

CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON VETERANS JOINTLY
WITH THE COMMITTEE ON MENTAL HEALTH,
DISABILITIES AND ADDICTION

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October 29, 2024
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HELD AT: Committee Room - City Hall

B E F O R E: Robert Holden,
Chairperson for the Committee on
Veterans

Linda Lee,
Chairperson for the Committee on
Mental Health, Disabilities and
Addiction

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

James Hendon
Commissioner of the New York City Department of
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Dr. Lauren D'Mello
Executive Director of Mental Health

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Alicia Kershaw
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Mount Lacy
Self

Dr. Justin Pomeranke
Military Family Center

Sergio Villaverde
Community Board 8

1 COMMITTEE ON VETERANS JOINTLY WITH THE COMMITTEE ON
2 MENTAL HEALTH, DISABILITIES AND ADDICTION 3

2 SERGEANT AT ARMS: This is a microphone check for
3 the Committee on Veterans joint with Mental Health,
4 Disabilities and Addiction. Today's date is October
5 29, 2024, located in the City Hall Committee Room.
6 Recording is done by Rocco Mercedi (SP?).

7 SERGEANT AT ARMS: Good afternoon and welcome to
8 the hearings on the Committee on Veterans and Mental
9 Health. At this time, please silence all electronics
10 and do not approach the dais. I repeat, please do
11 not approach the dais. If you wish to testify,
12 please sign a slip at the back of the room with the
13 Sergeant. Even if you testified online, please feel
14 out a slip. If you wish to testify online, you may
15 do so at testimony@council.nyc.gov. That is
16 testimony@council.nyc.gov.

17 If you need any assistance, please contact the
18 Sergeant and Chair, you may begin.

19 CHAIRPERSON HOLDEN: Good morning. I am Council
20 Member Robert Holden, Chair of the Committee on
21 Veterans. Welcome to our joint oversight hearing
22 with the Committee on Mental Health, Disabilities and
23 Addiction on supporting the families of veterans with
24 PTSD.

25

3 Before turning to today's hearing, I want to just
4 mention that last month's hearing on Civic Engagement
5 where we highlighted the vote campaign by a
6 nonprofit, We the Veterans. This nationwide campaign
7 has successfully enlisted nearly 160,000 veterans and
8 family members as co-workers for the upcoming
9 election on November 5th. This means that around one
10 in ten election workers, a great proportion will be a
11 veteran or a family member of a veteran. That's a
12 testament to the success of and impact of the vote
13 campaign. That's quite an accomplishment it's a
14 national campaign, like I mentioned. So, when you
15 vote, you might have the opportunity to once again to
16 thank a veteran. So let's think about that on
17 November 5th or before.

18 Now, to today's topic which is personal. It has
19 a great meaning to me as the son of a veteran. A
20 recent study has shown that veterans returning to New
21 York State over the past five years are more often
22 reporting symptoms of depression and PTSD than
23 veterans from earlier years. About a quarter of
24 returning veterans report dealing with depression and
25 similarly about a quarter are effected by Post
Traumatic Stress Disorder.

3 So, while approximately one-third of these
4 veterans are receiving some form of mental health
5 care, another 20 percent have yet to receive the
6 mental health services they need. Whether due to an
7 uncertainty about their effectiveness or simply not
8 knowing where to access them.

9 Here in New York City, veterans and their
10 families have access to free mental health services
11 through NYU Langone's Military Family Center but not
12 every eligible veteran knows this resource is
13 available. A recent 60 minute segment highlighted
14 the impact of Post Traumatic Stress Disorder on the
15 families of veterans and I saw that, I don't know of
16 you've seen it but if you can get a chance, it was
17 Scott Pelly's piece. Underscore the challenges
18 children and spouses face, often becoming hidden
19 helpers by taking on care giving roles at a young
20 age. Sometimes dealing with their own depression,
21 anxiety and even suicidal thoughts. You know I
22 really hope you can all see that. I highly recommend
23 this powerful segment available on You Tube as it
24 really shows the unseen struggles of military
25 families, and I'll speak to my personal experiences.
My father came back and I told this story many times

3 but each time it does bring back a very, very hard
4 memory of my dad coming back from World War II and
5 obviously he - you know he fought in the Philippines.
6 A very tough campaign. He was in the medical unit
7 and uh I only learned; he never spoke about his war
8 record and I learned this from my uncle who served
9 with him. That's how my father and mother met
10 through my uncle and my uncle served in the
11 Philippines and they were in the - like I said they
12 were in the medical unit and my uncle told me later
13 after my father passed, how many people, how many
14 soldiers died in my fathers arms?

15 My father, he told me was the greatest person he
16 met but he said you never met your real father
17 because he suffered from Post Traumatic Stress
18 Disorder undiagnosed. And the reason why we're doing
19 this hearing and I did just bring this up to the
20 Committee Counsel and I said, you have to see the 60
21 Minutes piece because it really resonated with me.
22 It was like I was looking at myself.

23 The only - I had three other siblings who were
24 all effected by my dad's Post Traumatic Stress
25 Disorder. My father never received the help from the
VA. It was a daily roller coaster living at home.

3 In fact, my older brother left home in high school.

4 He attended high school in Buffalo to get out of the

5 house. My sister got married at 20 to get out of the

6 house. My brother, my younger brother was never

7 home. He stayed out on the streets as late as he

8 could. I had to help my mom because my mom had to do

9 everything in the household. My father couldn't hold

10 a job. We often didn't have any money. We, because

11 of my father, he was obviously he suffered from

12 alcoholism. This is all tough to talk about but -

13 because it brings back such terrible memories. And

14 the fact that I got married at 21 to get out of the

15 house too, we can look back. We can look back but

16 Post Traumatic Stress Disorder does effect family

17 members and I am Exhibit A. Because it was a

18 horrible, horrible life living that daily stress. It

19 wasn't my dad's fault. I thought it was. I thought

20 it was. Why can't this guy function? Why can't he

21 be a father? Why doesn't he talk to me like Leave it

22 to Beavers dad? Which we all looked on the TV, if

23 you don't know what that show was but it was a you

24 know an early sitcom.

25 But we had role models on TV but I didn't have

that dad. I didn't have a father that spoke to me.

3 I didn't have any of that but it effected every
4 family member including my mom. Who suffered
5 cerebral hemorrhage in her 40's because of the stress
6 and we thought we were going to lose her.

7 To say that we can't do anything for the families
8 or we don't know, nothing was done for those veterans
9 by the way coming back from World War II and from
10 Vietnam and from Korea. Really very little was done.
11 We didn't understand anything about Post Traumatic
12 Stress Disorder but it's passed down to generations
13 by the way. If you don't believe it, it's
14 continuing. Each family member suffers because of a
15 dysfunctional person but the government and I
16 remember going down with my mom, we pleaded with the
17 VA and I would tell the stories. Only when I got
18 older and I could argue better did we finally get, he
19 got 100 percent disability but that was two years
20 before he passed.

21 So, it really didn't help the family. We were
22 left to fend for ourselves and let me tell you, I
23 felt guilt when my dad died because my uncle pulled
24 me aside and said you know Bob, you were very tough
25 on your dad. You don't understand what we went
through. You don't understand the horrors that we

3 seen and he told me about the hand to hand combat,
4 which I could never imagine. He told me about how
5 many soldiers died in my dad's arms, like I mentioned
6 before. He says, you don't recover from that if
7 you're a human being. You don't recover from that.
8 Losing so many friends. Losing so many men and you
9 kind of blame yourself sometimes. He said, we blamed
10 ourselves because we couldn't get the necessary help
11 to them in the battlefield.

12 I can't imagine fighting in the war. I still
13 can't but I could just see what it did to my dad and
14 the fact that my uncle said you never met your real
15 dad, it hurt and I carry that with me but being Chair
16 of this Committee is at least something I could do
17 for veterans to make up for that because I didn't
18 understand. There's not a day that goes by that I
19 don't feel guilty about how I spoke to my dad, how I
20 treated him. I wanted him gone. I really did. I
21 wanted him out of this house. I said I can't take
22 this guy anymore. He would talk all night, keep us
23 up all night. I had to study for school, he would
24 pace the floors. He would bang things. This was a
25 constant, daily event.

3 So, I understand what the families are going
4 through and probably many are suffering now as we
5 speak but we can try to address this. So, I'm going
6 to introduce my colleague Linda Lee, who is Chair of
7 the Mental Health Committee. This is a very
8 important topic though. I think - we're trying to
9 get funding more from the city on this issue and
10 that's my goal before I leave the Council but I just
11 want to mention to Committee Staff that prepared
12 today's hearing, John LaRosa to my right, our
13 Legislative Counsel, Regina Paul who is downstairs
14 right? She's coming back up she's at the conference
15 and Ross Goldstein, our Financial Analyst and I want
16 to thank my Chief of Staff also Daniel Kurzyna who is
17 somewhere, somewhere here.

18 So, I'll turn it over to Chair Lee to give her
19 opening statement.

20 CHAIRPERSON LEE: Thank you so much Chair Holden
21 and thanks for always sharing your story and bringing
22 light to this important issue and I think this is
23 actually our third joint hearing actually with Mental
24 Health and Veterans Committee, which I think is a
25 record. I don't know about the last Council was but
I'll just say I think it's a record and I have to say

3 it's always great because especially when it comes to
4 mental health, you know trying to be a voice for the
5 voiceless and speaking up on behalf of marginalized
6 communities is definitely I think where both of our
7 hearts are and its been really great and a learning
8 experience for me every time we have joint committees
9 with the veterans because even I still remember our
10 first hearing that we had in 2022 about the veterans
11 treatment courts. And that was such a fascinating
12 thing for me to learn about and a lot of lessons we
13 heard there with the peer supports and how that's so
14 much more needed, which I see the resources here is
15 amazing. So I just want to thank you all for being
16 here today.

17 Sorry, I went a little off script but yes, so
18 thanks for joining us today for the hearing on
19 supporting the families of veterans of PTSD. Today's
20 hearing shines a necessary light on the often
21 overlooked mental health challenges faced by the
22 families of veterans. While we frequently discuss
23 the mental health impacts of PTSD on vets, the toll
24 it takes on their loved ones, spouses, partners,
25 children deserves equal attention. Families not only
support their veterans but also become secondary

3 victims of the trauma dealing with anxiety,
4 depression and even PTSD symptoms themselves.

5 This hearing is part of a larger initiative that
6 the Council has undertaken to address mental health
7 across all communities. Last year, as part of the
8 Council's ongoing mental health roadmap, we passed a
9 package of bills focused on expanding access to
10 mental health services for veterans. I was proud to
11 sponsor Local Law 38 of 2024, which ensures that
12 comprehensive information on available mental health
13 resources is distributed to veterans and their
14 families across the city.

15 These efforts are part of our continued push to
16 ensure that every family knows where to find help and
17 we know that this is an ongoing challenge, which we
18 will continue to try to help with but there is more
19 work to be done and the stories we've heard from
20 military families, children who have become
21 caregivers and spouses who take on the emotional
22 weight of PTSD, highlight the gaps in care that
23 persist.

24 As we listen to today's testimonies, I hope we
25 can identify further opportunities to collaborate
with the Department of Veteran Services and other

3 agencies to close these gaps and expand support. I
4 look forward to hearing from our witnesses today and
5 working together to ensure that no family is left to
6 navigate these challenges alone.

7 And just on a separate note, I will say coming
8 from the nonprofit sector, we did a lot of caregiver
9 programs, whether it's caregivers of cancer patients,
10 caregivers of mental health, you know having someone
11 with your family that lives with severely mentally
12 illness diseases and I have to say, it really does
13 take a toll on the family and often times their
14 support is overlooked. And so, looking forward to
15 today's topic.

16 I would like to take a moment also to thank my
17 own staff, members of the Mental Health, Disabilities
18 and Addiction Committee Staff, who work so hard to
19 prepare this hearing. And of course we have Sara
20 Sucher on my left who is on our Committee, so thank
21 you so much for preparing and I'll hand it over back
22 to Chair Holden.

23 CHAIRPERSON HOLDEN: Thank you Chair Lee. We
24 have Council Members that joined us, Abreu, Hanif,
25 Nurse and Bottcher. Thank you and I'll turn it over

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3 to our Legislative Counsel to administer the oath to
4 witnesses from the Administration.

5 COMMITTEE COUNSEL: Would you all please raise
6 your right hand? Do you affirm to tell the truth,
7 the whole truth, and nothing but the truth in your
8 testimony before this Committee and to respond
9 honestly to Council Members questions?

10 PANEL: I do.

11 COMMITTEE COUNSEL: Thank you. As a reminder to
12 all of our witnesses, please state your name prior to
13 your testimony for the record.

14 JAMES HENDON: Thank you. James Hendon,
15 Commissioner at New York City Department of Veteran
16 Services. Before I begin, Chair Holden, what's your
17 fathers name again sir?

18 CHAIRPERSON HOLDEN: I'm sorry?

19 JAMES HENDON: What is your fathers name again?
20 Your father's name? Your dad? Your dad? Your dad?

21 CHAIRPERSON HOLDEN: Oh, I'm sorry. I really
22 need the ear piece but it's Joseph, Joseph Amel
23 Holden.

24 JAMES HENDON: And what is your mom's name sir?
25 What was your mom's name?

CHAIRPERSON HOLDEN: Oh, Ann.

3 JAMES HENDON: Listen, I just want to say thank
4 you.

5 CHAIRPERSON HOLDEN: Are you going to look them
6 up or?

7 JAMES HENDON: No, I just wanted to call his name
8 out as far as him being a veteran.

9 CHAIRPERSON HOLDEN: Thank you.

10 JAMES HENDON: Just as a military family member.

11 CHAIRPERSON HOLDEN: Thank you for asking. I'm
12 sorry, yeah.

13 JAMES HENDON: You know, I just want to recognize
14 Joseph and Ann. Same thing for our Council Member
15 Nurse. I know you're military also, you and your
16 family, I just want to say thank you. So, I just
17 want to say that. Sorry.

18 Good afternoon Chair Holden, Chair Lee, Committee
19 Members and esteemed stakeholders. My name is James
20 Hendon. I am honored to serve as the Commissioner of
21 the New York City Department of Veterans' Services.
22 I'm accompanied today by Dr. Lauren D'Mello, our
23 Executive Director of Mental Health, Jason Loughran,
24 Senior Advisor of Intergovernmental Affairs. I also
25 got Ellen Greeley, our Assistant Commissioner for
Partnerships joining us.

3 Today, we're here to address the challenges
4 families face when supporting veterans with Post
5 Traumatic Stress Disorder, PTSD and to discuss
6 strategies and resources DVS has developed to assist
7 these families, as well as additional resources
8 required to better serve them.

