

COMMITTEE ON MENTAL HEALTH, DISABILITIES  
AND ADDICTION

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CITY COUNCIL  
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH,  
DISABILITIES AND ADDICTION

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November 25, 2024  
Start: 10:13 a.m.  
Recess: 12:22 p.m.

HELD AT: COMMITTEE ROOM - CITY HALL

B E F O R E: Linda Lee, Chairperson

COUNCIL MEMBERS:

Shaun Abreu  
Erik D. Bottcher  
Tiffany Cabán  
Shahana Hanif  
Farrah N. Louis  
Kristy Marmorato  
Darlene Mealy

OTHER COUNCIL MEMBERS ATTENDING:

Rita C. Joseph

COMMITTEE ON MENTAL HEALTH, DISABILITIES  
AND ADDICTION

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A P P E A R A N C E S

Dr. Erica Lynne Smith, Director of the New York City Department of Health and Mental Hygiene School Mental Health Program within the Office of School Health

Marnie Davidoff, Assistant Commissioner for the Bureau of Children, Youth, and Families at the New York City Department of Health and Mental Hygiene

Beverly Logan, Executive Director for Counseling Supports for New York City Public Schools' Office of Safety Youth Development

Amallia Orman, Director of Student Voice from the Office of Safety and Youth Development at New York City Public Schools

Jamie Neckles, Assistant Commissioner for the Bureau of Mental Health at the New York City Department of Health and Mental Hygiene

Amber Song, Senior Program Coordinator at the Asian American Federation

Bella SoYoung Park, a bilingual counselor at the Korean American Family Service Center

Adeline Zhao, Mental Health Counselor at Garden of Hope

Adonte DaCosta, senior at Manhattan Early College School for Advertisement, member of Brotherhood Sister Sol

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

Cree Atkins-Griffin, senior at Repertory Company High School for Performing Arts, member of Brotherhood Sister Sol

Nasirah Fair, youth worker at the Brotherhood Sister Sol

Fiona O'Grady, Director of Government Relations for Samaritans of New York

Kumarie Cruz, Director of Education and Public Bereavement Services at Samaritans of New York

Brayden Wan, senior at Bard High School Early College in Manhattan and a Youth Advocate at the Asian American Student Advocacy Project Mental Health Campaign Team

Marcel Bass, junior at Union Square Academy for Health Sciences High School in Manhattan and a Youth Advocate at the Asian American Student Advocacy Project Mental Health Campaign

Sharon Brown Jeter, Rose of Sharon Enterprises

Zayn Tilley, Youth Council Co-Coordinator for Advocacy at Degrees NYC

Elizabeth Zemlansky, junior at the Wharton School of the University of Pennsylvania

William Juhn, Senior Staff Attorney at New York Lawyers for the Public Interest

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

Leonie Haimson, Co-Chair of Parent Coalition for  
Student Privacy

SERGEANT-AT-ARMS: Sound check for the  
Committee on Mental Health, Disabilities and  
Addictions. Today's date is November 25, 2024, being  
recorded by Danny Huang in the Committee Room.

SERGEANT-AT-ARMS: Good morning, and  
welcome to today's New York City Council hearing for  
the Committee for Mental Health, Disabilities and  
Addiction.

At this time, please silence all  
electronic devices.

No one may approach the dais at any time  
during today's hearing.

Chair, you may begin.

CHAIRPERSON LEE: Okay. [GAVEL] Good  
morning, everyone. Thanks for joining us here today,  
bright and early on a Monday morning. My name is  
Linda Lee, Chair of the Committee on Mental Health,  
Disabilities and Addictions, and I would like to  
begin by thanking all of us for being here, joining  
all of us today.

Before we begin, I would like to note  
that we are joined by Council Members Marmorato,  
Louis, Mealey.

1  
2 Today, our Committee is holding a hearing  
3 on four pieces of legislation related to youth mental  
4 health, which is the focus of the next stop on the  
5 Council's mental health roadmap. First bill is Intro  
6 Number 986, sponsored by Council Member Rita Joseph,  
7 which would establish a pilot program to involve  
8 mental health professionals and professional  
9 candidates in student wellness clubs in public middle  
10 and high schools.

