagues as well, uh, explain what H+H, as well as DOHMH, is doing to coordinate with mental health providers and organizations in the neighborhoods that they are located in -- which I know is sometimes difficult because of where the hospitals are situated -- but if you could explain what the outreach efforts are and coordination with different organizations, that would be great.

DR. BARRON: Okay, I guess, uh, let me go first. Thank you for that question. I think that, uh, H+H has a long history of working with our community based partners. While we are certainly the largest, uh, acute care and also outpatient in our city, we also very much depend on our community based partners and work closely with them for the care of our patients.

I think one of those barriers has been in, like you say, the communication and coordination between

them. One of the things that has most recently happened, uh, and really improved that, is the establishment of our system wide electronic medical record -- one that allows all of our hospitals and clinics and anything associated with Health + Hospitals to have access to patient records if they go to multiple facilities or multiple clinics. In addition to that, with patient consent, uh, if they are also attending a community based clinic or community based program, we can provide access to that particular organization, uh, and that has allowed a lot of cross agency, cross program communication and providing a more comprehensive and proactive approach to treatment.

And if Michael or others have comments?

DR. MCRAE: Thank you, uh, sorry, I was trying to unmute here.

Uh, no, so, we already, ,you know, we are committed obviously to ensuring New Yorkers have access to high quality mental health services. You know, we work very closely with our sister agencies across the City, as well as with the state to really help ,you know, think about more ways to coordinate, make sure we are kind of coordinated in our thinking

around folks that we are seeing. We coordinate regularly on planning, oversight implementation, and improvement around our programs with our state agencies, uh, OHM, OASAS, [INAUDIBLE 00:38:41], around specific programs. We are in regular communication with our state partners and our city sister agencies. You know, Dr. Barron mentioned PSYCKES while DOHMH does not have a large... We are not a large service provider, our city contract providers do have access to say to PSYCKES, and we are constantly in communication with OMH around improving ways that PSYCKES can help inform clinical decision making.

CHAIRPERSON LEE: Okay, uhm, and I guess... Actually let me ask this question first, also in terms of your agencies, how is it with coordinating, and do you guys play a role in coordination with OCMH so far, which is the new Office of... The Mayor's Office Community Mental Health?

DR. BARRON: Yes, uh, Health + Hospitals is in very close coordination with The Office of Community Mental Health in many of our programs -- for example the B-HEARD Program, the Subway Outreach Program, The Mental Health Service Corp, and multiple others. So,

we work very closely with them on a variety of programs that serve New Yorkers and continue to try to expand access for all New Yorkers in any community.

CHAIRPERSON LEE: Okay. And, just... Because, the way my brain works is I am thinking of this as like an ORG Chart -- so, if I am understanding correctly, so, who... So, is it... Like for example, take the B-HEARD Program, I know technically it is under OCMH, but is it that they are overseeing it and H+H is administering it? Is that the relationship there, or if you could expound on that a little bit more?

DR. BARRON: I mean, it certainly is under the OCMH is overseeing a lot of this. It's a collaboration, and it's a really wonderful collaboration between OCMH, H+H, and FDNY, and the DOHMH. They are... All of us are coordinating on this and have different parts of that. But, OCMH is sort of overseeing that in helping us to sort of facilitate coordination. And, then we are the ones providing the clinical support -- social workers...

(CROSS-TALK)

CHAIRPERSON LEE: Right. And, you're in contact with, uhm, which staff -- the Acting Director, correct, or is this... (CROSS-TALK)

DR. BARRON: Yes... (CROSS-TALK)

CHAIRPERSON LEE: Okay.

DR. BARRON: Yes.

CHAIRPERSON LEE: Uhm, and, then, also, in terms of the outreach in efforts to, let's just say, when... If you could give us a list, it doesn't have to be right now, but do you have a list of the Article 31s that are in the communities as well as some of the [BACKGROUND NOISE] [INAUDIBLE 00:41:31] mental health services like NAMI's Peer to Peer Family to Family Supportive Services that actually do provide some of the supportive services? I just wanted to know if there was... We... You know, the range of different types of services that you have connections with, uhm, through your... through... through, uhm, H+H?

DR. BARRON: Yeah, I will give you an overview... (CROSS-TALK)

CHAIRPERSON LEE: [INAUDIBLE 00:41:51]

DR. BARRON: But, I'll... I'll... I'll give you... (CROSS-TALK)

CHAIRPERSON LEE: Okay.

DR. BARRON: I'll supply you later a list of more specifics.

But, yes, we have... It includes each of our acute care hospitals has Article 31s and Article 32 that's both mental health... (CROSS-TALK)

CHAIRPERSON LEE: Right.

DR. BARRON: and substances -- clinics and programs in theirs. And, in addition to that, in the communities, uh, we have a number of Article 31s throughout the city... (CROSS-TALK)

CHAIRPERSON LEE: Mm-hmm

DR. BARRON: to provide these particular behavioral health services, yes. Uh... (CROSS-TALK)

CHAIRPERSON LEE: [INAUDIBLE] 00:42:22

DR. BARRON: We do also provide virtual with our establishment of our Express Care Clinic but for behavioral health. This is certainly expanded access and outreach to anybody in any part of the city, uh, can access services and either can receive services there or be also connected, uh, to some close Article 31 or 32 to them. And, we do outreach and work with NAMI and other ,you know, organizations such as NAMI

or FAMI and use them quite effectively. They do meet in some of our hospitals... (CROSS-TALK)

CHAIRPERSON LEE: Yeah.

DR. BARRON: And some of our programs, yes.

CHAIRPERSON LEE: Awesome. And, uhm, I'm guessing there is also a relationship with the FQHC's or not as much with the FQHCs?

DR. BARRON: Yes. We do have Article 31s in the FQHCs, yes.

CHAIRPERSON LEE: Okay.

DR. BARRON: And, I... (CROSS-TALK)

CHAIRPERSON LEE: Awesome.

DR. BARRON: Can give you a list of where those are.

CHAIRPERSON LEE: Okay, awesome.