9 I want to start by panning back just talking
10 about these things in a broader way. We deeply
11 appreciate the Council's attention to the needs of
12 families affected by the mental health challenges
13 faced by Veterans, including PTSD. Living with or
14 caring for a Veteran who has PTSD can have
15 significant emotional, psychological, and even
16 physical impacts on family members. A recent RAND
17 study, commissioned by the New York Health Foundation
18 provides important insights. More than 60 percent of
19 New York State Veterans has a disability, and roughly
20 one out of four surveyed have probable depression or
21 PTSD. Nearly one in five, 17 percent have both.
22 This study based on responses from 1,225 New York
23 State Veterans discharged from military service
24 between January 2018 and January 2023, also revealed
25 that almost 60 percent of those Veterans are married

3 or partnered, underscoring the extensive reach of
4 PTSD's effects on loved ones.

5 On a national level, according to the National
6 Center for PTSD, approximately six percent of
7 Americans are expected to experience PTSD at some
8 point in their lives. Comparatively, roughly seven
9 percent of US Military Veterans will experience PTSD
10 at some point in their lives. However, this rate,
11 the proportion that will experience PTSD at some
12 point in their lives can be significantly higher
13 among veterans with direct combat experience. Such
14 as those who served in Vietnam ten percent, Desert
15 Storm twenty-one percent, and Operations Iraqi
16 Freedom and Enduring Freedom twenty-nine percent.
17 The National Center for PTSD highlights how PTSD can
18 manifest in ways that challenge even the most
19 resilient families. Veterans may be easily startled,
20 have disturbing nightmares, or avoid social
21 situations, behaviors that can strain family
22 relationships and lead to feelings of isolation.

23 Children of Veterans with PTSD are also at risk
24 of being indirectly impacted. Studies suggest that
25 these children may be more prone to behavioral
issues, challenges in school, and difficulties

3 forming relationships with peers. Parents report
4 seeing their children as more anxious, aggressive,
5 and prone to sadness or hyperactivity than those
6 whose Veteran parents do not have PTSD. Some
7 research also indicates a correlation between PTSD in
8 a parent and an increase risk of domestic violence,
9 though it is essential to note that most Veteran
10 households do not experience domestic violence.

11 It is crucial for family members to be able to
12 recognize PTSD symptoms and encourage their loved
13 ones to seek help through the VA or a mental health
14 provider knowledgeable about military culture.
15 Family members and children themselves can benefit
16 from therapy sessions with culturally competent
17 providers to help manage the stress and emotional toll
18 that PTSD may create with a family.

19 A key takeaway here, these issues are important
20 to our community but we must avoid a victim-hero
21 narrative. Do not infantilize us or assume as soon
22 as you see a US Military Service Member past or
23 present, or a member of their family, don't assume
24 that they are broken. The PTSD rate in veteran
25 community as a whole, remember seven percent, have
experienced PTSD at some point in their lives is

3 similar to the PTSD rate in the entire country, the
4 same rate for America, six percent. Likewise, the
5 levels of depression in the Veteran community as a
6 whole, as mentioned, twenty-five percent of Veterans
7 in New York State have experienced PTSD or
8 depression, is similar to the levels of depression in
9 the nation. According to a 2023 Gallup study, 29
10 percent of Americans have experienced depression at
11 some point in their lives. So, the first issue is
12 just about victim hero to call that out.

13 The next one I want to talk about is the need for
14 blast exposure research. I would also like to bring
15 attention to a related concern that holds a strong
16 correlation with PTSD in Veterans, the impact of
17 blast exposure. Panning back, military personnel,
18 construction workers, police, firefighters,
19 commercial fishermen, industrial farmers, miners,
20 auto mechanics, prisoners, domestic violence victims,
21 and contact sports athletes are often exposed to
22 blasts. Examples of blasts are: the firing of a
23 weapon, operation of heavy machinery, proximity to
24 demolitions, explosions or crashes, and violent
25 physical contact. All of these blasts release
various forms of energy. For instance, overpressure,

3 radio frequency, infrasound, piezoelectricity. One
4 or more blast energies is suspected to impact the
5 brain. While research has shown that there is a
6 correlation between these blasts and negative brain-
7 related behaviors, for example, increased incidents
8 of suicide, little is known about causation.

9 Scientists have yet to pinpoint which energies of
10 those released are doing the damage and the exact
11 ways in which these energies affect the brain.

12 The mechanisms through which blast energies cause
13 brain damage are poorly understood. This hinders our
14 ability to prevent, measure, or treat said injuries
15 effectively. Research into identifying the types of
16 energy involved, their specific impacts on brain
17 function, and reliable biomarkers for brain health is
18 urgently needed. Such research would improve our
19 ability to assess injuries and ultimately develop
20 protective measures that can mitigate the effects of
21 these exposures. This will potentially benefit
22 millions of individuals in at risk populations. If
23 we can solve what leads to many mental and behavioral
24 issues upstream, then we can reduce the number of our
25 brothers and sisters and their families, whom we will
need to assist downstream. As a society, we largely

3 focus on the symptoms of blast exposure and treating
4 those symptoms from a mental health standpoint. From
5 an engineering standpoint, we need to study and
6 mitigate the cause.

7 Now to mental health and support for Veteran's
8 Families. To better address PTSD and the complex,
9 interconnected mental health needs of our Veterans
10 and their loved ones, including spouses, children,
11 caregivers, and survivors. DVS has prioritized
12 military family outreach and support. We have
13 collaborated with our city partners and utilized New
14 York City's rich network of community mental health
15 and social service providers to create a robust
16 support system for military families.

17 The Military Family Advocate program MFA, to
18 expand our outreach and engagement to military
19 families, DVS partnered with NYC Public Schools to
20 create the Military Family Advocate Program. This
21 effort aims to have one military family liaison in
22 every public school, giving principals the option to
23 designate a staff or faculty member for this role.

24 The Military Family Advocates receive training on
25 military culture, how to identify military families,
26 how to engage with them to understand their needs,

3 connect them to DVS care coordination and work within
4 their school community to reduce the stigma around
5 military service members. The pilot program in
6 Staten Island saw 55 public schools opt-in,
7 identifying 242 military families. Building on this
8 success, we're now expanding citywide, onboarding
9 schools from more boroughs and reaching military and
10 veteran families in the largest public school system
11 in the nation. Details can be found at
12 nyc.gov/vetmfa.

13 Expanding Family Resources: DVS has diligently
14 worked to expand our resources to consider all
15 aspects of military life and the challenges that may
16 arise throughout. In Lieu of a universal approach,
17 we have diversified our offerings to encompass
18 various mental health care modalities. In addition
19 to traditional talk therapy, we offer support groups,
20 the reconsolidation of Traumatic Memories, RTM
21 Protocol, Yoga, and Holistic Health Care, Peer to
22 Peer support, Animal and Wilderness Therapy, and
23 various specialized care. We have also expanded
24 family resources to include programs that support
25 children's mental health and developmental needs,
such as connecting families to after school programs

3 and community resources such as the Girl Scouts of
4 America and Boy Scouts of America, the Department of
5 Youth and Community Development. We also partner
6 with NYC Public Schools' Special Education Service to
7 ensure a continuum of care for military families that
8 are either in bound to or have recently arrived in
9 New York City.

10 DVS also promotes resources for comprehensive
11 women's care. In addition to resources for mental
12 and primary health care needs, we promote cancer
13 screenings and breast imaging, fertility and
14 reproductive care, and maternity supports. We
15 utilize the array of programs and services to support
16 victims of intimate partner violence and substance
17 use disorders and other addictions. We recommend
18 numerous socialization, fitness, food, and mental
19 health programs to our elderly veterans through the
20 NYC Department for the Aging. We work closely with
21 community partners such as New York Presbyterian's
22 Military Family Wellness Center, NYU Langone Military
23 Family Center, Blue Star Families and Goldstar Wives.

24 Details can be found at nyc.gov/vetparents,
25 nyc.gov/vethealth, and nyc.gov/ventmentalhealth.

3 The National Center for PTSD offers a wealth of
4 resources to help families better understand Post
5 Traumatic Stress Disorder, including an informative
6 guide that is available at ptsd.va.gov. They've also
7 created the PTSD Family Coach app, which offers
8 valuable insights on supporting a loved one with PTSD
9 and tips for self-care. This app is accessible on
10 both Apple and Android devices and serves as a
11 valuable tool for family members to better understand
12 PTSD and locate supportive resources.

13 To make these mental health resources easily
14 accessible, we have created several one page
15 documents featuring QR codes that link to VA Mental
16 Health Resources, Peer Support Resources, and
17 Counseling Services. These resources are available
18 for download on our website at nyc.gov/vetwellness.

19 Peer Support and Community-Based Programs: DVS
20 has issued an RFP for proposals for the PFC Joseph P.
21 Dwyer Peer Program, designed to promote socialization
22 and connectivity among Veterans and their families
23 through arts, culture, health, and outdoor
24 activities. This program is rooted in the belief
25 that peer-to-peer support can be a first step for
many Veterans to engage with the community, fostering

3 a sense of belonging and well-being. We have
4 encouraged elected officials to promote this funding
5 opportunity within their districts to broaden program
6 outreach. The deadline to apply for the Dwyer
7 Program has been extended to Monday, November 25th at
8 2 p.m.. Details can be found at nyc.gov/vetdwyer.

9 In partnership with Operation Warrior Shield, DVS
10 is also helping to recruit Veterans for a promising
11 therapy known as Reconsolidation of Traumatic
12 Memories Therapy or RTM Therapy. RTM Therapy was
13 developed by Dr. Frank Bourke and his innovative
14 treatment has shown effectiveness in reducing PTSD
15 symptoms within just four sessions, conducted
16 virtually or in person.

17 For Local Laws, Mental Health Programs, and
18 Military Cultural Competency: Following the
19 enactment of Local Law 39, which requires DVS to
20 submit an annual report on the mental health services
21 provided to Veterans by city agencies, DVS has begun
22 collecting critical data across New York City
23 government relevant to programs and services our
24 Veterans' and their families are utilizing. Local
25 Law 39 provides DVS a level of collaboration and

3 awareness relevant to the unique needs of Veterans
4 and their families, like never before.

5 Additional DVS Programs: One, Veterans Mental
6 Health Coalition: This coalition brings together
7 researchers, advocates, clinicians, and organizations
8 monthly to discuss mental health issues affecting
9 Veterans. These meetings foster collaboration and
10 allow DVS to stay informed of developments and
11 potential partnerships that could benefit the Veteran
12 community.

13 Mission Vet Check: Launched in 2020, this buddy
14 check wellness calling program helps veterans with
15 issues such as food insecurity, housing and mental
16 health. In the lifespan of Mission: Vet Check, DVS
17 has collaborated with volunteers to conduct more than
18 40,000 calls, 16,000 of which occurred during the
19 last fiscal year. The programs has connected
20 Veterans to necessary services and served as a
21 critical support link in times of need. More details
22 can be found at nyc.gov/vetcheck.

23 Get Covered NYC Vet: In partnership with the
24 Mayor's Public Engagement Unit, this program assists
25 Veterans in navigating health coverage options,
including the New York State of Health, VA and

3 Tricare systems. Healthcare enrollment can be a
4 complex process, and this initiative connects
5 Veterans with specialists who can help them select
6 the best coverage option, factoring in both civilian
7 and military healthcare eligibility. To learn more,
8 please visit nyc.gov/coverednycvet.

9 Recommendations for New York City Council

10 Support: We're grateful to the Council for enacting
11 legislation that connects Veterans, caregivers,
12 families, and survivors with mental health resources.
13 The Mental Health Roadmap Legislation, which outlines
14 evidence-based solutions to improve mental health
15 outcomes, enables DVS to strengthen community-level
16 prevention services and raise public awareness about
17 the mental health programs available.

18 Recently enacted legislation includes: Local Law
19 37 of 2024: Local Law enhanced and expanded the
20 collection of demographic data about Veterans.

21 Local Law 38 of 2024: Optimized community
22 outreach and engagement on mental health resources
23 for Veterans.

24 Local Law 39 of 2024: Establishes an annual
25 report on the provision of mental health services by
city agencies to Veterans.

3 And Local Law 40 of 2024: Facilitates an online
4 resource tool and pamphlet for Veterans. To
5 complement the great work done historically, when it
6 comes to new initiatives, we encourage the Council to
7 consider the following:

8 Dwyer Program Amplification: Council members can
9 help broaden the reach of the Dwyer Program by
10 promoting its application deadline, now extended to
11 November 25th, within their districts. Once again,
12 details can be found at nyc.gov/vetdwyer.

13 Coordination with City Council funded Veterans
14 Efforts: We recommend the Council requires all
15 entities that receive Schedule C funding for Veterans
16 events or services provide details about said
17 activities with DVS, to DVS so that we may amplify
18 their work. This will enhance coordination, expand
19 outreach, and maximize the impact of every Veteran
20 focused dollar the Council spends.

21 Veteran Indicator Question on Constituent Forms:
22 Adding a Veteran Indicator question to all Council
23 constituent intake forms, that is, the forms that you
24 use when meeting constituents you serve in your
25 office, would support data sharing, help connect more
Veteran and military families to resources, and bring

3 more of our brothers and sisters and their loved ones
4 out of the shadows.

5 In conclusion, thank you for this opportunity to
6 discuss the mental health challenges faced by
7 Veterans and their families. DVS is committed to
8 providing supportive services that empower Veterans
9 and their loved ones to thrive and we appreciate the
10 City Council's ongoing partnership in achieving this
11 goal. We're here to answer any questions you may
12 have.

13 For more information on DVS's mental health
14 resources, please visit nyc.gov/vetmentalhealth or
15 engage VetConnect NYC at nyc.gov/vetconnect. You can
16 call DVS at 212-416-5250, email us at
17 connect@veterans.nyc.gov, visit our website
18 nyc.gov/vets and follow us on social media using the
19 hashtag@nycveterans.

20 Lastly, if you or someone you know is
21 experiencing a mental health crisis, please contact
22 the Suicide and Crisis Lifeline at 988. Members of
23 the Military and Veteran community can reach the
24 Veteran Crisis Line by dialing 988 and pressing 1.
25 Thank you.

3 CHAIRPERSON HOLDEN: Thank you Commissioner and I
4 just want to - I'll ask a few questions, then I'll
5 turn it over to my colleague Linda Lee and then
6 obviously Council Members. And this is like uh, this
7 is not an exact science but obviously, you
8 identified, you said well, the Veterans don't
9 experience PTSD higher than the normal population
10 really essentially. I don't know how we measure
11 that, so I'm skeptical a little bit about that
12 because you know it depends on; I know I speak to
13 Vietnam vets a lot because that's my age group and
14 uhm, you can see - I can see they have issues, many
15 of them that I guess that some of them don't admit or
16 don't know it that they're experiencing issues.