11 Intro. 989, sponsored by myself, would  
12 require the creation of student wellness club  
13 toolkits. These toolkits, which must be distributed  
14 to all New York City public school students, would be  
15 designed to provide students with a comprehensive  
16 overview of how to start a student wellness club at  
17 their school, including the approval process as well  
18 as suggestions for curriculums and peer-led  
19 activities. The toolkits would allow students to  
20 personalize their clubs in a way that works best for  
21 them and their fellow students.

22 Intro. Number 996, sponsored by Council  
23 Member Althea Stevens, would require the creation of  
24 a peer-to-peer mental health training program to be  
25 offered in New York City public schools.

Intro. Number 1103, sponsored by Deputy Speaker Diana Ayala, would require community outreach by the Health Department regarding the availability of mental health counseling in response to violent and traumatic incidents.

We believe these bills are a crucial first step in tackling the youth mental health crisis, and the majority of the bills involve implementing peer-led mental health support services into our public schools. Schools offer a unique opportunity to address the mental health and wellness of New York City youth. According to American Psychological Association, the degree to which youth and young people feel that adults and peers at school care about them and are invested in their success was found to be a key contributor to their mental health. One of the goals of all of these bills is to send a message not only to our youth, but also to school administrators, teachers, school staff, and community members, that we hear their concerns and will do whatever it is in the Council's power to address this crisis by first and foremost listening to the youth themselves and investing in their ability to succeed. We are excited to receive feedback on the legislation

1  
2 and learn more about how the bills can help address  
3 this ongoing crisis.

4           I want to thank the Administration,  
5 advocates, students, providers, and individuals with  
6 lived experience who have taken the time to join us  
7 today, and we look forward to hearing from you and,  
8 you know, as I was mentioning to a few of you  
9 earlier, I really look forward to feedback and  
10 genuine feedback on the concerns or any challenges  
11 you may think will impede the implementation,  
12 suggestions to improve it would be awesome, and I'm a  
13 huge supporter of anything that is peer-led,  
14 especially when it comes to youth, and this was  
15 something that we heard over and over again because  
16 we had several roundtable conversations with youth as  
17 we drafted these bills and also as we move forward  
18 with the youth mental health phase of the roadmap,  
19 and so I think it's important to hear from providers,  
20 from you all, as ones who would have to be  
21 implementing this, as well as from the youth, and so  
22 hopefully it will result in services that we know  
23 will really help out our students and meet them where  
24 they are, especially in the school setting.



1  
2 I just want to thank the Committee Staff  
3 who worked to prepare this hearing as well as my own  
4 staff, and I will now turn it over to the sponsors of  
5 the bill. Okay, that's myself because Rita's not  
6 here. Sorry. I'm just reading the script. This is  
7 where I have to, like, get off script.

8 Okay, so Chair Joseph actually wanted to  
9 be here but is stuck in really bad traffic, so she  
10 asked me to go ahead and read her statement on her  
11 bill, which is Introduction 986, so bear with me as I  
12 just read her statement.

13 Chairperson Lee and Colleagues on the  
14 Council, I'm thrilled that my bill, Intro. 986, is  
15 being heard in today's hearing. Intro. 986 relates to  
16 a pilot program aimed at involving mental health  
17 professionals and professional candidates in student  
18 wellness clubs in public middle and high schools.  
19 This bill would require the Commissioner of Health  
20 and Mental Hygiene to develop a two-year pilot  
21 program to engage mental health professionals and  
22 professional candidates in these wellness clubs. The  
23 Commissioner would make every effort to recruit  
24 mental health professionals for voluntary  
25 participation and form partnerships with universities

1 to recruit mental health professional candidates.  
2  
3 These professionals and candidates would facilitate  
4 student discussions and workshops on various mental  
5 health topics. The bill also calls for the  
6 Commissioner to work closely with the Chancellor of  
7 New York City Public Schools to establish the program  
8 within these clubs. Additionally, the Commissioner,  
9 in coordination with the Chancellor, would be  
10 required to submit a report... oh, I just lost my  
11 place, sorry, hold on, report on the program to the  
12 Mayor and the Speaker of the Council and make it  
13 publicly available online. This initiative provides a  
14 meaningful opportunity to address the critical need  
15 for mental health services for our students. By  
16 leveraging existing resources, our mental health  
17 professionals and professional candidates, we can  
18 make a significant impact on student wellness. I look  
19 forward to hearing the agency's feedback on the bill  
20 and continuing to refine this important initiative.  
21 Thank you to everyone who has contributed to bringing  
22 this bill to this stage.