Uhm, and I know it's challenging, because... especially in a city like New York, uhm, the language barriers, you know, and this is something that I think maybe we could partner with on the state, is that, you know, the language barriers, cultural barriers, are often times a huge issue in terms of reaching the hard to reach communities so to speak. And, so, uhm, you know, if there are ideas or ways that you can think of, or if you have done outreach

and can speak to that in terms of those hard to reach communities, because I feel like those are the ones often times that are totally not even in this equation at all. And, so if you could also just speak to some of the groups that you are working with on that side as well?

DR. BARRON: Sure. This has been a longstanding issue that I have been involved with, uhm, in some of my previous background with H+H.

Uh, but, you know, we do serve the most communities, you know, certainly in the United States, uh, and, uh, so H+H has long had a history of trying to work in each of our communities -- recruit staff who are native speakers, understand the culture, really are able to do that and match our staff with the patients that were are serving in the communities.

In addition to that, we offer through our Human Resources and Education Office, uh, we really specialize in looking at cultural sensitivity to make sure that everyone has the knowledge and ability to do that.

We also partner, again, with the state in looking at trying to outreach to various communities. There

are certainly some very hard to reach communities within New York City. Uh, and we are always striving to try to find ways to meet, you know, meeting those needs of both language and cultural to provide the appropriate level of service for them.

CHAIRPERSON LEE: Yeah, and I know that the H+H hospital that we worked closely with at Elmhurst has a very, very diverse, uhm, staff different language needs, which I think is great. Uh... (CROSS-TALK)

DR. BARRON: Right, that's my previous hospital.

CHAIRPERSON LEE: Oh, yeah! Nice.

And, speaking of the... Because, I think one of the biggest issues we are hearing across the board, which I am sure you're finding as well, is the workforce issues, because there is such a shortage of people. There's burnout, uh, not enough pay, uh, for mental health providers. And, so how are you dealing and coping with the work shortages either for DOHMH both as well as H+H, because I know that... I have heard that there have been staff vacancy rates of upwards to 30 to 40%. And, so obviously, this is very concerning when we are at a crisis in the city where we need to meet these needs. And I just wanted to know, uhm, if you could speak to how you are

dealing with the work shortages as well as what you think some of the potential solutions could be or barriers -- either way?

DR. BARRON: Uh, yes, there is a national shortage of behavioral health clinicians and people work and specialize in this particular area of healthcare. H+H is certainly one of those that are doing that, although; I think we have more resources sometimes than other areas of the country. We are constantly recruiting, looking at people -- ways of having people going. Right now we are really involved in some active different recruitment efforts. We are looking at establishing new and different models of care that involve other disciplines other than physicians, uh, nurse practitioners, physicians assistants, social workers, psychologist, LCATS, other people. So, we really have been developing new models of care that allow us to use other clinicians and other specialists to provide care that would increase access to that.

We are also looking at other incentives that, you know, try to help to recruit and retain mental health staff in to our various facilities, uh, and we are beginning to do also a lot of outreach to schools and

related areas to really begin to provide education, and hopefully to help people be much more interested in becoming part of a behavioral health workforce in the future.

CHAIRPERSON LEE: That's awesome.

Yeah, I feel like we need to start young in getting them thinking about these careers at a very young age, so that's great.

So, switching gears a little bit, I know that are some neighborhoods where there are still challenges to accessing mental healthcare. I think there are three neighborhoods in particular that I know has the lowest connection to healthcare, which is Kingsbridge, Borough Park, and Northeast Bronx, where only 20% of those with mental healthcare needs receive the actual treatment that they need. And, so just wanted to hear from you what was, you know, what you're being... You know, what is being done to target those particular neighborhoods? Has there been any sort of additional recourses being poured in to those areas in outreach?

DR. BARRON: Well, you know, physically, we have to really... We are limited by the physical things we do; however, we have been adding outreach

services. Uh, as I mentioned, our SHOW Vans now are going out in to the various communities especially those with high needs, uh, to really try to provide services there, and where appropriate or necessary, uh, getting them connected to services. But, starting the engagement process and the screening process is there to provide those services, uh, in the neighborhoods, in the communities that, you know, have a much higher need.

And, also the addition of our tele mental health services has also provided a lot more access to these particular neighborhoods that don't have... You know, such as, uh, physical clinics or programs in their neighborhoods.

And, we will continue to try to market and advertise those to make those easily available.

CHAIRPERSON LEE: Okay, and then the final, I guess, portion of my... actually two more related questions is about what I was talking about with the low reimbursement rates. Because, you know, something that I see that was done on the community level was there was a group of providers that were part of an IPA that went to a health insurance company because they had so many people in their

network. And they actually went to the health insurance company and said, we want to negotiate rates, and we're going to bring you x number of patients and all this. And, so, they were able to actually negotiate better rates for their group of providers. And, so, you know, being that the reimbursement rates are so low with the city employee insurance provider, I just wanted to know, you know, is there something that H+H or DOHMH can do -- or the city can do -- to negotiate the better rates. Is that something that is on your radar? Is there a way that we can also help, you know, to push that?

DR. BARRON: So, we do not administer the H+H health employers that's really more of The Office of Labor Relations that can explain a lot more than that. We do focus with our partners especially the state, and the city, and DOHMH, uh, on really... and also our advocacy partners on trying to advocate for better rates through the state and the federal levels. We do work with many of our insurance managed care partners on rates, uh, and worked on partnerships with them as well. But, we, uh, certainly look for advocacy from everyone to help us with getting better rates for our patients.

CHAIRPERSON LEE: Okay, and if I would... If there are any ideas of things that ,you know, because you guys are obviously on the ground, and you understand and see very clearly how the rates are impacting, uh, I would say care. So, if there are things that you feel like can be done, I would love to hear those suggestions.

And, I just saw Dr. Linn-Walton unmute herself, so go ahead. Sorry to... I don't know if you wanted to say something, but...

DR. LINN-WALTON: No, no, no, I just had my phone going off, sorry about that.

CHAIRPERSON LEE: Oh, okay, sorry about that.

Okay, uhm... (CROSS-TALK)

DR. BARRON: We are happy to share. We can certainly share more with you.

CHAIRPERSON LEE: Yes, yes, okay, that would be great.

Uh, and then also in terms of what I mentioned earlier in my opening statement, regarding the R Designation, you know, it seems to be that that's sort of one of the perhaps... I don't know, I don't want to say barriers, because I know there are reasons for it, but it takes... it seems to ,you

know, the higher licensing requirements, and so I am just wondering how you think that is either negatively/positively impacting car/ workforce issues, everything that we have been talking about?