17 JAMES HENDON: I guess it's on the testimony, so
18 it's looking at the entire Veteran community and then
19 it's looking at folks who have been in combat. And
20 so, the entire Veteran community, we're looking at
21 seven percent, the entire Veteran community. But
22 when you look at Vietnam, you know as far as those
23 Vietnam Vets who experienced combat you have ten
24 percent. When you look at those desert Sheild,
25 Desert Storm Vets, you know those who were down
range, you're looking at twenty-one percent and we

3 look at the Operation and During Freedom Iraq and
4 Freedom, those who have been in theory, who have
5 gone, you're looking at twenty-nine percent. So, I
6 think that's the nuance Mr. Chair as far as when we
7 look at the entire Veteran community, but when we
8 look at these subcomponents as far as our combat
9 veterans. I want to kind of tease that out.

10 CHAIRPERSON HOLDEN: Yeah, other than what you
11 mentioned, can you provide an overview of how DVS
12 connects Veterans and their families to mental health
13 services, particularly those dealing with PTSD
14 through resources like Vet Connect? And how does
15 this get to the veterans, these pieces that you gave
16 us? How does that get to veterans?

17 JAMES HENDON: For us, a lot of it is there's the
18 in person piece and other folks add to this, there's
19 an in-person aspect as far as different events where
20 we may have [INAUDIBLE 00:33:37] and then there's
21 also the virtual events or things that we are
22 promoting online and things that we push out on
23 social media. There's also going on offense as far
24 as sending I know that we regularly will send
25 materials to our various community board offices to
as far as getting things in their hand, so they know

3 what's going on. So, we just use different
4 modalities to try to get this stuff down range Chair.

5 CHAIRPERSON HOLDEN: And how many database of
6 Veterans in New York City? How many Veterans are on
7 that list do you know off hand?

8 JAMES HENDON: For us, we have over 135,000
9 Veterans contact information as far as New York City
10 Vets.

11 CHAIRPERSON HOLDEN: So for you to do a mailing
12 is impossible?

13 JAMES HENDON: It's a financial piece. We're
14 doing everything outside of something that is costly
15 to try to hit this, so yes.

16 CHAIRPERSON HOLDEN: Right, so that's the
17 question. We could reach a lot more if you had the
18 budget. If you had even one mailing and I know it's
19 an issue but I think you know we've been trying to
20 come up with creative ways to do that but you know
21 you said you do outreach and you know you go through
22 you inform the spouses or partners, children, other
23 family members of Veterans about mental health support
24 available to them. Do we have a number of how many
25 actually take advantage of those programs? I'm
talking about the spouses or family members.

3 JAMES HENDON: We'll get back to you on that. I
4 can tell you our numbers of Veteran families and
5 military families touched. If you look at our MMR
6 numbers they've gone up but when it comes to teasing
7 out exactly those who are in that family bucket,
8 we'll get back to you with those answers Mr. Chair so
9 we can give you the exact response -

10 CHAIRPERSON HOLDEN: Yeah because I always say
11 that the city's great on programs, they're just bad
12 on communications and this is one thing that I think
13 we could actually help so many New Yorkers,
14 especially Veterans but family members. If you saw
15 that 60 Minutes report, the reason why it resonated
16 with me because it mentions that one family member,
17 usually like for me, you know it was - I had to take
18 charge of the family at the age of 11 years old
19 essentially. Which was - it all fell on me and it
20 got to a point where I couldn't take it anymore. You
21 know so it got to a point where I was ready to just
22 like to get out, everything and just wanted to leave
23 home. My brothers and my sister did. I couldn't do
24 it because I couldn't leave my mom but we have to
25 identify those children because like I said, it could
be passed down a generation. I happened to luck out

3 because I met a woman that saved me but there are so
4 many people, so many members of families that fall by
5 the wayside and especially, it always falls on one
6 child usually. I mean I've noticed it and I talked
7 to people that went through the similar and many of
8 us went through it being children of World War II of
9 people returning.

10 So, we all experienced it. My wife experienced
11 it very differently but she experienced probably a
12 lot more stress than I did. Being you know she was
13 born in Japan. She came to the United States as a
14 Japanese American post World War II. Try to imagine
15 what that was like with all the propaganda against
16 the Japanese, which my dad experienced. You know
17 when he found out I was going to marry a Japanese
18 American, he hit the ceiling, wouldn't come to my
19 wedding and wouldn't talk to me.

20 So, this is what happens but it came from war.
21 It came from war and it continues. So, for us as a
22 city to not try to reach out to family members,
23 children of veterans who suffer serious post
24 traumatic stress disorder, we know who they are. We
25 know who many of them are. They did reach out. They
are suffering but I don't know if we're reaching

3 them. I really, I can't - we might be doing a small
4 percentage but we can't say that we're ahead of the
5 game here.

6 JAMES HENDON: I agree with you. You know when
7 you speak, earlier you said you know, you've got
8 families who have anger towards the military who
9 don't want to identify. That's a whole other aspect
10 of this. There's so many things and I just want
11 level set. At almost every hearing we always say
12 this. The most recent data we have as far as self-
13 identification is the VA's Gross Domestic Expenditure
14 Report, it is in the nation it's 34.3 percent of all
15 veterans self-identify nationwide. It drops down to
16 29.8 percent in New York State. It drops down to
17 24.1 percent New York City. And so, we're dealing
18 with, how could I even know who that family member is
19 if I've got a Veteran not even coming home in that.
20 That's one piece of this.

21 Another piece of it is, you have some families
22 who have anger in them from that experience being in
23 that household and who you know even if we do what we
24 can to try to get them to come out of the shadows,
25 they are reluctant to because of you know I watched

3 what it did to my brother. I watched what it did to
4 my father. I watched what it did to my son etc.,

5 I just want to add too Mr. Chair, you talked
6 about outreach we're trying to do, you know it's no
7 secret, we're not the richest agency in city
8 government, I just want to call that out. What we've
9 been trying to do is leverage all of our partners
10 including you, as far as our elected officials, to
11 get the word out to our veterans.

12 What you'll see from us in the coming weeks is we
13 finally got no place we can cut up all of our data,
14 so that we'll be able to tell all of the City Council
15 members, hey, here are the Veterans. We know of the
16 135,000 that we are tracking. Here are the ones we
17 know who are in your district. We'll be able to do
18 that for Council, for the Assembly, for the Senate as
19 far as New York State Assembly members. We have New
20 York State Senators etc., also with Community Boards.
21 And so, these are agreements that we've been working
22 on for months now to get to a place where between all
23 of us, if everyone is constantly reaching out to
24 these veterans, at some point, there will be enough
25 touches where our people and their families will come
into the light. So, I just want to call that out

3 because it all comes back to identification,
4 identification, identification.

5 CHAIRPERSON HOLDEN: Right, by the way we've been
6 joined by Council Member Paladino, Ariola, and
7 Marmorato. We've got everybody, right? Okay. Just
8 to uhm and you know I've been trying to get extra
9 funding for RTM as you know and uhm, you know there's
10 so many programs and the thing I like about RTM, it's
11 relatively cheap. It's about four to five sessions.
12 It has promising results and we'll hear, I think
13 we'll hear from Dr. Burk later but you know the
14 challenges that we face obviously is just reaching
15 veterans but also it's probably another level of
16 reaching the families. So, you know tell me what the
17 VA - I mean you probably know this and we probably
18 spoke about this before but I just want to know the
19 steps. After a Veteran is discharged, especially and
20 I know you know Veterans that were in combat. What
21 special counseling do they receive from the VA right
22 away or from let's say the army if they were in the
23 army, navy. What happens when they're discharged?
24 Who talks to them? Who counsels them?

25 JAMES HENDON: I'm going to defer to Ellen and
Lauren to go a little further on this but I'll just

3 say my experience, its you got to deal with the
4 stigma first of you know, do I want to answer that
5 question that said that something did happen and then
6 have to go through whatever additional traps etc..
7 So, you got folks who were missing at the gate with
8 that when it comes to the transition point and trying
9 to reach out to anyone to normalize help seeking
10 behavior. I think that's lacking on the defense side
11 of things. And so, I think that when we - you know
12 you have the Transition Systems Program but you
13 really - you've got to put that hand up and say, "I
14 need help." But it's a culture that does not promote
15 that as far as on the defense side before they even
16 become Veterans. So, I think that we're dealing with
17 that as well but I want to defer to Ellen and Lauren
18 to add anything to that.

19 ELLEN GREELEY: Hi, so a couple of things that
20 happened is that uhm, Veterans are being encouraged
21 to sign up with the VA as soon as possible. I think
22 that's a little bit of a difference but during your
23 transition assistance program, they are being very,
24 very much encouraged to do that.

25 Now, I would say that one of the ways to maximize
that is to encourage veterans to get their disability

3 ratings because that translates into real dollars and
4 cents with the veteran and that's another way to go
5 about in terms of diagnosis and obviously the higher
6 the rating, the more money that you get. So, I think
7 that that's an important piece, an incentive for
8 veterans to register with the VA. And what they're
9 also being encouraged to do, so even if they are not
10 going to take advantage of VA benefits upfront, at
11 least in the long term, they may very much need to do
12 that again for disability benefits in the long term
13 for their health conditions.

14 CHAIRPERSON HOLDEN: But if you could tell me, I
15 mean I don't know again, I would love to have the VA
16 here but if you can tell me what - let's say the
17 army; I was in combat and I get it. Do you sit with
18 a mental health professional when you leave the
19 service?

20 JAMES HENDON: You'll be asked questions. Are
21 you going to answer the questions? It does not - you
22 know that's the issue, you know when we're talking
23 about on the veterans stuff, we're talking about the
24 actual service, I'm army, I've been at Iraq and
25 Afghanistan. It's you know you have these questions

3 but are you going to answer that stuff in that
4 juncture?

5 CHAIRPERSON HOLDEN: I get it but is there an
6 attempt I'm saying from whether you know it's the
7 service organization or the VA? Is there an attempt
8 to really sit down with a medical professional? I
9 mean that should be a prerequisite for leaving the
10 service shouldn't it? Where if you were in combat
11 and you've seen and it doesn't even have to be
12 combat, it could be training but you're being
13 discharged. You are in the service years and you
14 were through some stressful situations let's say,
15 shouldn't that be automatic? That not just filling
16 out a form. You know, not answer because you said
17 they may not want to admit it or they might not even
18 know it. How many people who with Post Traumatic
19 Stress Disorder know that they have it?

20 JAMES HENDON: Yeah, all I can say is that
21 there's the whatever the procedure and the policy we
22 try to put in place but then there's the brass task,
23 a culture that does not promote help seeking behavior
24 and so in this culture, even if I put you in front of
25 someone, you're going to you know maybe check you
know everything is okay. You're going to say

3 whatever you got to say to kind of get out of having
4 a real conversation. Like that's at play here. But
5 that's you know, just my take just as someone whose
6 gone through this.

7 Yeah, you add anything? That's Jason.

8 JASON LOUGHRAN: Yeah, thanks Commissioner.

9 Thank you Chair for the question. I just want to add
10 that to the Commissioners point, to your specific
11 timeframe for which you're framing the question, as a
12 service member, some are really eager to get out.
13 They're kind of excited. They're on cloud nine that
14 they're starting this new chapter of their life. So,
15 just like us all, you know our mental health
16 challenges comes in waves. Sometimes I'm feeling my
17 best. Sometimes I'm not. During that period where
18 they are transitioning out I think there's a lot of
19 optimism in that moment, in that transition period.
20 So, that's why it's so important for our staff and
21 for our operations to continuously ask the PHQ9 and
22 GAD7, so no matter what engagement or timeframe we're
23 speaking to somebody, these questions come up so we
24 can gauge their anxiety and depression level. So,
25 even if they don't necessarily think it themselves,
but the results of those assessments gives us a

3 greater idea of like, is this person dealing with
4 minor depression right now? Maybe they don't even
5 know that they're dealing with major depression and
6 this is just a coping mechanism that they've been
7 using to keep going. So, to your question Chair,
8 when you're asking these questions, when we are
9 engaging with these service members to give them
10 these resources to inform them of what options they
11 have to serve themselves, we have to continuously
12 keep pushing because you never know when that person
13 is going to actually opt into having that discussion
14 as the Commissioner just said. But at the time of
15 transition, it's a little bit difficult because there
16 is so much optimism around getting out of the
17 military.

18 CHAIRPERSON HOLDEN: Right, I just uh I'll turn
19 it over to my colleague in a second but I'll just
20 tell you living with somebody with post traumatic
21 stress disorder, what set him off? And I'll go over
22 a couple of things in his life. He got married in
23 1946. I was born in '51, so by the time like let's
24 say five years into the marriage, he had three kids
25 and in the next year, my dad had four kids. He
bought a new house and then the Department of - he

3 worked for the Department of Agriculture. They moved
4 to Chicago and they said, you just bought a house but
5 you're going to have to move to Chicago to keep your
6 job. So he had a mortgage. That set him off. He
7 stopped functioning because his life was disrupted to
8 the point where four kids, a mortgage, losing his
9 job, having to move away from his family to go to
10 Chicago. So just these hurdles. So after he got
11 another job, still life kept coming at him. So, you
12 get to a point and the VA nothing. There was nothing
13 from the VA forever. It was like 50 years before we
14 got eventually help but it was too late. But there
15 was no - again, my uncle told me he didn't like the
16 army. He said the army, my uncle had a different
17 perspective on things but he didn't exhibit the same
18 things my dad did because they were different people
19 and they were in the same battles. They were in the
20 same situations. So, my uncle could function, my dad
21 couldn't.

22 So, we get to a point where anything in life that
23 throws you a curve and we all face hurdles in life,
24 everybody has but it affects people with Post
25 Traumatic Stress. I learned that because I saw what
would make him drop out. You know even though we,

3 sometimes we got him on treatment. It never - he
4 could never hold it because he saw too many horrors
5 and like I said, the only people, the only person
6 that ever told me of the horror was my uncle after my
7 father passed.

8 So, the fact that he never got the treatment.
9 The fact that the Vietnam Vets didn't get the
10 treatment, you would think we'd learn a lesson that
11 there would be somebody, a mental health expert
12 interview everyone and then sit down and try to give
13 them some treatment and it could be a situation of
14 finances, money for this but this is we're investing
15 in peoples lives here.

16 So, what it did was we had a chain reaction where
17 family members and I have a short fuse because I
18 experienced that. I experienced like I had to
19 correct things in the family at 11 years old and I
20 had to carry that through until my father passed and
21 then only that and did I learn something here. So,
22 this is uh you know we really need to push for mental
23 health treatment from this Council but not only from
24 the Council but the VA on a federal level.

25 I'll turn it over to my colleague Council Member
Lee.

3 JASON LOUGHRAN: Mr. Chair is there any way I can
4 just say something in response to that, is that okay?

5 CHAIRPERSON HOLDEN: Yeah.

6 JAMES HENDON: First of all, we've got to keep
7 checking in with folks throughout their lives. You
8 know and so that's what we're trying to do, to try to
9 get into the muscle memory of constantly reaching out
10 to these Veterans to check in. Because in that
11 situation you spoke of with your father, we don't
12 know what he would have said at first when he was
13 first getting out but we know there were issues that
14 came up later. So how do we do what we can to keep
15 checking in on folks? That's why we do things like
16 Mission Vet Check, other activities like that.