23 I will now turn it over to Committee  
24 Council to administer the oath.

25

COMMITTEE COUNSEL SUCHER: Now, in  
accordance with the rules of the Council, I will  
administer the affirmation to the witnesses from the  
Mayoral Administration. Please raise your right hand.

Do you affirm to tell the truth, the  
whole truth, and nothing but the truth in your  
testimony before this Committee and to respond  
honestly to Council Members' questions?

ADMINISTRATION: (INAUDIBLE)

COMMITTEE COUNSEL SUCHER: Thank you.  
Prior to delivering your testimony, please state your  
name and title for the record, and you may begin when  
ready.

DIRECTOR SMITH: Can you hear me?

COMMITTEE COUNSEL SUCHER: Yeah, you can  
move it a little bit closer.

DIRECTOR SMITH: Okay, sure. Let me know  
if you can hear me now.

Okay. So, good morning, Chair Lee and  
Members of the Committee on Mental Health,  
Disabilities, and Addiction. I'm sorry that  
Councilwoman Joseph is stuck in traffic. My name is  
Dr. Erica Lynne Smith, and I'm the Director of the  
School Mental Health Program, which we call SMH,

1 within the Office of School Health, which we call  
2 OSH. OSH is a joint office in New York City Public  
3 Schools and the Department of Health and Mental  
4 Hygiene. We thank you for the opportunity to discuss  
5 Introductions 986, 989, and 996 regarding supports  
6 around student wellness. I'm joined today by Marnie  
7 Davidoff, Assistant Commissioner for the Bureau of  
8 Children, Youth, and Families, or CYF, at the Health  
9 Department, and Beverly Logan, Executive Director of  
10 Counseling Supports, and Amallia Orman, Director of  
11 Student Voice from the Office of Safety and Youth  
12 Development at New York City Public Schools, or OSYD.  
13 I'm also joined by my colleague, Jamie Neckles,  
14 Assistant Commissioner for the Bureau of Mental  
15 Health at the Health Department, who will be  
16 addressing Introduction 1103 in her testimony. We do  
17 greatly appreciate your continued partnership in  
18 supporting our students, families, and schools.

19  
20 Before I discuss the proposed  
21 legislation, I want to provide a landscape of what  
22 school mental health programming looks like today  
23 across New York City Public Schools. The Office of  
24 School Health's School Mental Health Program works  
25 with schools in a variety of ways. We partner with

1 multiple offices at New York City Public Schools at  
2 the local, district, and central level and share our  
3 mental health expertise to design and implement  
4 services that meet the unique needs of each school.  
5 Complementing the work that New York City Public  
6 Schools has done with over 5,000 school social  
7 workers, SMH works closely with external partners to  
8 bring clinical mental health to schools. We work  
9 directly with 548 schools and oversee external mental  
10 health providers delivering services on-site. We  
11 oversee the contracting, operations, and delivery of  
12 mental health services. We assist providers and  
13 schools in translating policies that impact delivery  
14 of mental health services, including the fiscal  
15 sustainability of those partnerships. We are involved  
16 in the establishment and licensure process for  
17 Article 31 clinics in partnership with our children,  
18 youth, and family colleagues in mental hygiene and  
19 our New York State partners in the Office of Mental  
20 Health. There are over 200 Article 31 clinics serving  
21 over 150,000 students with more pending approval.  
22 Once approved, these clinics will serve thousands of  
23 additional students. Mental health services are  
24 offered through Article 31 clinics or community-based  
25

1 organizations, CBOs, that employ mental health  
2 professionals licensed to address treatment and  
3 supportive needs. Clinics provide traditional  
4 outpatient mental health services in schools. These  
5 clinics provide treatment and provide a range of  
6 individual, group, and family clinical interventions.  
7

8 Services are designed to address  
9 different needs across three tiers of services,  
10 targeted, selective, and universal. Targeted services  
11 meet the needs of students that have a diagnosable  
12 mental health disorder that require intensive and  
13 specialized interventions and supports. Selective  
14 services are intended for students that may be  
15 presenting or at risk of developing symptoms  
16 associated with mental health diagnosis. Many of  
17 these services are preventive and reduce the risk of  
18 development of a diagnosable mental health disorder.  
19 They can be provided alone or function as a support  
20 to other interventions from the other tiers. Services  
21 can include groups to learn how to regulate emotions  
22 or individual supportive counseling. Universal  
23 services are more generalized, are provided school-  
24 wide, and can include services like presentations and  
25 professional development for teachers. Providing