DR. BARRON: I certainly think that, you know, the higher restrictions, you know, can limit access or limit the ability for people to provide services. I think we have been very successful at having people both with the R, without the R, provide services to our things. I think one of the things that has been helping is that we provide training through our Mental Health Service Corp, and looking now to expand that to a broader network within H+H and how we are providing you with specialized training, that if you wanted to go ahead for these certifications that you could, and encouraging people to be able to do that. But, we certainly think that we would like, you know, to help with city and state advocacy on really looking at the issues of the specialized requirements.

CHAIRPERSON LEE: Yeah, and if there's anything that we can do, because I know the licensing piece is important. So, the thing I struggle with is how do we retain the dignity of the mental health providers

while also making sure that we can have more folks in the pipeline and in the workforce so that we can provide services. So...

DR. BARRON: Yes.

CHAIRPERSON LEE: There is always that balance.

And, one final question before I hand it off to Chair Abreu, is for the psych beds, because I know that ,you know, we lost a lot of the psychiatric beds because of the pandemic, and so how is it looking on the ground in terms of bringing those beds back up, uh, short term - long term? Has it been going smoothly? What are some of the things that you are seeing?

DR. BARRON: We have over -- I can't remember the exact percent -- but over 70% of our beds back online. We are in the process of bringing the rest of them, uh, we have made a commitment to bring all of our previously licensed beds back online. And we have now a plan to bring those back online over the next period of time. The barrier generally as we say workforce, and that's why we are looking at different models of care to be able to bring these lines back as quickly as possible.

CHAIRPERSON LEE: And I am assuming that barrier of the workforce and other things are also just in general would be inpatient psychiatric care overall that has been difficult, correct?

DR. BARRON: Yes. Same thing, yes.

CHAIRPERSON LEE: Yeah? Okay.

And, before I hand it off, I just want to recognize Council Member Gennaro who has joined as well. Hi, Jim, it's good to see you.

And, I am just going to hand it over now to Chair Abreu for some questions that he wanted to ask.

CHAIRPERSON ABREU: Thank you. Thank you, Chair Lee, and thank you to everyone who is testifying.

So, the city witnessed a breakdown of communication and coordination surrounding provision of healthcare during the height of the pandemic. It is no secret that the former governor and mayor did not have an easy relationship.

How has this relationship shifted under the executives?

DR. BARRON: Well, I cannot comment on a lot of the specifics on the previous administration, but for now I think we have a great partnership between the city and the state. We all seem to be working

together on a lot of the problems and projects that the city needs to help to improve access to mental health, especially post pandemic. So, I think we have a really great partnership and all moving forward in the same direction.

CHAIRPERSON ABREU: That's great.

What does the current city communication with the State look like surrounding provision of mental healthcare? And how often does DOHMH and H+H communicate with its colleagues in the State?

DR. BARRON: I will let Dr. McCrae comment a little bit more on DOHMH. But, H+H has regular meetings and conversations with OMH both the local field office as well as the State office and The Commissioner directly. So, we are very frequently in conversations. And, actually, I have a weekly conversation with the field office the field office myself on these issues. But, we are in regular communication about all of the programs.

CHAIRPERSON ABREU: Great, and generally, what more could the city be doing to advocate for better regulatory funding and political coordination with the city and state?

DR. BARRON: Well, I think we have, uh... We have been doing a lot of that. As we said, there are a number of issues that we have outlined that are working with city, state, and our advocacy partners with the legislation and the federal government to try to help improve and reduce barrier regulations. So the continued support and advocacy for these things I think would really help improve peoples' ability to access care and our ability to provide that care.

CHAIRPERSON ABREU: As we know the... Just recently the state passed its new budget. Can you please describe the city's understanding of the investments made in mental healthcare? And, were they sufficient, or were you hoping for more substantial investments?

DR. BARRON: Sure. I am going to break and let Dr. Walton talk a little bit about that, because she has been very active and involved in a lot of that part of it.

DR. LINN-WALTON: Yeah, I am happy to. I think it is safe to say that the state and city are making strong investments. The city is still working out their own budget, so we are waiting anxiously and

excitedly for that as well as the city has organized with the state -- and I will turn it over to Dr. McCrae in two seconds -- a discussion around opioid settlement and I know that that's happening as well. And DOHMH reaches out to us all the time for "What are our treatment needs?" "What are our goals?", and I'll turn it over to him for a lot more.

DR. MCRAE: So, you know, we are actually very pleased to see the additional investments in the state budget for mental health and substance... Uh, mental health and need... healthcare needs. We always welcome additional funding for this critical work. You know, the state, uh, even has made important investments in support of housing, which is a key, uh, kind of work of The Department of Health and the city more broadly.

I think we, you know, we always welcome additional state support. And we continue to evaluate the impacts of the state budget. I mean, it's relatively, you know, new. So, we are still pouring through it, but we are actually very happy with the investments that the state has put in to the budget around health and mental health.

CHAIRPERSON ABREU: Are there specific areas that you would like to see more substantial investments?

DR. MCRAE: Uh, I think... I can get back to you on kind of specifics on some ideas... (CROSS-TALK)

CHAIRPERSON ABREU: No problem.

DR. MCRAE: But, I think, you know, more broadly, we are pleased with the budget.

CHAIRPERSON ABREU: Okay, no problem. And, Chair Lee and myself, we will be in touch with the admin on those issues.

DR. MCRAE: Sure.

CHAIRPERSON ABREU: Uh, are there areas where the city should continue with advocacy even now that budget season is over? I guess that is maybe an extension of the previous question.

DR. BARRON: I mean, I think that ,you know, as I had mentioned before, I think the continued advocacy is ,you know, along with, uh, the state, in trying to help reduce some of the regulatory barriers, uh, and making some of them permanent, uh, so that we are able to... I mean, you know, during COVID, this really... the elimination of some of these regulatory issues allowed to reach a lot more New Yorkers and have it much more easily in care. So,

continued work on those kind of things that make access easier and reduce the regulations that make it hard to deliver care.

CHAIRPERSON ABREU: That makes sense, Dr. Barron.

And, my last question, I guess there's a few questions within this, uhm, are there any challenges you anticipate when COVID emergency orders expire in relation to providing services or overcoming staff shortages?