17 So, I just want to call out one piece. Another
18 thing to say too is this is - this victim hero thing
19 is serious in that we don't want to scare people off
20 if we just infantilize them or automatically approach
21 them as though we think they're crazy. We think
22 something's wrong. You know we've got to do these
23 things with care and so in all of these interactions
24 with our brothers and sisters, it's got to be done in
25 a way where folks don't feel like yeah, I'm going to
stay away from them because they right away assume

3 I'm a certain way. They've got these assumptions.
4 And so that's kind of uh, it's you know both things
5 are true at the same time.

6 CHAIRPERSON HOLDEN: Alright but the fact that
7 this city has - we do a - we put a lot of money into
8 not-for-profits. We put a lot of money to programs
9 and the fact that we can't put in a minimal amount to
10 try to reach Veterans who are damaged. Let's face
11 it, they go through a situation that is very
12 stressful that we can never imagine. I can't imagine
13 not being in combat but I could just imagine, just
14 looking at film of what they went through in the war.
15 Having you know, I mean you look at World War II. I
16 always look at World War II footage because its I
17 just can't imagine charging you know landing on a
18 beach and then having you know rounds come at you at
19 all different directions and then seeing your buddies
20 die. That, just that one incident for one minute
21 would affect obviously most of us. To go through
22 that for years, that has to be so important that we
23 counsel people on mental health because we didn't
24 know it back then. I mean they called it everything
25 from shell shock, they had all these names for it but
they're humans and again, this needs to be treated

3 seriously. And the fact that this Council won't fund
4 minimal programs is a disgrace.

5 JAMES HENDON: Questions bigger than the Council
6 Mr. Chair, bigger than the state of the country. Do
7 we as a country want to pay the full cost to be right
8 by our Veterans? Do we as a country want to pay the
9 full -

10 CHAIRPERSON HOLDEN: We don't. We haven't. We
11 don't and the fact that there are homeless Veterans
12 and they don't have - they have to sleep in a
13 congregate shelter, that's ridiculous. That is and
14 that's certainly a black mark on this country. The
15 fact that we did this. We put these men through this
16 and women through this and we're not helping them to
17 our fullest extent. You're doing what you can but
18 it's not a coincidence that you're the smallest
19 agency. That's a testament to how we're treating our
20 Veterans but let me turn it over to my Chair, my Co-
21 Chair sorry.

22 CHAIRPERSON LEE: Sure and I just want to
23 recognize really quickly before I start, we're joined
24 by Council Member Mealy on Zoom. Actually, what is
25 your overall agency budget again?

3 JAMES HENDON: Yeah, it's \$6.14 million. \$6.14
4 million breaks out to \$3.9 million personnel, \$2.2
5 million for non-personnel.

6 CHAIRPERSON LEE: Okay, got it, got it and then
7 out of that, how much of the funding is actually used
8 towards programs and services and then so let me take
9 two steps back. So, going along with your theme
10 Chair Holden about data and tracking folks, because I
11 know this is a big theme at a couple of our previous
12 hearings where it's just so difficult to track and
13 keep sort of accountability in terms of the folks
14 that come in and out through the system with our
15 veterans. And so, you know and one of my biggest pet
16 peeves is sort of the uhm silos in different city
17 agencies and how sometimes we're not working enough
18 with the resources that we have and we're not being
19 efficient with dollars that are available.

20 So, there are some things you highlighted in your
21 testimony that I actually want to ask about in terms
22 of how that is helping get to that goal and if it's
23 giving - contributing rather, to the increase in
24 families. Because I'm assuming that we're seeing an
25 increase in families in the system that are coming
through.

3 JAMES HENDON: We're seeing an increase but for
4 us, it's still teasing out who as far as those folks.
5 Like, who are the families, we're still working to
6 tease that part out Madam Chair.

7 CHAIRPERSON LEE: Okay and then uhm, so going
8 back actually because I was excited to hear more
9 about this program, the Military Family Advocate
10 program. So, this is in public schools and so can
11 you just go a little bit more into is it mostly high
12 schools, elementary schools, how many total? I think
13 it's 55 public schools now.

14 JAMES HENDON: I'm going to defer to Dr. Mello
15 and that's just one district. I know we're in three
16 districts right now but I'll defer to Dr. D'Mello on
17 this.

18 CHAIRPERSON LEE: Okay and just also if you could
19 speak to how that's been working with DOE.

20 DR. LAUREN D'MELLO: Sure, so we partnered with
21 DOE last year to pilot the Military Family Advocate
22 program. That program aims to implement one liaison
23 military family liaison in every school. Last year
24 we piloted strictly with Staten Island and the
25 schools have a voluntary - uhm they can opt in
voluntarily. So, 55 schools opted in and we were

3 able to outreach 242 military families. This year we
4 extended our program to all districts, all schools.
5 We're still in the process of onboarding. We have
6 onboarded four districts and slowly principals are
7 voluntarily opting into the program. So, there's not
8 a final number for this year as we're still opting in
9 schools.

10 CHAIRPERSON LEE: Okay and who are the advocates
11 that are being placed in the schools? Is it sort of
12 do they get training? Are they folks with lived
13 experience? If you could speak to that a little bit.

14 DR. LAUREN D'MELLO: Yeah, so the Military Family
15 Advocate can vary from schools. These are already
16 staff members. They can vary from being parent
17 advocates, guidance counselors, assistant principals.
18 It's really dependent on who the principal sees best
19 to fill this role.

20 CHAIRPERSON LEE: Okay got it, so it could be
21 already current staff members within the schools as
22 well, okay and hopefully they're trained to handle a
23 lot of the delicate situations that -

24 DR. LAUREN D'MELLO: Yeah, the majority of the
25 roles, they have relationships with the community,

3 with the school staff. So, they're really well
4 positioned to serve as a Military Family Advocate.

5 CHAIRPERSON LEE: Okay awesome and sorry, I'm
6 just skipping around. Can you actually - so in terms
7 of expanding the family resources, so I know that you
8 offer different types of let's just say information
9 on breast cancer screenings, like you mentioned and
10 other health resources. So, is that an intentional
11 partnership with DOHMH. If you could talk a little
12 bit more about what that looks like, not just with
13 those types of services but in general with mental
14 health services with DOHMH.

15 DR. LAUREN D'MELLO: Yes, we have an ongoing
16 relationship with DOHMH where they share our programs
17 with us and in turn, we share our programs that we
18 have that we offer our Veterans. We also provide
19 trainings for their programs, how to access them, who
20 they're available for and we provide military
21 cultural competency to their various programs. We
22 have trained multiple city agencies. We've trained
23 the Office of Mental Health from the State, Mobile
24 Crisis, the ACT team, private partners. We have a
25 training tomorrow, a virtual training for open seats
for 500 participants on Veterans mental health. If

3 you attend, it's one free continuing education
4 credit.

5 So, we have ongoing trainings. We feel like
6 although we have the mental health organizations that
7 specialize in Veterans mental health, often times
8 they aren't coming to us. The city is staffed with
9 so many mental health providers that if you have a
10 child whose suffering from mental health, they're
11 going to the school first. They're going to their
12 primary care provider first, their pediatrician
13 first.

14 So we feel that it's more effective to train
15 these providers on military cultural incompetency to
16 make them all a part of our network.

17 CHAIRPERSON LEE: Okay. And then in that same
18 vein, where are you guys getting the curriculum for
19 the training programs? Is that something that comes
20 through the VA or is it something you guys have
21 developed? If you guys could just speak to that a
22 little bit and also, you mentioned the ACT team,
23 because I know that for those of us that don't know,
24 I know that there's so many outreach teams. Some are
25 with EMS. Some are with DOHMH. Some are city, some
are state level. Some are with the homeless

3 services. So, it's very sort of separate but each
4 have their own functions and I just wonder if you
5 guys are all working with the different outreach
6 teams that are going out there and trying to identify
7 some of the homeless services and the folks that are
8 out there that need further help.

9 DR. LAUREN D'MELLO: Yeah, so we partner with a
10 lot of the organizations that involve themselves in
11 mental health and social service programs and we
12 bring back their expertise and that's how we develop
13 programs. They contribute their expertise and with
14 their particular population. So homeless veterans,
15 we took from them. Military, sexual, trauma
16 trainings, we pulled the best from that. So, I feel
17 like we work with our providers to provide the best
18 training with their expertise.

19 CHAIRPERSON LEE: Thank you and then if they do
20 need other further supportive services, what does
21 that look like in terms of your referral hand off?

22 DR. LAUREN D'MELLO: Can you say that again? I'm
23 sorry.

24 CHAIRPERSON LEE: Oh, so if you guys are helping
25 some of the families and the Veterans and the family
members of Veterans, if they need further assistance

3 or help that is sort of much more complicated, then
4 what does that referral system look like between
5 agencies and what does the hand off look like?

6 DR. LAUREN D'MELLO: So, when we have that needs
7 a higher level of care, we sit down and we have a
8 consultation with them. I can give you an example of
9 that. Last week, we had a Veteran through the
10 Military Advocate program reached out to their
11 Military Family Advocate. Through an unfortunate
12 series of deaths, 75 years olds now was responsible
13 for a 10 year old child. They didn't really
14 understand how to take care of this child. They
15 needed food resources, so we were able to connect
16 them to the Girl Scouts of America. Various staff to
17 programs, food resources, and so I feel like working
18 with the different partners, we're able to fill in
19 multiple gaps and provide more of a whole health
20 model to fully support the Veteran and their family.

21 CHAIRPERSON LEE: Nice and then really quickly,
22 do you guys have direct connections in relationships
23 to the nonprofit organizations that are providing
24 these other supportive services?
25

3 DR. LAUREN D'MELLO: Yeah, in multiple ways. A
4 lot of these organizations are part of Veterans
5 Mental Health Coalition.

6 CHAIRPERSON LEE: Yeah, okay got it.

7 DR. LAUREN D'MELLO: And we just try to have
8 regular communication to be up to date on their
9 programs.

10 CHAIRPERSON LEE: Okay, awesome and just in terms
11 of the peer support and community based programs
12 because you know I'm definitely a huge, huge fan of
13 these types of programs and I feel like they're very
14 impactful and effective, and just wondering what's
15 the overall funding that you have available for these
16 programs and services?

17 DR. LAUREN D'MELLO: We don't have funding. What
18 we have is we have collaborations. So, for example,
19 we just did a very large event at Yankee Stadium and
20 we collaborated with blue star families. Blue star
21 families themselves are for a number of different
22 types of peer to peer type of programs. Also, the
23 American Red Cross has a big survivors network type
24 of program, a peer program. We have a lovely lady in
25 our office who participates in the American Red Cross

3 Survivors Network. So, those are two examples of
4 peer to peer for families in that regard.

5 JAMES HENDON: I just want to add as far as the
6 Dwyer program too, as far as funding that we have to
7 support that.

8 DR. LAUREN D'MELLO: Yeah.

9 JAMES HENDON: So, for the Joseph P. Dwyer
10 program annually it's right now it's at \$416,000 per
11 year received from the state to push out for that
12 program. That's when we really encourage folks to
13 apply at nyc.gov/vetdwyer. The purpose of that money
14 for us is to put it in the hands of groups that are
15 doing things on the ground to normalize help seeking
16 behavior amongst Veteran and military families and
17 so, that's an annual piece from the A to localities
18 budget.

19 CHAIRPERSON LEE: And then for the other programs
20 would you say that even though there's no funding
21 perse in it and you guys are collaborating with
22 coalitions, is it fair to say that you all are the
23 ones coordinating it or are there other nonprofits or
24 folks that are taking the lead and then you provide
25 support?

3 ELLEN GREELEY: So, we've been taking the lead in
4 creating a lot of these events. We do a very large
5 event at City Fields with the Mets. We're hoping to
6 do another one. We also did the Yankee event. We
7 did a wonderful Women Veterans event in June. So,
8 you know again, with our money, minimal money. We're
9 pretty good at again collaboration. What we do is we
10 also invite a lot of the nonprofits as well as the
11 city agencies to table. So, it becomes like a
12 resource fair extension in that regard.

13 JAMES HENDON: Sorry Councilwoman but just to be
14 clear, we are not as you know from our agency, we are
15 not like a clinical staff so to your - to answer your
16 question. Most of our partners are coming to us with
17 either a grant they received or a program through
18 their funders that they feel compelled to bring to
19 our attention so that we can help them amplify that
20 program. And if there's opportunities for us to
21 partner with them as Ellen said and kind of amplify
22 that message. We certainly do that.

23 I just want to add one other thing too. The
24 unique thing that we bring to this in my opinion
25 Madam Chair is data. Like we have a better handle on
26 who our Veterans are and how to reach out to them,

3 what their contact information is and we can amplify
4 things as far as if a partner has something they're
5 doing and they want us to spread the word, we do
6 that. At the same time, just being able to - if we
7 have anything that we can push you know to just let
8 Veterans and Military Families know. I feel like
9 data is the thing that we can deliver so we can try
10 to identify more of our people.

11 CHAIRPERSON LEE: Great. I just want to
12 recognize we've been joined by Council Member Cabàn
13 and thank you so much actually for the
14 recommendations to the Council. Just in terms of
15 very practical things that we can do for example, the
16 Veteran Indicator question on our constituent forms,
17 I think that's something that you know if we can put
18 into practice would be great, especially for all 51
19 Council Members and hopefully we can figure out a way
20 to then coordinate and you know with you all and your
21 agency and give that data back.

22 So, those are very helpful so I just want to say
23 thank you for those recommendations. And uhm, just
24 really quickly before I pass it on to my colleagues
25 is uhm, you know have you seen more challenges either
in the cultural and linguistic aspects as you know we

3 have Veterans that are serving in much more various
4 diverse communities and coming from different
5 backgrounds and if that's the case, how have you been
6 adjusting your approach to those families?

7 JAMES HENDON: I'm going to make a comment and
8 I'll pass it to Lauren and Ellen. When we look at
9 our Veterans, you know the - what is it? 71 percent
10 of our Veterans are 55 or older so we have a lot of
11 folks who are in Vietnam era in pride of that and
12 that's where we got rid of the draft in 1973. And
13 so, you've got a different population. If you look
14 from that older group of Veterans, when you fast
15 forward to what we have now, we're now, this era of
16 Veterans as far as like Jason and I, you've got a
17 smaller military where we put more on that military,
18 using contractors to do things that used to have
19 service members do. So, you got contractors doing
20 things that would be considered you know jobs that
21 are not in harms way let's say. You also have
22 technology doing more as well. And so, with those
23 factors, when you look at today's force, active duty
24 and guard reserve because I'm a Reserve right and I
25 can tell you we get it as well. You just got more
and more strain if you will, a more the load being

3 put on this young group of veterans and just about
4 being able to calibrate between the older Veterans
5 who are a majority but may not have as much wear and
6 tear, for lack of better words. But then also
7 looking at our younger Veterans who are a growing
8 group that has its issues. And then I have to point
9 out that our women Veterans, that's the fastest
10 growing demographic as well. That a number of
11 Veterans, women's Veterans, in a two year period or
12 so we saw like 3,500. It was an increase in our
13 number of women Veterans even though our Veteran
14 population is declining overall, our women Veteran
15 population is increasing. So, being sensitive to
16 those needs.