1 mental health services in schools presents both  
2 challenges and opportunities. SMH emphasizes the need  
3 for a comprehensive approach that includes all three  
4 service tiers to best support students' mental  
5 health.  
6

7           As I mentioned earlier, we work hand-in-  
8 hand with the Health Department's Division of Mental  
9 Hygiene's Bureau of Children, Youth, and Families and  
10 the New York City Public Schools Office of Safety and  
11 Youth Development. CYF and OSH collaborate closely on  
12 processes involved in operating a licensed mental  
13 health clinic in a school. Providers seeking state  
14 licensure to open a school-based health clinic  
15 require a letter of support from the local  
16 government. While CYF reviews the provider's  
17 application, OSH assesses the school's need and  
18 readiness for a satellite clinic and provides  
19 implementation support in the delivery of on-site  
20 services. We also partner with the Office of Safety  
21 and Youth Development in an advisory capacity and  
22 assist in furthering their work in the areas of  
23 crisis prevention and intervention and suicide  
24 prevention. In schools we work in, we partner with  
25 all New York City Public Schools supportive staff,

1 including school social workers and guidance  
2 counselors.  
3

4 I will now turn to each of the bills  
5 except Introduction 1103, which Assistant  
6 Commissioner Jamie Neckles will address. Overall, we  
7 appreciate the Council's interest in the topic of  
8 wellness and the values of bringing student voice to  
9 the conversation. We look forward to having further  
10 discussions on how to best accomplish the school.

11 Introduction 989 would require the Health  
12 Department to create a student wellness club toolkit  
13 and make it available to New York City's public  
14 middle and high schools. The Health Department is  
15 already tasked with creating materials for a variety  
16 of health topics for the public. We can advise on  
17 content for the development of a toolkit, and we look  
18 forward to having a conversation with Council on how  
19 to best accomplish this goal. New York City Public  
20 Schools could distribute the toolkits as they see fit  
21 for their school communities.

22 Introduction 986 proposes a pilot program  
23 to involve mental health professionals in student  
24 wellness clubs in middle and high schools. The Health  
25 Department provides oversight and expertise in



1 clinical mental health supports in schools, so we can  
2 speak to the clinical workforce aspect of the bill.  
3 Relying on a volunteer workforce to fulfill a mandate  
4 could pose significant challenges to implementation  
5 and raises issues related to safety and fair  
6 compensation. Student clubs are organized on a  
7 school-by-school basis and reflect the unique  
8 interests of the student body and staff's capacity to  
9 organize and oversee these activities. However, OSH  
10 has begun conversations with organizations that run  
11 student wellness clubs with a mental health focus.  
12 These organizations are currently going through our  
13 standard processes to ensure school student safety  
14 and privacy. These are evidence-based models that  
15 assist schools and students in establishing clubs  
16 that promote education and destigmatization of mental  
17 health topics in a manner appropriate to students. We  
18 are at the beginning stages of small pilots to  
19 understand how these models work in New York City  
20 Public Schools, and we look forward to sharing the  
21 outcomes of these pilots at a later time.

22  
23 I will now speak to Introduction 996,  
24 which would require the Health Department to develop  
25 and offer a peer-to-peer mental health training

1 program in schools and New York City Public Schools  
2 to distribute information to students on such  
3 programs. Peer-to-peer support programs should  
4 complement rather than substitute for clinical  
5 services provided by trained mental health  
6 professionals. The Health Department understands the  
7 value of peer support programs for youth mental  
8 health as part of a comprehensive approach. New York  
9 City Public Schools is seeing excitement from  
10 students who want to do the work because they  
11 understand the importance of their own mental health  
12 and engaging with fellow students. There are two  
13 exciting conversations about peer-to-peer programs  
14 happening. First, the 2023-24 Chancellor's Student  
15 Advisory Committee, or CSAC, in partnership with New  
16 York City Public School staff, recommend the  
17 development of peer-to-peer programs facilitated by a  
18 school counselor or mental health professional.  
19 Secondly, teen mental health first aid training that  
20 teaches teens to listen without judgment to their  
21 peers and seek adult support when needed are part of  
22 the conversation. We look forward to speaking with  
23 Council to determine ways forward for student  
24 proposals like this to come to fruition, ways to  
25

1  
2 support promising peer-to-peer programs currently in  
3 pilot phases through processes in which students feel  
4 seen and heard.