DR. BARRON: I think many of them, you know, there's this great idea of collaboration. The state, who does control a lot of the regulations, uh, are in agreement with us. We really provided, along with some of our other New York systems, uh, feedback through Greater New York and other advocacy agencies, we really provided a lot of input to them of what worked and what was really important to do that. And they really agreed pretty much in general with us about what it's done. So, they are working, you know, with those that need legislation. They have already made a number of changes of what's in their control so that we are able to do that.

CHAIRPERSON ABREU: Okay, and, so what measures are you taking to reduce the consequences of expiring emergency orders?

DR. BARRON: A lot advocacy and conversation and collaboration with the state, yeah.

CHAIRPERSON ABREU: Okay, so [INAUDIBLE 01:02:28]... (CROSS-TALK)

DR. BARRON: So, now that our timeline is very, you know, definitive.

CHAIRPERSON ABREU: Okay. Uh, alright, uh, no further questions, uh, Chair Lee... (CROSS-TALK)

DR. BARRON: Thank you.

CHAIRPERSON LEE: Can I just add one comment? I think one example I can think of just immediately off the top of my head of what you're saying -- and correct me I'm wrong -- is that, for example, telehealth, ,you know, usually... And just from an outpatient clinic perspective, you know, usually you have to go through an entire process to be able to offer telehealth. But obviously, that was sort of... went out the window, and it was fast tracked during COVID. And one think I think that the stated did that was really smart was actually allowing for clinics to then have that window of opportunity to

say, we're going to make it easier for you guys to provide this service permanently. And, I think that is one example of how you can continue that access of care even post pandemic. And, so, uh, I think if we can continue to try to push the things that work well, uhm, and things that we've seen through the pandemic that seem to have worked well where we can have more of that reach would be great.

So, whatever we can do. If there are other ideas like that from your perspective, from DOHMH's side as well as H+H, if you could just let us know as well.

DR. BARRON: Definitely, thank you.

CHAIRPERSON LEE: Yeah.

Okay, uh, and then I think, uh, we will turn it back over to our moderator, because I believe... I don't know if any of the council members or fellow colleague have questions. Sorry, not to take away from your role.

COMMITTEE COUNSEL: No problem, thank you, Chair Lee, and thank you Chair Abreu.

I will now call on other council members to ask their questions in the order they use the Zoom Raise Hand Function.

Council members, you do have three minutes for questions. And if you would like to ask a question, and you have not yet used the Zoom Raise Hand Function, please raise it now. And, please begin your questions once I have called on you.

Seeing no questions, we can now move to public testimony.

I would like to remind everyone that, unlike our typical Council Hearings, we will be calling on individuals one by one to testify. Each panelists will be given two minutes to speak. Please begin once the sergeant has started the timer.

Council members who have questions for a particular panelist should use the Zoom Raise Hand Function, and I will call on you after the panelist has completed their testimony.

For panelists, once your name is called and a member of our staff unmutes you, the Sergeant At Arms will give you the go ahead to begin and set the timer. Please wait for the sergeant to announce that you may begin before delivering your testimony.

I would like to know welcome Alison Burke to testify, after Alison Burke I will be calling on Eileen Maher, and then Dr. Ruth Gerson.

Alison, you can go ahead when the sergeants call time.

SERGEANT AT ARMS: We're starting time.

ALISON BURKE: [NO AUDIO]

SERGEANT AT ARMS: Alison, you still on mute?

ALISON BURKE: My goodness, I haven't been doing this long enough, it's been two years of virtual meetings, apologies.

Good morning Chairs Lee and Abreu, and other council members.

In the interest of time, and sorry for the technical blip in the beginning, my name is Alison Burke, I am the Vice President and Greater New York Hospital Association; I'm its point person on behavioral health issues. And, thanks so much for holding this really important hearing today.

I am going to not repeat a lot of things, because Health + Hospitals, and Dr. Barron, and Linn-Walton are both members and provide a lot input and collaboration on all of the issues that you've all raised today.

I am just going to focus for a moment on the workforce issue. It's been obviously a very challenging two years for hospitals. The pandemic

magnified, obviously, the need, the really important need, for robust behavioral health services in New York City. Now, some of the challenges predate the pandemic, but obviously it's just been significantly worsened.

This year's New York State Budget and New York City investments in behavioral health are very much welcome as other witnesses have testified. We think that's really the strongest way right now to address immediate pressures on access and, one, increases -- cost of living increases -- for retaining qualified mental health and substance use workforce individuals, investments in rates, uh, Chair Lee, you mentioned the woefully inadequate rates. And, we think is going to help in short order to strengthen and maintain what we have now. And, we did hear a bit about some of the flexibilities, and we really appreciated them and are in regular conversations with our colleagues at the state to keep the aspects of the emergency flexibilities that really worked for the system -- that moved the system where we were trying to get before the pandemic -- uhm, and really have now got demonstrated experience that the

telehealth really works. We were able to engage [INAUDIBLE 01:07:44]... (CROSS-TALK)

SERGEANT AT ARMS: Time expired.

ALISON BURKE: new people accessing care and maintain vital services.

My time is up, so apologies.

CHAIRPERSON LEE: Oh, no, if you wanted to close up, go ahead.

ALISON BURKE: Well, I think that just in an effort to speak a little bit on the coordination, we are really working with all of our partners at the city and the state level. And, just as an example, with the opioid pandemic, we have a program coming up the first week of May with our federal partners on some of the medications for opioid use disorders that really, the flexibilities were astronomical and really helped a lot of individuals with opioid use disorder. And we hope to have those remain in place. So, there's, at all levels, a lot of unprecedented collaboration and communication going on.

COMMITTEE COUNSEL: Thank you, Alison, [INAUDIBLE 01:08:37]... (CROSS-TALK)

ALISON BURKE: [INAUDIBLE 01:08:38] any questions.

COMMITTEE COUNSEL: I would like to now invite any questions from council members that you may have.

Seeing none, I would like to now invite Eileen Maher to testify, followed by Dr. Ruth Gerson, and then Karen Remy.

Eileen, you can go ahead when the sergeants call time.

SERGEANT AT ARMS: Starting time.

EILEEN MAHER: [NO AUDIO]

SERGEANT AT ARMS: Eileen, you're unmuted, but we don't hear anything.