17 CHAIRPERSON LEE: Thank you and I'll pass it back
18 to Chair Holden. Thank you so much.

19 CHAIRPERSON HOLDEN: Thank you Chair. Just ask a
20 general question then I'm going to turn it over to
21 some of my colleagues but your experiences and it
22 could be anyone on the panel. What programs in
23 mental health are working the best? Especially for
24 families that you know because we mentioned; I
25 mentioned RTM and I did experience success with a
family member, two family members that went on RTM,

3 thanks to Dr. Burk and it did, it helped them. But
4 what are the promising treatments, whether it's
5 meditation or any other programs that you can point
6 to that we should be investing in for our Veterans?
7 Especially the families to.

8 ELLEN GREELEY: It's very hard to pick one
9 program. Depending on the situation and the
10 circumstance, they can all be very effective. Some
11 work better for separated families, others work
12 better with younger children, some work better with
13 older high school children, if it's a group setting.
14 So, I think it really varies but they could all be
15 very promising depending on the circumstance.

16 CHAIRPERSON HOLDEN: I know but how do we measure
17 outcomes here because if we're going to keep
18 investing into programs for mental health, we have to
19 find out which ones are working the best. Meaning, I
20 know it's hard to track but that needs to be measured
21 somewhat so we could money where it's most needed,
22 where it had the most success. I know it's tailored
23 to the individual person but there are programs that
24 have a tremendous amount of success and this hearing
25 is on families. So, I really want to - you know we
ask how many families are enrolled in programs. The

3 Commissioner says he is going to get back to us on.

4 But I'd like to - how are we measuring outcomes? How
5 do you measure outcomes? You know in programs; how
6 do you know which ones are working? Which ones need
7 to be - we have to invest more in? I mean we need to
8 start thinking about that.

9 DR. LAUREN D'MELLO: Yeah, I would say that we
10 should be checking with our colleagues at Columbia
11 Presbyterians Military Family program also, NYU's
12 program. I think we need to go to the experts in
13 terms of understanding that better. Northwell Health
14 has a very interesting relationship with Northport VA
15 and they have a behavioral health family institute
16 out Bayshore Long Island. I think if we talk to
17 those experts, they could probably give us a better
18 understanding of success with outcomes.

19 CHAIRPERSON HOLDEN: Yeah, we did have a hearing
20 where we had some Veterans who came back and said
21 this program's working, that program's working. They
22 like this. They like that. We're going hear from
23 advocates but I'd like to at least in government, I
24 think if we could somehow and DVS could generate this
25 maybe in a questionnaire. When the person is
enrolled, that there's a follow up, a questionnaire.

3 I don't know if they're going to fill it out or
4 somebody needs to sit with someone but we need to
5 start to get some feedback. And I know you said that
6 it's the nonprofits but we have them, they came to us
7 and they told us about certain programs but we didn't
8 really talk about families, that's what I'm saying
9 here.

10 JAMES HENDON: So, to the Council's credit, I
11 think Local Law 39 is going to help us get at this.
12 I mean and so we're looking forward to being able to
13 get all that data from all the various agencies, all
14 the mental health offerings in the city and then
15 report back, so I think that's going to be a big one.
16 And I just want to flag that you know we do have our
17 2024 Military Veteran Community Family Survey where
18 we've gone through the survey phase, now there's a
19 focus group phase of that, so hoping that maybe those
20 results give us something that could be of value to
21 answer this Mr. Chair. That's a very good question.

22 JASON LOUGHRAN: And Mr. Chair, I'd also like to
23 add that you know we were one of I think maybe the
24 most earlier doctors of care coordination in the city
25 with Vet Connect NYC and we're fairly familiar with
case management and the social workers who utilize

3 different programs to track different metrics for
4 efficacy and things and we will just - I would like
5 to bring to attention that much of these wonderful
6 pieces of technology, one that we're working on right
7 now where we're relaunching Vet Connect is wonderful
8 but ultimately it comes down to the personnel who is
9 utilizing the software and who are collecting that
10 information and putting it into the software first to
11 reach those outcomes. Given today's climate, you
12 know the number of people who need the mental health
13 services, sometimes the demand and the case loads of
14 these social workers are very large.

15 And so, to collect the data, it is more of a
16 question of are we investing in the case workers and
17 the people who are on the ground talking to these
18 people every day.

19 CHAIRPERSON HOLDEN: Exactly.

20 JASON LOUGHRAN: Because that's really where it's
21 going to occur. Technology could be wonderful but
22 are we you know do they have sustainable wages to
23 keep them in that position, are they traded
24 accordingly.

25 CHAIRPERSON HOLDEN: Yeah but that's what I
mentioned before with when you're discharged from the

3 service, does somebody actually sit with you and I
4 think the answer was no. It was a questionnaire that
5 was filled out right?

6 JAMES HENDON: Yeah, well we have - they have
7 classes.

8 CHAIRPERSON HOLDEN: I mean in the reserve.
9 There are specific situations that you have because
10 many of the reservers have families already and they
11 have to leave their families. So, you know what are
12 some of the pressures on the reservers that go out?
13 You're Exhibit A here, as going in and being deployed
14 spur of the moment right?

15 JAMES HENDON: I think that uhm, I know the
16 precinct is too. We didn't talk about when you're
17 within an active duty unit, you would want folks at
18 least at that point. And so there's some sort of
19 unity between those families when that person goes,
20 whereas if you're guard reserve, if you're guard,
21 families will be all over the state, reserve all over
22 the country. And so, what does that look like too,
23 so I mean, I agree with your Chair.

24 CHAIRPERSON HOLDEN: Alright, thank you. So, I'm
25 going to turn it over to Council Member - oh, I'm
sorry.

3 JASON LOUGHRAN: Chair, one more thing, just back
4 to Schedule C funding, if there is a way for us to
5 also develop mechanisms for there be a greater line
6 of communication on what the requirements are, so say
7 with the funding they receive for Schedule C, some
8 sort of requirement where if they're utilizing our
9 software, they have to work with us and give us those
10 case notes and the results of the money that City
11 Council is investing in those nonprofits, right now
12 you know we have to search for these nonprofits and
13 engage with them to work with us. And to Chair Lee's
14 question earlier, these nonprofits are working with
15 us at no cost. We don't have a contractual
16 relationship, so we're leaning on them to give us the
17 information to help us collectively reach the
18 outcomes we want to.

19 JAMES HENDON: He's speaking to the mental health
20 services as far as if it's coming through Council
21 funding, how can we give you answers to these same
22 questions? You know what way do we have to get back
23 to you on what you directly are funding, so yeah.

24 CHAIRPERSON HOLDEN: Yeah, just to find out
25 outcomes. I think that conversation has to be
ongoing and updated from time to time.

3 CHAIRPERSON LEE: Yeah, I just wanted to comment
4 also. I think because I know that with our Council
5 discretionary funding and the initiative funding, we
6 do ask for reports regularly from the nonprofits.
7 And so, maybe it's just a matter of us having a
8 conversation with you all to say what types of data
9 are you all looking for that would be helpful and
10 then also, and I don't know if I'm overstepping
11 because I do need to check back with our Council
12 Finance team and see if this is doable but and just
13 making sure that we can ask them and then also
14 coordinate of how to pass that off to you guys.

15 JAMES HENDON: Thank you Chair.

16 CHAIRPERSON HOLDEN: Okay, I'm going to go to
17 colleagues, Council Member Marmorato.

18 COUNCIL MEMBER MARMORATO: Good afternoon
19 everybody. So, basically I want to build off of
20 that. How is it that we can use our discretionary
21 funding to help these mental health initiatives for
22 Veterans? Is it better to give it to the VA? Is it
23 better to give it to DVS or are there specific
24 nonprofits that we can - that you can maybe pass
25 along their information to us that we can look into

3 or we could tailor it to our communities? Or like
4 what is the best way to go about this?

5 JAMES HENDON: I'm going to pass it over to
6 Ellen. I think for us, we've been trying to tell our
7 Veteran organizations, hey go to its
8 nyc.gov/vetcouncilfunding and we list everything
9 about this process if someone is looking to apply.
10 Also, we work with LaGuardia Community College, their
11 apex accelerator. There's staff that will help the
12 Veterans who are looking to apply for this who need
13 to get through these hoops of the application piece
14 and the technical assistance. So for us, we've been
15 attacking it from a bottom up way so far Council
16 Member as far as how do we let folks know about it
17 but then this next question for you is like well,
18 what about the other side of the marker with just you
19 guys? As far as, how do we provide advice on what is
20 out there so you know what is available? I'm going
21 to defer to Ellen.

22 ELLEN GREELEY: Yeah, one of the major areas that
23 I think is very deficient is training mental health
24 professionals in military cultural competency and I
25 think I mean we have Lauren, she's the only person
who is doing it and hopefully she will be reaching

3 you know 500 people tomorrow but that's just a small
4 you know, small in a huge bucket that's really
5 required.

6 So, that takes many forms okay. It takes an
7 incentive for mental health professionals to want
8 this training in many cases. We're not asking for a
9 requirement but it also takes upstream training when
10 they're going for their MSU's and for their medical
11 degrees and their nursing degrees. I mean all of
12 this should be really not only a continuing education
13 credit but it should be built into their programs. I
14 think that's really important. Some medical
15 professionals do intern at the VA and I think that's
16 really helpful in terms of their career development
17 and their understanding. But so many of them don't
18 go back to the VA to actually practice.

19 So, I think that's a major piece for us. It
20 means you know again the ability for us to be able to
21 duplicate and replicate Lauren. I'm a twin, so I can
22 talk about that. I understand replication. I also
23 have twin brothers so I can talk about that piece of
24 it to. So those are some pieces from what our needs
25 are. Part of it is building in this military
cultural competency in our city agencies. That's

3 really, really important. We've, you know we're
4 making an attempt to get Lauren out to the Health and
5 Hospitals. There are about 25 of them at this point
6 and time and that's hard to do when there's so many
7 other things. We have the Military Family Advocacy
8 program that I think is going to do amazing, amazing
9 demand on Lauren's time. Also but it will give us a
10 really understanding day to day of what it looks like
11 on a family level in many cases. I mean those are
12 just a couple of things in terms of being able to
13 really develop our military cultural competency piece
14 of it as well as the Military Family Advocacy
15 program.

16 JAMES HENDON: I want to piggyback on Ellen,
17 something she said to Council Member Marmorato. You
18 see what we do. We will provide this type of
19 training to anyone, any place, any time. So, if you
20 have existing groups in your district that you'd like
21 to go through this, reach out and we're happy to
22 support.

23 COUNCIL MEMBER MARMORATO: Okay.

24 JAMES HENDON: I just want to call that out and
25 something else to is sometimes I feel as though folks
26 think I've got to only give this money to a Veteran

3 organization. Now, if they are working to help our
4 people, yeah we do not discriminate. You know just
5 my advice too. So, not think of it only as who the
6 Veteran organization is in my district, let me just
7 work on them but just who will be right by these
8 veterans period. Who do I know who is good with
9 anything that normalize help seeking behavior amongst
10 those groups and then you know I would just advise
11 that.

12 COUNCIL MEMBER MARMORATO: Okay, we actually have
13 a school in our community that teaches mental health.
14 I would love to connect you guys with them. We
15 donated, gave discretionary funding to the
16 organization and I would love to see if maybe you can
17 get into the school. Maybe give them the tools that
18 they need going forward. And if you could at some
19 point just give me a list of some of the
20 organizations that you are working with nonprofits, I
21 would love to have that and thank you. Thank you for
22 coming today.

23 ELLEN GREELEY: I also think the RTM program
24 really is something to very much consider. We're
25 trying to recruit veterans for that program with
Operation Worrier Sheild. We're real true believers

3 that that could really be a very, very important
4 program.

5 COUNCIL MEMBER MARMORATO: Alright, thank you
6 guys. Thank you so much. Thank you Chair.

7 CHAIRPERSON HOLDEN: Okay Council Member Paladino
8 has some questions.

9 COUNCIL MEMBER PALADINO: Good afternoon.
10 Welcome. I have several questions. It's pertaining
11 to the kids in school. Just I want to just put it
12 out there that when I first took office, I had met
13 with some young veterans, late 30's early 40's and
14 they had suggested to me in my office that we have a
15 request in right now from 2022 to have Veteran
16 advocates in every school. This city pushed back
17 telling us that the schools already have an advocacy
18 program, and there's no reason and there's not that
19 many Veterans who really needed families or require
20 it. That piece of legislation is still sitting, we
21 renew it each year. So, while you're looking for
22 your outside resources and collaboration and
23 coalitions, to fund you, I have legislation in that
24 the city is pushing back on not even to introduce to
25 bring it onto the floor to bring it to Committee.

3 Because I do believe - how many schools do you have
4 right now that have the advocates in schools?

5 ELLEN GREELEY: It's a number that's continually
6 growing because we're onboarding weekly.

7 COUNCIL MEMBER PALADINO: Right well how many
8 schools are there in the City of New York?

9 ELLEN GREELEY: About 1,800.

10 COUNCIL MEMBER PALADINO: Right and how many do
11 you have? How many schools?

12 JAMES HENDON: 242 in Staten Island but we've got
13 two more - we have three more districts now but the
14 first year of the last year, it's 242.

15 COUNCIL MEMBER PALADINO: So, it's about one-
16 third? About one-third of our schools have got
17 advocates in the schools to help the military
18 families? Or am I misunderstanding?

19 ELLEN GREELEY: Yeah, we have 55 schools in
20 Staten Island last year.

21 JAMES HENDON: 242 families - sorry, 242
22 families. 55 schools in Staten Island and 242
23 families through Staten Island. It's using that as
24 kind of you know approximate.

25 COUNCIL MEMBER PALADINO: And that's not a whole
lot is it?

3 JAMES HENDON: No.

4 COUNCIL MEMBER PALADINO: That's my point. So,
5 if we were to actually pass legislation or bring some
6 sort of bill to the floor as I have introduced from
7 2022, because this young man was a Vet and he came in
8 with some of his friends and they live in my area and
9 they are worried. Some do not live in my district
10 and they are concerned. This was something that
11 really just fell right on my lap. I did not expect
12 that. I did not expect that. I didn't even know
13 this problem existed in 2022 about the troubles that
14 some of these kids are facing in school. So, I'd
15 like that to be brought to the forefront. The fact
16 that there is legislation sitting right now in City
17 Council that really should be looked at. Outside
18 resources for money. You know I get it, you got to
19 do that right now but if we were to pass legislation
20 then the city would have to fund you wouldn't it? It
21 would have to fund your program? Do I understand
22 that correctly? Yes? Yes?

23 If I put legislation in requesting that every
24 school has a Veteran advocate there, so that they can
25 you know train somebody to be in the school, to help
26 these kids with special needs because they're from

3 military families. So, if I put legislation in and
4 it should get enough people to sign on and it goes to
5 Committee and it should pass on the floor, then you
6 don't have to worry about money because it's already
7 - which would be a very good thing right? We've got
8 over one million kids or 900,000 kids in our city
9 school system, maybe 200,000 of them need help.
10 Maybe 150,000 need help.

11 JAMES HENDON: I wanted to say Council Member,
12 you know this idea of MFA for us, how we came at it.
13 You know we know that in schools there are advocates
14 for various communities.

15 COUNCIL MEMBER PALADINO: Right.

16 JAMES HENDON: You know there's an advocate for
17 our LGBTQ students. There's an advocate for our
18 students who are currently housing insecure. There's
19 an advocate for folks who experience bullying, and so
20 for us, the goal was to have something like this but
21 just for those who are military veteran affiliated.

22 COUNCIL MEMBER PALADINO: I agree with you 100
23 percent and I think it's worth the while for the city
24 to take a look at this legislation that I have in. I
25 just wanted to make you aware that there is something
in there that the city is choosing not to look at.

3 JAMES HENDON: Thank you.

4 DR. LAUREN D'MELLO: Sorry, just one thing I
5 wanted to contribute is that this Military Family
6 Advocate program ended up having a much greater reach
7 than expected. Because not only do we have military
8 families connected to the school but there are a fair
9 share of staff who are putting their neighbors, their
10 grandparents; I have an uncle, I have a brother. So,
11 it's really going deep into the community other than
12 people associated with the child and the family at a
13 school.

14 COUNCIL MEMBER PALADINO: It's true. That's very
15 true but I think like you say, the way we reach out
16 to other communities inside of our schools for
17 bullying and other things, these kids may be just
18 need to have a resource right there.

19 ELLEN GREELEY: There's also another piece to it.
20 A lot of the military families choose New York City
21 particularly because of the special services in our
22 schools and Lauren can talk a little about a mother
23 that came to us about special needs that the mother.
24 Lauren, you want to talk about it.

25 DR. LAUREN D'MELLO: Yeah, we had a coast guard
family that came to us because her paperwork was not

3 put in on time for special education services with
4 the DOE and they did not grant her special education
5 services. Her child was six weeks into the school
6 year with no programs. Because of the advocacy that
7 we had through the Military Family Advocate program,
8 she was able, the child was able to receive services
9 and be connected within the same week, connected to
10 the right people the next day. So, the advocacy goes
11 a long way.

12 JAMES HENDON: The backdrop here is you got the
13 coast guard will send many of its active duty
14 families to New York City and these are the families
15 that have children with special needs because they
16 know they believe they will get better service than
17 being stationed elsewhere. The comment out of coast
18 guard two years ago, said to me it's a very, it's
19 anywhere from - you've got 30 to 50 percent of our
20 coast guard active families who may have children who
21 have certain needs, so we're doing what we can to be
22 right by them.

23 DR. LAUREN D'MELLO: And we developed a nice
24 relationship with District 75. Okay, yeah.

25 CHAIRPERSON HOLDEN: Okay, Council Member, that's
it?

3 COUNCIL MEMBER PALADINO: Yes.

4 CHAIRPERSON HOLDEN: Alright, thank you.

5 Alright. Commissioner, I just want to, you travel
6 around the country a lot because sometimes I'll call
7 and you're somewhere else and you know flying around
8 but what lessons has DVS learned from other cities or
9 states regarding supporting the mental health of
10 Veterans families? And are there any best practices
11 you've adopted from your travels?

12 JAMES HENDON: I'm going to refer to Lauren on
13 that. I just want to say one piece of it.
14 Transition.

15 CHAIRPERSON HOLDEN: Could you pull the mic?

16 JAMES HENDON: I'm sorry, I'm going to refer to
17 Lauren for the meat of that but one piece of this I
18 want to say, it's transition, transition, transition.
19 We saw what other states were doing as far as putting
20 together their own transition systems programs and so
21 that's why we said let's do something that we do now
22 out at city field at Yankee stadium. We've worked
23 lock step with others who do this at the state level
24 to and DC to get the information for the veterans who
25 are coming home. So, we know who they are as soon
they get here.

3 So in a place now, as I mentioned last hearing
4 where as soon as DV214 is processed, we have that.
5 Also, when a veteran fills out a form called a DD
6 2648 saying, I'm going to come to New York. I'm
7 going to go to New York within the next year, two
8 years, etc.. We get that information too and so
9 we're really trying to be on offense with this and
10 those are some of the things that we've gotten from
11 it. This is about forming a relationship. I can't
12 even help you with mental health if I don't know who
13 you are and you don't trust me. And so, I just say
14 that transition is a key component and that we've
15 really taken the lead as far as looking at what our
16 other peers have done at the state level and I'll
17 defer to Lauren to get the -

18 DR. LAUREN D'MELLO: Hi, so we have built a
19 relationship with LA County because they're similar
20 in size, that are population means, and so we were
21 looking at their Veteran Peer Access Network where
22 they have a group of Veterans that go out into the
23 community to engage, support, consult with, teach
24 about programs. Similarly, we have started a Vet to
25 Vet program where we are currently onboarding the VA
work study, where they can go out into the community

3 with a similar model of engaging, supporting,
4 educating, identifying our veterans.

5 CHAIRPERSON HOLDEN: So what they go to like,
6 they go the VSO's or how do they reach the Veterans
7 or they just have a database?

8 DR. LAUREN D'MELLO: Yeah, so we're still
9 onboarding for the program but in theory they would
10 go to various locations where Veterans congregate.
11 It could be student Veterans at local universities.
12 It can be VSO's. It can be local legions. It can be
13 employee resource groups, H+H, so various locations,
14 just so we can get our messaging out there.

15 CHAIRPERSON HOLDEN: And do they get paid, the
16 people that go out? They don't get paid, so you're
17 volunteering.

18 ELLEN GREELEY: They get paid through the VA.

19 CHAIRPERSON HOLDEN: Oh they do get paid.

20 ELLEN GREELEY: VA Work Study, yeah. They can
21 work up to 25 hours a week.

22 CHAIRPERSON HOLDEN: See, this is what I think we
23 should have in New York City. Certainly with the
24 Veteran Treatments Courts. There's a mentoring
25 program, it's a volunteer basis and I think we have a
hand full of and we had a hearing on this and the

3 mentor said, well, I got to pay for either my car
4 fare right because you know I don't get a stipend
5 even and mentoring is so important. I mean, I could
6 see that for Vets. I could see somebody that served
7 having an impact on that individual because they
8 served too and they could speak to the problems that
9 they're having.

10 JAMES HENDON: Mr. Chair, I want to say this is
11 something for that group. United Veterans Mentors.
12 That's [INAUDIBLE 01:30:17] group. That is something
13 that we have funded. I just want to put that out too
14 as far as something that we very much see the value
15 in that and that's something that we have -

16 CHAIRPERSON HOLDEN: Yeah, but the treatment
17 corps. Are we paying those mentors?

18 JAMES HENDON: For us, it's a nonprofit that
19 provides mentorship. So, it's a place where they're
20 working with mentors for this very triage at this
21 very point, so that something that we have support as
22 an agency.

23 CHAIRPERSON HOLDEN: I like the model, the LA
24 county model because it sounds like they're going out
25 into the communities. They're going in civic
meetings. They're going to community boards lets

3 say. I think if we can see that program, talk a bit
4 more about it, we could model it here on a larger
5 basis maybe and actually fund that. But that seems
6 like uh, that's what I said, the peer to peer is
7 probably the best program and especially in the
8 Veteran Treatment Corp. because you know they need
9 help. Obviously Veterans that have been arrested and
10 they need to know that there's somebody there for
11 them and it could help straighten out their lives.
12 So, that's why I was so big on supporting with
13 funding the VSO's because that's where the mentoring
14 can happen. That's where the contacts can happen,
15 even on family issues.

16 JAMES HENDON: I have to say this. We're going
17 on offense so much to try to make sure our Veteran
18 groups know; hey we have funding available now please
19 apply. This goes back to Dwyer Mr. Chair.

20 CHAIRPERSON HOLDEN: Yeah.

21 JAMES HENDON: And so, for us to be able to - I
22 don't want anyone to say, hey the resources weren't
23 there for me. And so, we encourage all who are in
24 our community if it normalizes help seeking behavior
25 amongst Veteran military families. It's
nyc.gov/vetdwyer. We've extended the deadline. It

3 is November 25th, that's a Monday at 2 p.m. and so
4 for us, we just want our folks to take that next step
5 to know that we have the resources we're trying to
6 get into our peoples hands to help. So, I just
7 wanted to say that.

8 CHAIRPERSON HOLDEN: Right.

9 JASON LOUGHRAN: Chair, I also just want to add
10 onto the question of what all these cities are doing.
11 I do want to just acknowledge that many cities are
12 actually looking towards us. The veteran indicator
13 question, Local Law and what we've incorporated.
14 Many cities and states, specifically the State of
15 Oregon was trying to get a law like that passed in
16 their state and our Mission Vet Check program won an
17 award from the VA.

18 So, we do have - we've certainly made ourselves a
19 footprint along with City Council with us across the
20 country on what programs we're making for Veterans.

21 CHAIRPERSON HOLDEN: I just want to acknowledge
22 that and thank the Council for your support.

23 CHAIRPERSON HOLDEN: Great, so I want to thank
24 you all for your testimony. It's great, we learned a
25 lot and I thank you and if you could just get us how
many families are involved in some treatments. That

1 COMMITTEE ON VETERANS JOINTLY WITH THE COMMITTEE ON
2 MENTAL HEALTH, DISABILITIES, AND ADDICTION 84

3 would be important because that was the topic of this
4 hearing. Thank you so much.

5 JASON LOUGHRAN: We will follow up with that data
6 and your questions.

7 CHAIRPERSON HOLDEN: Thank you.

8 JAMES HENDON: Since this is the last hearing
9 prior to Veterans, I just want to say happy Veterans
10 Day to all.

11 CHAIRPERSON HOLDEN: Happy Veterans Day. Well,
12 we'll see a lot of each other in the next month.
13 Thank you so much.

14 PANEL: Thank you everyone. Thank you Madam
15 Chair.

16 CHAIRPERSON HOLDEN: While we're waiting, I'm
17 just going to read something that we have to read. I
18 now open the hearing for public testimony. I remind
19 members of the public that this is a formal
20 government proceeding and that decorum shall be
21 observed at all times. As such, members of the
22 public shall remain silent at all times. The witness
23 table is reserved for people who wish to testify. No
24 video recording or photography is allowed from the
25 witness table.

3 Further, members of the public may not present
4 audio or video recordings as testimony but may submit
5 transcripts of such recordings for the Sergeant at
6 Arms for inclusion in the hearing record. If you
7 wish to speak at today's hearing, please fill out an
8 appearance card with the Sergeant at Arms in the back
9 and wait to be recognized. When recognized, you will
10 have and I guess we can give three minutes right to
11 speak on today's hearing topics supporting the
12 families of Veterans with PTSD.

13 If you have a written statement or additional
14 written testimony and you wish to submit it for the
15 record, please provide a copy of that testimony to
16 that testimony to the Sergeant at Arms. Please note
17 that witnesses who are here will testify before those
18 on Zoom.

19 So, we do have, I think we have one person, two
20 people now, okay. Two people on Zoom and okay.
21 Alright, our first panel Alicia Kershaw, Coco
22 Culhane, is Margaret Gambaro here? Margaret? Yes,
23 alright you can come up to the table and Mount Lacy.
24 Did I get everybody? I got everybody okay. Is Mount
25 Lacy coming up or? Alright, we could start, we'll
start.

3 ALICIA KERSHAW: Director my name is Alicia
4 Kershaw. I am the Executive Director of Gallop NYC.
5 We provide therapeutic horsemanship programs to
6 Veterans and their families. I first would like to
7 thank the Committee and the Council for their past
8 financial support of our program and Council Member
9 Holden for coming to visit our program, which was
10 very much appreciated.

11 My dad also was a Veteran and also suffered quite
12 a bit from it though I don't think anyone realized it
13 till many years after the fact.

14 Gallop welcomes Veterans and their families with
15 no restrictions as to age or range or conflict or
16 discharge. We are multigenerational. We have
17 veterans riding with their children and that I have a
18 prepared statement but I'm not - I'll submit that for
19 the record because what I'd really like to do is just
20 tell you about a few of our Veterans and their
21 families.

22 I am steeped in using horses as a therapeutic
23 approach but I realize for some people that's kind of
24 an odd ball thing frankly but it really is a
25 remarkable program. One of our Veterans, a man named
Juan Taron(SP?), rides with his wife and his two

3 children and he recently spoke at a fund raising
4 event about how important it was for him to have the
5 opportunity to bond with his family after being
6 separated from them in so many overseas assignments
7 he had been in in Iraq and Afghanistan. I was at the
8 program the other day and I met a woman Veteran who
9 was riding with her child who is on the spectrum and
10 so, we are able to provide; we work primarily with
11 children on the autism spectrum, so we're able to
12 provide services, relevant services to him as well as
13 to her.

14 We also have a Veteran names Noel Griffen who
15 when he came to us, I think he would describe himself
16 as being depressed. He called it having a lot of
17 dark days and he was at our program one day. He was
18 trying to - he's been trying for quite awhile to make
19 friends with this one particular horse named Misty
20 and Misty is not, like a lot of Veterans, is not
21 quick to trust but on one of what Noel described as
22 very dark days, Misty came up to him and nudged him
23 and stayed with him during the time he was with us.
24 And Noel is now, he's a spokesman for us. He is a
25 mentor to new Veterans coming into our program. He
is without exaggeration, a completely changed person

3 from this experience with our program, and he was
4 encouraged to come by his sister and his two nieces,
5 so he has a family element too.

6 Just picking up quickly on some of the things
7 that were mentioned. We do measure outcomes with our
8 Veterans and we have a menu of outcomes that we look
9 for in addition to riding skills and we're very
10 interested in research and we have growing
11 connections with the VA. We get referrals from the
12 Manhattan VA now and we're starting work with groups,
13 mental health groups from the Brooklyn VA. And these
14 are relatively new relationships and very gratifying
15 because like I say, we really see remarkable changes
16 in our Veterans and their families when they're at
17 our programs. Thank you very much.