EILEEN MAHER: Can you hear me now? I apologize.

SERGEANT AT ARMS: Yes, now you're good.

EILEEN MAHER: Can you hear me now?

SERGEANT AT ARMS: Yes, we can.

EILEEN MAHER: Okay, hi, my name is Eileen Maher, I am a Community Activist and Civil Rights Leader from VOCAL-NY. I am also a woman who was formally incarcerated; a criminalized survivor of domestic violence. And since my teenage years, I have suffered with mental illness, a self-harming diagnosis, and an addiction to opiate pills for which I have had periodic active periods of.

With that out of the way, I am here to discuss the mental illness to incarceration pipeline in New York. I have been blessed with support of family and friends, as well as an impeccable combination of mental health services. And, yes, I am on a Medicaid backed healthcare plan, but many are not. Millions are not. This includes individuals who were and are suffering from addiction, physical, and mental illnesses. As an incarcerated woman, I witnessed and befriended individuals who were behind those bars simply because they had lacked the appropriate mental and physical healthcare. This included individuals with substance diagnosis, severe physical ailments, self-harming diagnosis, and developmental disorders. Had they had access and outreach and received even a minute amount of healthcare services, they would not have been incarcerated. And jail and prison are not and never will be the place to treat and maintain the mentally ill. It only exacerbates the illnesses -- as it did with my own. I relapsed in to self-harming and abusing opiate pills as well as the PTSD and anxiety disorders that are part and parcel with the American carceral system.

Additionally, over the past two years and entering in to the third, I have seen unhoused mentally ill, addiction diagnosed, and physically ill individuals residing, so to speak, on the street -- unhoused -- people that I have not seen since the 90's and the pre- Giuliani disaster. People from the so called old Time Square Hell's Kitchen and the Lower Eastside.

When I asked an old acquaintance where he had been, he answered, "The Island, the boat, up north, [INAUDIBLE 01:11:29]... (CROSS-TALK)

SERGEANT AT ARMS: Time expired.

EILEEN MAHER: While the... I just have a minute left... While the bill and discovery halting solitary confinement and parole laws that I myself have advocating and fought for, are changed, and a godsend, and should in no way be rolled back, there should have been a massive fusion of coinciding mental health and substance addiction services. There has not. Yes, there has been an unprecedented pandemic that monopolized most of the healthcare professionals and service providers; however, that did not mean these individuals should have been left behind as they have been. Outreach for mentally ill

and the addicted should not have all but been abandoned.

Coupled with a broken inadequately trained classist and racist NYPD, is a recipe not only for disaster, but a means to fill our jails and prisons to capacity -- primarily with individuals who should not only not be there, but will not receive any true and appropriate individualized care.

Transplantation: The mental health and health providers in our carceral system -- some partnered with Health + Hospitals -- are [INAUDIBLE 01:12:29].

Not everyone has a family and friends who are eternally supportive like I do, even when I fall. Not everyone understands how to or where to receive services. And not everyone is demanding and knowledgeable as to what services I need and how to get them when I need to and choose to. Narcan and fentanyl test kits are a blessing for all of us, but it isn't just Narcan and flyers for the local methadone program. One of my oldest friends, a New Yorker, died of a substance overdose. He self-medicated with heroine for over 30 years as a result of PTSD from sexual abuse, prison, and he was clinically depressed. Yes, he tried to secure a

program that worked for him in New York time and time again, but most were inadequate and simply handed him some methadone and sent him on his way. He was, as many others, needed services for individuals with a dual diagnosis, tripled, but that's not a thing. However, the programs that would have provided this are few and far between. Had there been legal open consumption sites, and he and thousands of others like him may have been saved. Not only would they be able to consume in a legal, safe place, but there would have been access to appropriate harm reductions programs.

With all of this said, I urge the city to provide a massive infusion of mental health and addiction health services and outreach. There are people willing to provide outreach despite the highs and lows of COVID.

In conclusion, I urge Health + Hospitals to seek their own humanity and to help these people before it's too late -- before we have another jam packed Rikers Island or another situation like the closing of Willowbrook.

Thank you, and thank you for your time.

COMMITTEE COUNSEL: Thank you, Eileen.

Uh, I do see that Council Member Williams has her hand raised, and we can turn to you for questions.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER WILLIAMS: Thank you. I know that the administration [BACKGROUND NOISE] [INAUDIBLE 01:14:25] so wondering if you have information of how the city is adjusting phenomenon of The Corrections Department also bearing the brunt of the lack of inpatient hospital beds. And if you don't have the answer, and/or if you do have the answer, I would like for us in The Committee to also ask the administration that. I don't believe I have heard too many questions on the lack of hospital beds for patients who really need inpatient care.

COMMITTEE COUNSEL: Okay, I see that Dr. Barron is still on, and he unmuted himself, so Council Member Williams, I think he will probably be able to answer or try to answer part of your question.

DR. BARRON: I will actually probably have to get back to you.

COUNCIL MEMBER WILLIAMS: Okay.

CHAIRPERSON LEE: Uhm, but, just, Eileen, I don't know if you can hear me, but I just wanted to personally say thank you for your testimony and

sharing that, because I think you highlight so many of the issues that we are seeing. And that is one of my pet peeves as well as, you know, again, as you said, thankfully you do have the Medicaid coverage, but there is so many others that don't have the insurance and don't get the services that they need. And, oftentimes, I just said this on the panel I was on yesterday, that I do think that public safety is downstream to mental health. Meaning if we're talking about mental healthcare overall, I do think that we will see a betterment in the, you know, public safety that we're seeing. And, it's, you know, there are parts of it that are related, but other parts that are not. And, so how do we make sure that we're not using Rikers and the prison system as a way to care for the mentally ill. Right?

So, I just wanted to thank you for that.

EILEEN MAHER: [NO AUDIO]

CHAIRPERSON LEE: Oh, sorry, I think you're muted. But, we have your testimony. I'll definitely try to see if we can reach out afterwards. Thank you.

COMMITTEE COUNSEL: Thank you, uh, I do see that Council Member Paladino has her hand raised. Council

Member, you can go ahead when the sergeants call time.

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER PALADINO: I want to echo... Good afternoon, everybody. I want to echo what Linda did say, and I want to thank the panel for today's discussion. But, before I run out of time, uh, Eileen, you are extremely brave. And it encouraged me tremendously to say what I'm about to day.

I, like you, know people who have gone through the system and have suffered terribly through self-medication and going to Rikers and spending some time there.

But, here it is, quite frankly, to have 50 psychiatric beds per one 100,000 people, is absolutely ludicrous. That is part of our problem. Now in the 2000, we had 6,000 some odd beds, inpatient psychiatric beds. By 2018, that number dropped to 5,400.

This is a city that has over eight million people living in it. We have all talked about the increasing depression and anxiety and mental health. We have facilities that need to be reopened. We have facilities that need to be occupied and spend the

money the proper way. There are 20,000 empty beds waiting in these different state hospitals -- and city run hospitals -- that can be reopened and funds allocated the proper way. These people do not belong in prison. These people belong with the proper healthcare. And, I know dealing with the nonprofits that I've seen come through this door, there is one nonprofit that hits me really, really hard, and I would like everybody to start to consider this, TSI they're called -- Transitioning in New York. And, Linda, I am going to talk to you about this organization. They have been around since the 1970's, and the people that I am referring to, Eileen, also have been through the 70's, the 80's, and I understand exactly what you're going through, and I think that... (CROSS-TALK)

SERGEANT AT ARMS: Time.

COUNCIL MEMBER PALADINO: there are other ways to do this. And, I'd like to see us put our city funded and our state funded dollars... Because, according to Hochul and what she has put aside, is somewhere in the vicinity of $550 million. Okay? It says it right here in the papers that were given out to us today. I've highlighted them, but because I only get

two minutes, and my two minutes is up, I would like us all to take a look at this, and I believe it's on page three and page four and page five and page six. So, if everybody would take a look, I'd appreciate that very much. We have got to get these people the help they deserve and the help that they need.

Thank you, Eileen, thank you Linda, thank you, everybody for participating today, and thank you for having me.

COMMITTEE COUNSEL: Thank you, Council Member Paladino.

Seeing no additional hands raised and no additional questions, I would like to now invite testimony from Dr. Ruth Gerson followed by Karen Remy, and then Brett Waters.

Dr. Ruth Gerson, you can go ahead when the sergeants call time.

SERGEANT AT ARMS: Starting time.

DR. GERSON: Thank you, can you guys hear me okay?

Okay, well, thank you so much for having me. As Senior Vice President for Mental Health Services at The New York Foundling, I am so honored to have this opportunity to testify before these two committees.

The Foundling has extensive experience in working with both the state and the city mental health agencies, and we have been a leader in providing evidence based treatments, treatments that work, for youth and families.

Also, I have to apologize for my voice, I have COVID. So, I don't sound very good. I apologize if I am unclear.

When children and youth are experiencing mental health symptoms that impact escalates quickly. Children miss school. Parents miss work. Entire families are stressed, and this worsens the child's symptoms, leading to a rapid and spiraling crisis.

The solution is twofold: First is prevention, second is treatment. Advances in science have shown us that risk for mental illness and substance use disorders is laid down in early childhood, rooted in adversity and trauma. Prevention programs that screen for, prevent, and treat are early diversity, trauma, and risk factors have tremendous impact on a child and family's trajectory. These programs should be embedded in prenatal and primary care, pediatrics, foster care, and schools. Our treatment services should also be embedded in family and community and

should include effective, evidence based, and trauma informed care.

The Foundling is one of the few providers of family based, evidence based mental health treatments for children and families, and this the kind of treatment that families want. In our family based treatment programs, more than 75% of families complete treatment successfully -- compared to the city's largely individual therapy oriented programs, where up to 90% of trauma exposed youth terminate treatment early.

So, how do we achieve broader access to family based and evidence based treatment?

First, as Chair Lee said in her opening remarks, clinic reimbursement is just not sufficient to support this kind of work, and nor do current or proposed increased rates for CFTFS and HCBS services. Clinic based CFTFS and HCBS services are further hindered by different eligibility and enrollment processes, different systems for documentation, requirements for duplicative treatment planning, individual [INAUDIBLE 01:21:40] and family based care management, divisions in the adult and child systems

that prevent family based care, and lack of sufficient workforce.

Second, we need investments in intensive and specialized services for high acuity youth. But, these should also be evidence based programs...

(CROSS-TALK)

SERGEANT AT ARMS: Time.

DR. GERSON: that let kids stay in their home schools, such as The Foundling's Partnership to improve community health outcomes or PICO Programs, which is an evidence based treatment program that reduced ER visits and hospitalizations to save more than $12 million in insurance costs and tax payer dollars over the life of the program.

And, third, as many have said, so I won't repeat it, we need investment in workforce with salaries, COLA increases, training support, that allow clinicians to build careers in the public sector rather than being forced to choose between mission driven work and supporting their families and having to flee to better paid private practice jobs.

Thank you so much for your attention to this important topic. I will happily answer any questions. Thank you for this opportunity to speak.

COMMITTEE COUNSEL: Thank you, Dr. Gerson.

Seeing no hands raised, I would like to now move on to calling on Karen Remy to testify, followed by Brett Waters, and then Lilya Berns.

Karen, you can go ahead and when the sergeants call time.

SERGEANT AT ARMS: Starting time.

KAREN REMY: My name is Karen Remy, and I am the Clinical and Community Services at Director at Greenwich House. Thank you to Chair Lee, Chair Abreu, and fellow city council members for this opportunity to testify.

Since Greenwich House was founded in 1902, we have been committed to addressing the needs of children, families, older adults, and individuals working to overcome life's challenges through arts, education, senior services, and health services.

In 1969, when we first opened our methadone maintenance program, it was one of the first programs of its kind in New York City. Today, we effectively treat 1,000 opioid dependent individuals every year.

Greenwich house MMTP, provides harm reduction and recovery services, which are designed to meet the needs of the individual by customizing care to their

specific circumstance. Our services enhance quality of life, diminish the symptoms of opioid dependency and withdrawal, foster connection with the community, and save lives by helping to prevent overdoses.

MMTP provides the highest quality of care to opioid dependent individuals and extends our treatment services to families who are impacted by substance abuse.

Greenwich House applauds this bill to create the Nightlife Opioid Antagonist Program to help prevent opioid overdoses in nightlife establishments and urges this council to adopt it.