18 CHAIRPERSON HOLDEN: And that program should be
19 expanded by the way because it doesn't - you know the
20 horses like some people say well, what is a horse
21 going to do. It actually gives them something to
22 bond with their family members like you mentioned
23 with their spouses but it also gets them to forget
24 about you know their experiences, their bad
25 experiences and gets them on - I mean, it could be
the arts which our next hearing will be about. How

3 to connect with the arts but I've seen the program.
4 It's a wonderful program. It's very peaceful there
5 too. You wouldn't think - because it's right by the
6 you know -

7 ALICIA KERSHAW: To me it's kind of chaotic but
8 yeah.

9 CHAIRPERSON HOLDEN: Yeah, it's near the express
10 ways but it actually is very, very peaceful there.
11 So, I could see how that could be such great therapy.

12 ALICIA KERSHAW: Thank you for those kind words.
13 It's very calming to be around a horse and if you
14 want, the horse is very empathetic and reactive to
15 people. I mean, we've been partners with horses for
16 thousands of years. So, when you approach a horse
17 and you want that horse to be comfortable with you
18 and spend time with you. You need to be calm and you
19 get a very positive sort of feedback of that calm.
20 We have done research on anxiety with NYU Child
21 Center and showed dramatic decreases in anxiety of
22 people being around horses. So, there is - come out
23 and visit, there's something - we'll get you calmed
24 down too.

25 CHAIRPERSON HOLDEN: Well, you know you have
space to expand to, which would be -

3 ALICIA KERSHAW: I very, very much want to
4 expand. We could do a lot more.

5 CHAIRPERSON HOLDEN: So, do we have a capital, we
6 have a capital plan that we could present sometimes
7 in January if you - you can put that forth because I
8 thought there was some great ideas. You have a lot
9 of space there that is unutilized.

10 ALICIA KERSHAW: We're in a park in - our main
11 site is a park in Howard Beach and yeah, I would be
12 happy to bring you a capital plan. We have a lot of
13 ideas for expanding.

14 CHAIRPERSON HOLDEN: And speaking of Howard Beach
15 we have the Council Member who is going to - Ariola
16 who is going to ask some questions or? Yeah, go
17 ahead, go ahead.

18 COUNCIL MEMBER ARIOLA: I would just like to make
19 a statement because Sunrise Stables is in my district
20 and I am so proud to have you there and the work that
21 you do there is so vital with Veterans, with children
22 with autism, with our seniors for volunteerism. And
23 everything that you say on these papers that you do
24 is you couldn't have enough paper because there is so
25 much that you do. You took a stable that was not
well received by our community and turned it into

3 something that is beloved by our community and the
4 people that you're helping, it's so evident.

5 So, I am so proud to fund it. I am so proud to
6 be in support of your growth there and I look forward
7 to it and I urge all of my colleagues to support
8 Gallop NYC because it's not just - even though its
9 housed in Howard Beach and in the 32nd, they serve
10 all of the borough and all of the city. So, thank
11 you for everything that you do.

12 ALICIA KERSHAW: Well, thank you.

13 COUNCIL MEMBER ARIOLA: And we've even come out
14 as a staff for a staff enrichment day.

15 ALICIA KERSHAW: Yeah, yeah.

16 COUNCIL MEMBER ARIOLA: We thank you very much.

17 ALICIA KERSHAW: Everyone is welcome anytime.
18 Thank you so much for your support.

19 CHAIRPERSON HOLDEN: Thank you again. Thank you.

20 UNIDENTIFIED: I'll go last.

21 CHAIRPERSON HOLDEN: Oh, you want to go last
22 okay.

23 COCO CULHANE: Hi, I'm Coco Culhane, the
24 Executive Director of the Veteran Advocacy Project.
25 We provide free legal services to Veterans and their
families and we focus on working those - with those

3 who live with Post Traumatic Stress Disorder, brain
4 injury and other mental health conditions. I just -
5 I want to urge the Council to focus on data because
6 it feels like there are a lot of really great ideas
7 floating around but absolutely no data backing it up.

8 We, you know, one of the things I think is most
9 important that we do is we connect clients to mental
10 health. Like, we're removing the barriers to get
11 them there. They're the frontlines. We work with
12 probably about ten programs. I'm only aware of one
13 that works with families. So, if there are waitlists
14 at these programs where we're sending our clients, I
15 would imagine that one program probably has waitlists
16 as well.

17 We didn't hear anything about those programs
18 directly today. I think it's really important to
19 identify them and to fund you know doing the
20 outreach, doing the education around the city is so
21 crucial and I think that's probably one of the best
22 things that was discussed today because these
23 families are interacting at other points. They are
24 not all coming to DVS but in terms of funding, I
25 think finding the existing programs that we know are
successful, that have data is so important. One of

3 the things this RTM came up. I was looking at a
4 study that shows that all the studies done of it,
5 there's nothing done after two weeks. There's bias,
6 like it was an overview and maybe I had it wrong, I'm
7 not a medical provider but we should look at that
8 before we have a city agency recruiting people for
9 that trademarked program.

10 Like, that's worrisome. The other thing is that,
11 how many military families are there in the city,
12 right? I mean, if you look at the most recent stats,
13 there are 130,000 Veterans. 25, 30 percent of them
14 are of an age where they could have kids at a school
15 age. So, what are we looking at? What is the need?
16 And to really focus on that before legislating
17 anything because I think a lot of times really good
18 intention, like DVS is supposed to have a peer
19 hotline. That was a bill that was introduced in 2018
20 and was passed in 2021 because you know it went
21 unsigned on the Mayor's desk. What's going on with
22 that?

23 There's a Resolution where one of the caregiver
24 city's for the Elizabeth Dole Foundation, what have
25 we done about that? Are we still involved? What
does that mean for New York? I just think some of

3 these things we need to really follow up and making
4 sure that the very limited resources are being spent
5 really wisely. Thank you.

6 CHAIRPERSON HOLDEN: And that's exactly what I
7 was asking because you know what's the outcomes on
8 it? Where should we put the most more money into?
9 And you have a wealth of information, I'd like to
10 meet with you and we could discuss this because
11 you're seeing on the frontlines you know what is the
12 VA not doing that they could be doing? You know what
13 does DVS do you know? You mentioned a couple of
14 things but because the agency is so small, that seems
15 - that's the biggest problem that we're seeing. They
16 don't have the personnel. They don't have the
17 funding. You know, they don't have much, so we need
18 to do - but I'd like to sit down especially about the
19 VA, where we should be focusing on our efforts with
20 the VA. So, thank you so much for your testimony.
21 It's very valuable.

22 MARGARET GAMBARO: Hello, my name is Margaret
23 Gambaro. I am the manager of Access Initiatives at
24 Intrepid Museum. I want to start by saying thank you
25 to Chair Holden and the Committee of Veterans and
Chair Lee and the Committee of Mental Health,

3 Disabilities and Addiction for holding today's
4 hearing on supporting families of Veterans with PTSD.

5 I also just want to say thank you to Chair Holden
6 and the Committee Members and the staff for your
7 efforts to connect Veterans and with one another and
8 with cultural resources, like Intrepid Museum.
9 Without your support, we would not have our programs.

10 So, through the Museums Veteran Access
11 Initiative, we offer exclusive specialized programs
12 for Veterans and Veterans communities as well as
13 unique museum experiences for military families in
14 recognition of the sacrifice these families have
15 made. These experience include free admission for
16 the whole family during kids week, as well as special
17 access to private events and special benefits during
18 public programs. For example, at the larger events
19 such as astronomy night, we provide forum such as a
20 small astronaut meet and greet for members of the uh,
21 for our museum members and Veterans and their
22 families before the public event.

23 Since it's smaller, it gives any Veteran who
24 finds crowds overwhelming the chance to have a
25 memorable and low stress experience with their
family. The museums exhibitions and tours, it gives

3 families an entry point to talk about their Veteran
4 service. For example, after seeing the bunks and the
5 endless steady berthing during a tour, a Veteran
6 started talking to his family for the first time
7 about his sleeping quarters during his service.

8 We have an ongoing partnership with Exit 12 Dance
9 Company to host therapeutic workshops for a Veteran
10 and family members. Culminating in a public
11 performance on the flight deck. Every June we host a
12 luncheon for our Veteran and military families before
13 the museums inclusive family day. We host screenings
14 of films about military and veteran experiences,
15 including PTSD for our veterans and their loved ones.

16 Most recently, we partnered with the Met Opera
17 for our program about women and mothers in the
18 military based on their opera ground in. Since 2015,
19 Intrepid Museum has been offering programs like the
20 ones I just mentioned and many others to Veterans,
21 families free of charge. Additionally, the museum is
22 a blue star museum which offers free admission to
23 current service members and their families during the
24 summer by taking away a financial barrier, we give
25 more families the opportunity to connect with both
one another and cultural opportunities. Thank you

3 again for your support and for the opportunity to
4 speak here today.

5 CHAIRPERSON HOLDEN: Thanks Margaret. I love the
6 fact that you get Veterans to talk about their
7 service, which very few do, especially if they had a
8 bad experience. Many of them have and that I'd like
9 to learn more about if we could expand that and I'd
10 like to hear some of your ideas on you know the
11 expansion of the Intrepid because it's such a great
12 place to go and visit. But it really, the fact that
13 the Veterans could bring their families is very
14 important to this topic, which if we can expand that
15 because I just, I would have loved to have been there
16 when a Veteran got to talk about their service and I
17 could see the families you know actually hear that
18 because that needs to be done and thank you. Thank
19 you. So, let's talk about other programs that we
20 could expand at Intrepid you think are worthwhile.

21 MARGARET GAMBARO: So, are you asking about
22 specific programs?

23 CHAIRPERSON HOLDEN: Well, if you have something
24 you know like one or two or off the top of your head.
25 I don't want to put pressure on you but I do want to

3 hear anything that we could do as a Committee to
4 really support the Intrepid.

5 MARGARET GAMBARO: Yeah definitely. I will say
6 as I mentioned before the tours that we do. We do
7 free tours for Veterans, for Veteran organizations
8 and also Veteran family organizations and we are
9 connected to Blue Star Families and that does help a
10 lot, as I mentioned by just giving that tour, giving
11 that space for our conversations. We usually,
12 anytime when we're doing a tour for our veterans, we
13 kind of go less on just the regular tour that we
14 would usually give to the civilian public and let the
15 Veterans speak more to their experiences and ask
16 questions, and even ask personal questions like, is
17 this something like your experience? Or what, did
18 you go through a crossing the line ceremony? What
19 was it like? Different things like that and also,
20 one program that I did not mention but just, that has
21 been successful is our Intrepid after hours, which is
22 for our Veteran and current service members only and
23 through that, we give a space for our Veteran and
24 current service members, especially ones that may not
25 feel welcome at traditional Veteran and military

3 spaces to talk to each other and to share their
4 experiences.

5 CHAIRPERSON HOLDEN: They could bring their
6 families too to this?

7 MARGARET GAMBARO: This one they don't bring
8 their family but it has led to them bringing their
9 family.

10 CHAIRPERSON HOLDEN: Okay.

11 MARGARET GAMBARO: It has led to them bringing
12 their families to see Top Gun on the flight deck. It
13 has led - one gentleman, him and his husband just
14 became volunteers at the museum and it was for some
15 of our regulars that come to this program is the
16 beginning to that. It's the beginning of their
17 healing process.

18 CHAIRPERSON HOLDEN: Right.

19 MARGARET GAMBARO: And so yeah, so and just in
20 general by giving families these spaces and also
21 taking away the financial burden of bringing in the
22 families to Intrepid is one of the biggest things I
23 think.

24 CHAIRPERSON HOLDEN: So, the after hours, what's
25 the window on that? You know you say what is after
hours? How many, is it a few hours, it's uh -

3 MARGARET GAMBARO: Yeah, so Intrepid after hours
4 as I mentioned is for current service and Veterans
5 only. It is from 4:30 to 8:00. They get time to
6 walk around themselves and then we do some type of
7 main event that's usually a workshop, a talk or a
8 tour and then it's a free meal at the end. We have a
9 catered dinner. And so, through all of that and we
10 have that about five times a year.

11 CHAIRPERSON HOLDEN: Okay, that was my next
12 question but so, it's five times a year and we can -
13 is that published somewhere that we can get the
14 dates?

15 MARGARET GAMBARO: Yeah, uhm, so we are actually
16 in the process of planning 2025 and putting the 2025
17 dates on our website and also on just
18 intrepidmuseum.org/vets, you can see all of the
19 things that we offer including when we do have those
20 public programs our during kids week, our fleet week
21 even that we have these special experiences for
22 military families and Veteran families.

23 CHAIRPERSON HOLDEN: Great, well thank you so
24 much again and we'll talk about the trying to see how
25 we can help families more in the - certainly on the
Intrepid but thanks again. Thanks so much.

3 MARGARET GAMBARO: Yeah.

4 MOUNT LACY: I want to speak directly to your
5 personal experience growing up and I want to ask you
6 a question. How do you feel like it would have
7 effected your father if he would have reached out and
8 if there was help available or he was told there was
9 help available and he was constantly running into
10 brick walls, gate keeping and false hope? How do you
11 think that would have amplified further his symptoms
12 and the effect on your life?

13 CHAIRPERSON HOLDEN: That goes without saying.
14 Obviously, when you're given false hope and you think
15 something is going to help. We had that a lot by the
16 way in our family. We always had programs that
17 either didn't help or programs that offered like you
18 said false promises and it didn't work and it was
19 deflating. It deflated us. We thought - you know we
20 had help for a week. Things were going to turn
21 around. We had hope for two weeks and then back to
22 square one. So, that goes, I mean I could tell you a
23 lot of things that happened but I blame the VA
24 period. I couldn't blame anybody else but the VA
25 because we did ask for help and didn't get it but go
ahead, tell us about your -

3 MOUNT LACY: I'm speaking from my personal
4 experience of the last couple weeks and since the
5 last time I testified before you guys. I want to say
6 that is the majority of what DVS is promising is
7 false hope. They don't need more resources or
8 accessibility. What they need is accountability and
9 I'll describe a situation to you that I went through
10 with Lamar Wheeler and I'm trying to - we're trying
11 to put an unneeded transfer just to transfer me again
12 back to Borden Avenue on hold because like you said,
13 a disruption in life disrupts everything in your
14 life.

15 I wanted to build a case for him to advocate for
16 me based on DHS policy and procedure. He refused to
17 do that. He wanted to create an advocacy based off
18 of imaginary future plan of treatment with the VA
19 that this nonprofit may or may not accept instead of
20 policy and procedure based on evidence. Then after
21 eight hours of working on that with the staff there
22 that day, Lamar completely ignored that, my wishes to
23 go off policy and procedure and something solid. The
24 disappointment and the stress of realizing that I'm
25 either going back to a more dangerous shelter that I
had already been transferred from within one day and

3 have to do that all over again to move to move to
4 move. Uhm, led me to being in crisis and I called
5 EMT and checked myself into inpatient from DVS. Now
6 the result of that, was Lamar trespassing me from One
7 Center Street himself, without anything in writing,
8 on a verbal command to DACA - whatever the police
9 there are in that building. They have a picture now
10 of me on their security thing. They still have
11 nothing in writing. Commissioner Hendon doesn't even
12 know about this and I have a text message from the
13 workers that I worked with that clearly state that I
14 was absolutely no threat whatsoever. So, now not
15 only is DVS keeping me from their services, they're
16 keeping me from the services from the entire New York
17 City government of that building.