Overdoses have risen dramatically over the course of the pandemic -- you that already -- I will skip that.

After doing this work in the community for 50 years, we know that harm reduction tactics are our best solution to addressing the tragic trend by increasing access to Narcan kits and training to administer it. This bill would undoubtedly save the lives of recreational drug users in nightclub settings that tend to attract younger demographics. But, New Yorkers of all ages and backgrounds are being impacted...

SERGEANT AT ARMS: Time.

KAREN REMY: by rising overdose rates and deaths.

Additional investments in harm reduction interventions in a range of settings including other businesses, and in residential settings would go a long way.

[COUGHING]I thank you for this opportunity to testify. And, I'm sorry about that, I've been talking all day.

COMMITTEE COUNSEL: Thank you, Karen. Seeing no hands... (CROSS-TALK)

CHAIRPERSON LEE: [INAUDIBLE 01:25:21]

COMMITTEE COUNSEL: Go ahead?

CHAIRPERSON LEE: I was just going to say, good news is that the council staff read every single word of all of your testimony, which is good.

COMMITTEE COUNSEL: Thank you, Karen.

Uh, seeing no hands raised, we will now move to testimony from Brett Waters, followed by Lilya Berns, and then Lisha Luo Cai.

Brett, you can go ahead when the sergeants call time.

SERGEANT AT ARMS: Starting time.

BRETT WATERS: Good afternoon, Council Members, thank you so much for this opportunity today.

I will try to keep this pretty brief. This is a bit of a longer term, but also I think very significant issue for the city to engage in, you know, really starting now.

Given the enormous challenges that we hear, uh, financially with current access to mental healthcare, uh, and the financial burden that is placed on the nation, the state, the city and that costs and spending keep going up, but outcomes are just not getting any better, I mean, we really are going to need drastic changes to the system of care.

And, so it's why I wanted to flag there is a bill that my organization, Reason for Hope, is running in Connecticut right now to fund an extended access program for MDMA and psilocybin - assisted therapy. It would create a pool of funding to incentivize providers to be able to go through the administrative burdens of setting up the expanded access program with the knowledge that this treatment that would be very expensive and not covered by insurance at first, is going to have patients who will actually be able to pay for it.

And qualifying patients will be those from underserved communities, uh, and in Connecticut, it's also veterans, first responders, and frontline healthcare workers.

I think that New York should be doing something similar to also provide the funding needed to start training practitioners particularly in underserved communities.

This is a very new form of mental healthcare that's coming, that's going to require new specialized training. It's going to be a very complex process involving the federal, state, and local governments to get this implemented in to the healthcare system. But, we have been working closely with the... (CROSS-TALK)

SERGEANT AT ARMS: Time has expired.

BRETT WATERS: federal government to start on this process. There should be some announcements coming soon.

And, there is a bill that Assemblyman Burke is running in New York State. I've been working with Assemblyman Gottfried as well, and I think that in the couple months we have left, we can pass a bill similar to what we're doing in Connecticut. And we

would love to have the city, you know, speak up to make this happen in the couple months we have remaining.

So, happy to answer any questions.

CHAIRPERSON LEE: Can you actually send more information on that? Is that okay, if you can send that... (CROSS-TALK)

BRETT WATERS: Yes, happy to. I sent some information to Sara and Cristy yesterday. I'll circulate it [INAUDIBLE 01:28:31]... (CROSS-TALK)

CHAIRPERSON LEE: Awesome, thank you.

COMMITTEE COUNSEL: Thank you, Brett.

Uh, seeing no additional questions at this time, we will be moving to testimony from Lilya Berns, followed by Lisha Luo Cai.

Lilya, you can go ahead when the sergeants call time.

SERGEANT AT ARMS: Starting time.

LILYA BERNS: Hi, good morning, my name is Lilya Berns, I am the Assistant Executive Director of Behavioral Health Services at Hamilton-Madison House. Thank you all for this opportunity to testify.

Hamilton-Madison House is a nonprofit 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, outpatient substance recovery program, a supportive housing program for individuals with severe mental illness in Queens. Our staff are all primarily bilingual, and we are able to provide services in Cantonese and Mandarin Chinese, Korean, Japanese, Cambodian, and Vietnamese.

The large majority of our 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 healthcare is already challenged by a variety of factors from lower utilization rates, because of cultural stigma, to a lack of funding for culturally linguistically competent providers and agencies. As hate crimes targeting Asian Americans continued 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.

In the last two years with the unprecedented need for mental health services, Hamilton-Madison experienced tremendous hardship in being able to provide and keep up with the demand. Not unlike other social services agencies, our workforce has been taxed to the brink; however, we experienced even more hardship in attracting bilingual staff due to limitations of funding streams that would allow us to be competitive as well as offset visa sponsorships to attract international clinicians. Despite those challenges, we did not turn away from our community members, but instead we increased our contacts to provide a counseling crisis therapy and added frequent check-ins, uh... (CROSS-TALK)

SERGEANT AT ARMS: Time expired.

LILYA BERNS: to provide case management as well as concrete services via telehealth, telephonic, and in person services.

To respond to the urgent call to deliver these mental health services to the community, we must prioritize funding and invest in Asian led and Asian serving organizations. Hamilton-Madison House is one of the few agencies who are able to culturally meet and linguistically competently serve the community;

however, we need to really invest, recruit, and retain qualified staff. There needs to be strategies to be put in to place to inform those going into social services that they matter and that serving their community is more than just personally rewarding, where they can also earn a living wage, which allows them to pay off educational loans and invest in their own future. Organizations like ours are mission driven in providing much needed mental health services to the community and require consistent support and funding in order to attract bilingual speaking staff.

As experts on the ground leading the charge in providing culturally competent services, without continued support and funding to the mental health sector, it will only lead to more and deeper crises.

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

Thank you so much.

COMMITTEE COUNSEL: Thank you, Lilya. I do see that Council Member Gutiérrez has her hand raised and we can move to you for questioning. Council Member?

SERGEANT AT ARMS: Starting time.

COUNCIL MEMBER GUTIÉRREZ: Hi, thank you, Lilya, so much for your testimony. I love hearing all of your points about not just language access but culturally competency. As a caregiver of a 71-year-old, I discover that more and more throughout her health journey it has become increasingly important to not just speak the language technically, but to also really come from a place of empathy, and I like that you highlight culturally competency.

I would like to learn a little bit more about, uh, and maybe it's not the space, but I do just appreciate just everything you have done, and I would like to learn a bit more about... sorry crying baby... uhm, I would like to learn a little bit more about what the kind of average interaction is with one of your patients, uh, what are some the issues that you think were the most paramount, especially during the pandemic, and we wanted to highlight how you were able to switch to, I guess, remote care for

your patients during the pandemic, and what were those challenges like?

Thank you.

CHAIRPERSON LEE: I think Lilya needs to be unmuted so she can answer.

LILYA BERNS: Thank you, great.

Thank you for that question. Uh, so during the pandemic, one of our challenges has to been to be able to... Well, many of clients, uh, they preferred telephone instead of tele-mental health platforms, because many of them are not able to one, navigate the platforms, but also they have limited funds to be able to access these devices. So, telephonic therapy services have been the preferred method during the pandemic. I think many of our community members experience deep, deep fear, you know, not only because of the stigma to access care, but also, due to COVID, they are... (CROSS-TALK)

SERGEANT AT ARMS: Time expired.

LILYA BERNS: deeply afraid out, uh, just to get, you know, basic needs such a food, uhm, to, you know, get much needed items.

And, so many of our clients are afraid to come out of their homes, uh, they have difficulty

assisting their family members who are elderly. Uh, and so, our challenge has been one, providing the devices to access to care, but also, uh, be able to reach them.

COUNCIL MEMBER GUTIÉRREZ: Thank you, and I would love to connect. I know your time is up, but I would love to connect if we can for through committee staff to help, uhm... (CROSS-TALK)

LILYA BERNS: Absolutely, yes... (CROSS-TALK)

COUNCIL MEMBER GUTIÉRREZ: because I know that [INAUDIBLE 01:35:28] serving any folks in my district. So, thank you, and thank you, Chairs.

CHAIRPERSON LEE: Thank you.

Council Member Gutiérrez, I would personally attest, Hamilton-Madison is an awesome organization. They do such amazing work. So...

LILYA BERNS: Thank you, Chair Lee, thank you.

COMMITTEE COUNSEL: Thank you, we will now turn to testimony from Lisha Luo Cai.

Lisha, you can go ahead when the sergeants call time.

SERGEANT AT ARMS: Starting time.

LISHA LUO CAI: Okay, can you guys hear me? Okay, very good. I want to thank... (CROSS-TALK)

SERGEANT AT ARMS: Yes.

LISHA LUO CAI: I want to thank Chairs Lee, Abreu, and council members of both committees for holding this hearing and giving the Asian American Federation the opportunities to testify on the mental health needs of our community and our mental health service providers.

I am Lisha Luo Cai, Advocacy Coordinator at AAF, where we proudly represent the collective voice of more than 70 member nonprofits serving 1.5 million Asian New Yorkers.

This conversation on mental health is coming at a critical time. Recent surveys we have done with our small business communities and our senior serving organizations and their clients, highlight the dramatic needs for mental health care in our community.

Our survey report we published late last year about Asian small business owners has 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, reported that mental health and social isolation were either "important" or "very important", and our mental health providers are stretched thin to meet the demands.

Our member organizations have continuously demonstrated that they are experts in providing the services most needed. And we're making tangible progress towards addressing mental health accessibility in our communities including the first ever Asian mental health directory that went live on Asian American Federation's website with a searchable database of providers providing mental health services in 17 Asian languages across all five boroughs.

Mental health service delivery in the city's most diverse community is notoriously difficult. More than 20 Asian ethnic groups are represented within our community, speaking dozens of languages.

The shortage of linguistically and culturally competent mental health practitioners, 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.

The city and state must do a better job of aligning funding with the intricacies of providing mental health and broader service support to our most vulnerable communities... (CROSS-TALK)

SERGEANT AT ARMS: Time expired.

LISHA LUO CAI: One of our member organizations doing incredible work to provide mental health services in our community is Hamilton-Madison House -- who just spoke just before me.

AAF's recommendations are to provide increased, consistent investment in Asian mental health organizations, to build bilingual and culturally competent staff capacity and expertise to address the increased needs of clients with severe mental illnesses, as well as implement preventive measures where possible; develop the capacity of Asian serving community based organizations to identify mental health needs, and provide nonclinical interventions, as well as develop a workforce initiative that creates a pipeline of Asian mental health professionals skilled in bilingual and culturally competent mental healthcare.

Our CBOs are doing everything they can to address the mental health crisis that afflicts the Asian American community in our city. However, they cannot succeed without help from The Council. And the challenges they face must be top of mind as you consider the state of the city's mental health provision efforts.

We at AAF thank you for allowing us to testify and look forward to working with you all to make sure our communities get the mental health support that they deserve.

COMMITTEE COUNSEL: Thank you.

Seeing no questions at this time, we call on anyone we may have inadvertently missed. Please raise your hands if you have signed up to testify and haven't been called.

Seeing no hands raised, Chair Lee, uh, Chair Abreu, do you have any other questions you would like to ask?

CHAIRPERSON ABREU: I do not.

CHAIRPERSON LEE: No, no further questions.

I just wanted to thank, uh, especially the public for their testimonies today, and of course for DOHMH and Health + Hospitals for being here. Because, I

think, as it was mentioned several times, I think we have such a great opportunity to make some impactful changes across the city when it comes to mental health services. So, I look forward to working with everyone.

CHAIRPERSON ABREU: Likewise, I am very grateful to everyone who testified, thank you again, Chair Lee and to the committee counsel and staff for all your incredible hard work. Now, let's get to work in addressing these critical issues.

CHAIRPERSON LEE: Thank you. Oh, wait, Jayasri, you're muted.

COMMITTEE COUNSEL: We all make that error at some point.

I'd say with that, we will turn it to you, Chair Lee, to close out the hearing.

CHAIRPERSON LEE: Sure, does that require me to gavel? I have to close it out?

Okay, thank you again so much, very complicated issues -- city and state -- but we look forward to working with everyone together, so, thank you.

And, with that, I will close out this hearing.

[GAVELING OUT] [GAVEL SOUND]

C E R T I F I C A T E

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

Date June 7, 2022