18 So, if you guys want to know where to put your
19 money, hire a third party and get to accountability
20 because I don't know what it is you guys actually do
21 or DVS does besides sit around and talk and I want to
22 see something and I would like a commitment from you
23 Mr. Holden that my problem, my issue, getting back to
24 Borden a congressionally approved program that's
25 public law, that you will walk with me step by step.

3 CHAIRPERSON HOLDEN: You have my promise now.

4 You have my promise that we'll talk and there's a
5 young man back there, his name is Will, you'll talk
6 to him and give us the details. I'm sure that the
7 Commissioner will also talk to you today, so we'll
8 try to resolve this and get you back. You want to go
9 back to Borden?

10 MOUNT LACY: I would like to go back to Borden.

11 CHAIRPERSON HOLDEN: Okay.

12 MOUNT LACY: And I would like to be unverbally
13 trespassed from One Center Street because that's a
14 wealth of resources in that building and that's a
15 constitutional right that we all have to access, and
16 to take that away from somebody who has protected the
17 Constitution is especially egregious. So, whatever
18 order was given, if it's not rescinded by tomorrow,
19 we're going to put that to the test.

20 CHAIRPERSON HOLDEN: Okay, thank you. Thank you
21 if you could see the gentleman back there and stand
22 up Will. Yeah, right there. Thank you. Thank you
23 panel.

24 MOUNT LACY: Oh, one other thing.

25 CHAIRPERSON HOLDEN: We got to move on.

3 MOUNT LACY: Can one second. It would be
4 Interdepartmental Communication, I think DVS should
5 have a list of Commissioners and numbers that the
6 public doesn't, so that they can communicate in real
7 time with each other and actually get to actionable
8 circumstance, actual actions and not make the person
9 wait the two or three administrative days that the
10 public would have to wait. Otherwise what is
11 Interdepartmental government -

12 CHAIRPERSON HOLDEN: Right, I agree, it should be
13 done as quickly as possible. Thank you. Thank you
14 Mount. Thank you panel. Thank you so much. Next
15 panel. The following individual is on Zoom. Dr.
16 Justin Pomerence. Doctor, are you there?

17 DR. JUSTIN POMERENKE: Good Afternoon Chair
18 Holden and members of the New York City Council
19 Committee on Veterans and Mental Health, Disabilities
20 and Addiction. I am Dr. Justin Pomerence, Clinical
21 Psychologist and Assistant Professor in the Military
22 Family Center at NYU Langone Health.

23 The Military Family Center was established in
24 2012 with the goal of fulfilling the gaps -

25 CHAIRPERSON HOLDEN: [GAVEL] Hold on Doctor. One
second, we just have to get some noise out of the

3 room. Thank you. Go ahead Doctor. I'm sorry for
4 that.

5 DR. JUSTIN POMERENKE: That's no problem. We
6 were established in 2012 with the goal of fulfilling
7 the gaps in mental health services available to
8 Veterans and their families in the New York City
9 area. And since inception, the Center has provided
10 mental health treatment to more than 4,000 Veterans
11 and their family members. We specialize in offering
12 the gold standard evidence-based treatments for PTSD,
13 including Prolonged Exposure, Cognitive Processing
14 Therapy, among others. For partners of Veterans with
15 PTSD, we offer individual therapy as well as
16 Emotionally Focused couples therapy.

17 In recent years, we've seen a significant
18 increase in couples therapy referrals in our clinic.
19 Partners often haven't been well informed of their
20 Veteran's PTSD diagnosis or feel they don't have
21 adequate individual support in navigating common
22 stressors related to their partner's PTSD.

23 It has often been difficult for them to access
24 timely quality care. They would benefit from
25 increased awareness of available programs and
services to help them support the Veteran in their

3 life with PTSD. There should also be attention given
4 to increasing accessibility of effective mental
5 health care with culturally competent clinicians who
6 are trained in military culture and PTSD.

7 Focus also needs to be given on better educating
8 and supporting parents and siblings of Veterans with
9 PTSD. Existing mental health resources for loved
10 ones of Veterans tend to be focused on spouses and
11 children of Veterans. Many of the Veterans that we
12 see in our clinic are younger and may still be living
13 at home with parents and siblings.

14 In conclusion, supporting the families of
15 Veterans with PTSD is essential for improving
16 outcomes. Effective support systems, consisting of
17 family and friends who are educated on PTSD and
18 emotionally supported themselves, can lead to
19 healthier family dynamics, better mental health
20 outcomes, and overall resilience in navigating the
21 challenges posed by PTSD. Thank you.

22 CHAIRPERSON HOLDEN: Thank you Doctor. Yeah, I
23 have a question or a couple of questions. Tell us
24 what you're seeing with family members because that's
25 what this hearing is about of Veterans with Post
Traumatic Stress Disorder. What kind of - not only

3 what kind of treatment they're getting but what are
4 some of the symptoms that you're recognizing from the
5 family members, children especially?

6 DR. JUSTIN POMERENKE: Children especially. So,
7 among spouses, parents, siblings, you know a lot of
8 what we see is increased anxiety, wanting to be able
9 to help the service member in their life and not
10 entirely understanding how to do so or how to seek
11 care for themselves even. Mental healthcare in New
12 York City can be a very expensive thing and there's
13 often times barriers to accessing that quickly.

14 So, yeah increased anxiety, just wanting to make
15 sure that their Veteran is well cared for and trying
16 to understand why they are reacting or having the
17 difficulties that they are. With children of
18 Veterans, you know especially parents with PTSD it's
19 not uncommon to see also increased anxiety, some
20 behavioral problems among teens, especially if you
21 know substance use is a component of it. There can
22 be younger members of the family who feel like they
23 have to take more kind of grow up quick. Like, take
24 over responsibilities pretty quickly and feel the
25 stress related to that. So, you know it really runs
the gamut in terms of what we see and depending on

3 the specific family dynamic. But speaking to I think
4 some of what's been said before, like the priority is
5 just having access to mental healthcare and
6 unfortunately, there isn't a lot of that for family
7 members of veterans in the city. Some programs at
8 the VA when it comes to a couples therapy, and then
9 additionally some providers that maybe have been
10 trained in VA's and are familiar with military
11 culture. But often times that comes at a price that
12 might not be accessible.

13 CHAIRPERSON HOLDEN: Right and just trying to get
14 the family members there for the treatment is
15 probably very difficult but if you can recommend any
16 kind of programs? You know I don't know if you still
17 have a waiting list because I know that's been a
18 problem in the past. But I know you're - NYU does
19 great, great work with our Veterans and we'd like to
20 expand the program but if you could - you know maybe
21 we could talk offline about how many family members
22 are being helped and what are some of uhm what are
23 the outcomes? Are you following through on where
24 they helped? I mean it's not an exact science, I get
25 it but if we could sort of feel that we're making
some progress and maybe where should we put our

3 resources in your organization? Where should we
4 really focus especially with families? You know so
5 we could talk off line but if you had something off
6 the top of your head, what treatments seem to be more
7 successful than others?

8 DR. JUSTIN POMERENKE: So, well, the treatments
9 vary in terms of what's successful. I think
10 especially where the demand is right now is in
11 couples therapy and there are different approaches to
12 couples therapy, especially when a partner has PTSD
13 that I'm not as - that's not my specialty.

14 CHAIRPERSON HOLDEN: Right.

15 DR. JUSTIN POMERENKE: But I'm happy to give you
16 some of that information and I know our Emotionally
17 Focused Couples Therapy program in the clinic is very
18 popular and we don't have a very long waitlist in the
19 clinic. In general right now, we've been doing a
20 great job of helping people and getting them
21 connected with services pretty quickly and kind of
22 getting them connected also with the next step past
23 us if needed. But the couples therapy for the last
24 couple years I think has been an area where there's
25 been more of a waitlist and a harder time kind of
trimming that down just because there aren't as many

3 resources that are accessible to Veterans and their
4 family members on that front in the city.

5 CHAIRPERSON HOLDEN: So doctor, you do have like
6 if the family, the whole family wants to have therapy
7 together or separate because I don't know if I - if
8 my dad had to go to the therapy, I don't know if I
9 would be as open as I probably would have if he
10 wasn't there. So, now they're both in your
11 organization? I mean do you have -

12 DR. JUSTIN POMERENKE: Yeah, we have both in our
13 organization. We have - the Veteran does not have to
14 be enrolled in our care.

15 CHAIRPERSON HOLDEN: Okay.

16 DR. JUSTIN POMERENKE: To access care and we have
17 a very loose definition of family. Really, it's
18 anyone in the Veteran circle, whether it's their
19 partner, their parents, their kids, their siblings.
20 If they're impacted by the Veteran and they are
21 wanting to seek care and we think that also treating
22 them could help to support the Veteran, we definitely
23 you know would be willing to work with them.

24 CHAIRPERSON HOLDEN: Great, thank you so much for
25 your testimony and thanks for answering the
questions. Thank you.

3 DR. JUSTIN POMERENKE: Thank you.

4 CHAIRPERSON HOLDEN: Okay, so we have another
5 person on Zoom, Sergio Villaverde.

6 SERGIO VILLAVERDE: Yes, good afternoon.

7 CHAIRPERSON HOLDEN: Hi.

8 SERGIO VILLAVERDE: Mr. uhm, may I proceed?

9 CHAIRPERSON HOLDEN: Yes.

10 SERGIO VILLAVERDE: Thank you because I can't see
11 you gentleman now.

12 CHAIRPERSON HOLDEN: That's alright.

13 SERGIO VILLAVERDE: As I go forward.

14 CHAIRPERSON HOLDEN: We can see you.

15 SERGIO VILLAVERDE: Great. First I want to thank
16 Chair Holden and Chair Lee for holding this very,
17 very important session. It's certainly something
18 near and dear to me and my family. I served 32 years
19 in the US Coast Guard Reserve. I'm a 911 responder.
20 I'm also retired from the NYPD. I serve currently as
21 a small business owner as uh I'm an Attorney but I
22 also am the Chair of the Special Veterans Committee
23 at Community Board Number Eight in the Bronx and uh I
24 did want to talk about the issue. And as with most
25 Veteran's issues, there are three big points I'd like

3 to make. Number one is the identification of
4 Veterans, as has been stated.

5 Veterans do not generally self-identify.
6 Nationally it's 34 percent, in New York State it's 29
7 percent. You get to the city, it's 24 percent. They
8 have Local Laws that have been passed to encourage
9 identification by the different agencies and that
10 needs to continue and every agency should have
11 something like this on its radar identified by the
12 right to connecting them with services that are
13 available. Because we can't get them the mental
14 health treatment. We can't get them the other
15 services that are required if we don't know who these
16 people are and that's been a herculean lift.

17 Number two, the outreach as the previous speaker
18 spoke to families and the extended circle of Veterans
19 is something that's most necessary because frankly
20 from a lot of my friends and a lot of the people who
21 I know, they've gotten treatment only because their
22 family has been the one whose encouraged it.

23 So, having the city resources, the state
24 resources and the VA resources known to the families.
25 They are in a position where they can push to get
treatment. They can push to get disability ratings.

3 They can push to have a PTSD diagnosed. You know
4 whereas a veteran may not want to listen, may not
5 want to self-identify. Making sure that their
6 extended circle knows about it, it's a practical
7 issue, right? We can you know we'll be able to pay
8 the mortgage. We'll be able to pay the rent. You
9 know you have this condition. Let's get it treated
10 and let's get the benefit for it if there's one other
11 than the treatment.

12 Number three, the Veteran mentoring, the model
13 that the Veteran Treatment Courts use, I think it's
14 something that uhm, I know that Commissioner Hendon
15 is very big on and I want to commend Commissioner
16 Hendon and his staff. They are doing a big job.
17 They're boxing way above their weight relative to the
18 funding that they have. This is why it's urgent that
19 the other agencies have a stake. That this is a
20 friend of mine for all of the city agencies because
21 that's the only way it's going to happen. It's not
22 going to happen with only \$3.2 million of other than
23 personnel expenses that the city DVS has.

24 Number three, we need to do the outreach to
25 connect and from a selfish perspective a little bit,
to get people into Veterans specifically, more

3 involved in the community because that's how the
4 mentorship happens. That's how the outreach happens.
5 And from a city perspective on our not-for-profit
6 boards, volunteering, community boards, Veterans have
7 a wealth of leadership experience and knowledge that
8 is untapped.

9 It's a - I know on my Community Board; I am the
10 only Veteran who serves. I know one of my
11 neighboring community boards has no Veterans who
12 serve on it and I think that's not unique.

13 So, those are the three points I wanted to stress
14 and I thank all of you for having this meeting and
15 happy Veterans month, and if we are having our
16 Veterans event November 3rd, this Sunday at Memorial
17 Grove in Van Cortlandt Park, it will be at noon if
18 anyone chooses to come up to the beautiful Bronx.
19 Thank you very much Madam Chair. Thank you very much
20 Mr. Chair.

21 CHAIRPERSON HOLDEN: Thank you Sergio and what
22 you said about outreach is so important. If they
23 don't self-identify, the Veterans don't do that. We
24 don't know who they are and again, they're suffering
25 alone or with their families. So, I'd like to hear
some ideas and we'll talk maybe, we can talk in the

3 future about some of your ideas of outreach because I
4 did have some ideas on the city, I know the city is
5 not going to pay for outreach and they should but
6 they don't. The Administration won't put the money
7 into that or give DVS enough money that they can do
8 mailings or outreach but if somehow there could be an
9 outdoor campaign and I've suggested empty billboard
10 companies. They donated space many times. They did
11 it for a recruitment into the armed forces but they
12 haven't done it for Veterans and that's our goal is
13 try to get on bus shelters, space on bus shelters, on
14 kiosks, which is free. That we can do uh and I came
15 from advertising in my previous life so I have ideas
16 on how we could reach people that don't self-identify
17 by messages and advertising.

18 So, I think we should talk because I think all
19 your points were extremely valid and we do have to
20 solve them. I hope we could do it in my life time.
21 I don't know but there are ways to do it without even
22 putting resources. There are ways, so I think you
23 know having you as a tremendous asset in the Bronx is
24 important. So, let's talk. We could talk. We could
25 do either a Zoom or a phone conversation because I'd

3 like to pick your brain on some ideas that you may
4 have. Thanks again Sergio.

5 Okay, we have a last call for Michael Moreno,
6 Bryan Elliot Cook, and Sharon Brown Jedar Rose. Are
7 they here or online? Okay, well thank you everyone
8 for attending the hearing and this hearing is
9 adjourned. [GAVEL]

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C E R T I F I C A T E

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



Date November 15, 2024