5           The Office of School Health, the Health  
6 Department, and New York City Public Schools are  
7 committed to supporting the mental health and well-  
8 being of our students. Thank you for the opportunity  
9 to testify today. We look forward to collaborating  
10 with the Council and New York City Public Schools to  
11 strengthen youth and mental health initiatives. I'm  
12 happy to answer any questions.

13           CHAIRPERSON LEE: Thank you. Before we  
14 move on to Assistant Commissioner, we want to just  
15 recognize Council Member Abreu.

16           Sorry, go ahead.

17           ASSISTANT COMMISSIONER NECKLES: Good  
18 morning, Chair Lee and Members of the Committee. I'm  
19 Jamie Neckles, Assistant Commissioner for the Bureau  
20 of Mental Health at the New York City Department of  
21 Health and Mental Hygiene. Thank you for the  
22 opportunity to testify today on Introduction 1103 of  
23 2024, proposed legislation regarding outreach  
24 following violent and traumatic events.

1 Introduction 1103 was introduced on  
2 November 13th. We've reviewed it but have had little  
3 time to discuss with our agency partners. That said,  
4 we have some concerns regarding the legislation. We  
5 understand that violent and traumatic events take a  
6 serious emotional and physical toll on individuals  
7 and communities. The Health Department supports a  
8 wide array of mental health services, 9-8-8, mobile  
9 crisis teams, youth mental health services in  
10 schools, teen space, and much more. The Health  
11 Department is constantly working behind the scenes to  
12 better understand community needs and tailor our  
13 response system. Generally, we have concerns about  
14 implementing a one-size-fits-all response to  
15 traumatic events. Each person and situation is  
16 unique. We recommend an approach that offers choice  
17 and control to the person who experienced the trauma.  
18 This could be done through a 9-8-8 brochure or a palm  
19 card that encourages New Yorkers to call, text, or  
20 chat NYC 9-8-8 counselors or peer support specialists  
21 if they need someone to talk to following a traumatic  
22 event. NYC 9-8-8 is available via talk, text, and  
23 chat any time of day, any day of the year. 9-8-8  
24 counselors and peers are trained to listen, provide  
25

1 emotional support, and help to identify the next best  
2 step for each unique situation. For many people,  
3 confidential telephonic support feels safe and is a  
4 convenient way to cope with their distress. They can  
5 talk, text, or chat as long as they want and reach  
6 back out as needed whenever they want. In discussion  
7 with a 9-8-8 counselor, the person can be connected  
8 to the full array of mental health services available  
9 in our city. Some people may benefit from in-person  
10 de-escalation by a mobile crisis team that can  
11 respond within a few hours citywide. Still others may  
12 prefer a referral to a support group or mental health  
13 clinic in their neighborhood. Every situation is  
14 unique. People have different preferences, so we  
15 provide options. The Health Department is deeply  
16 committed to supporting the mental health of New  
17 Yorkers. We recommend a person-centered, trauma-  
18 informed approach to mental health care that offers  
19 people choices. The most effective way to do that is  
20 to encourage people to contact a 9-8-8 counselor or  
21 peer support specialist when they want to and how  
22 they want to. In conversation with NYC 9-8-8, they  
23 can share their story, be heard, learn coping skills,  
24

1  
2 and be connected to the services that meet their  
3 needs and preferences. Thank you.

4 CHAIRPERSON LEE: Okay. Thank you so much  
5 for sharing your testimony.

6 We've been joined by Council Member  
7 Cabán.

8 Okay, so I'm just going to dive right in.  
9 I'm just trying to figure out the best way to do  
10 this. Maybe I'll just go in order of the bill  
11 numbers. So, regarding Intro. 986, which is Council  
12 Member Rita Joseph's bill, quick question. I just  
13 want to make sure before I ask questions that I have  
14 the numbers correct. Because last I heard from DOE  
15 and DOHMH, I think at some point last year, and I  
16 remember the reason why I remember this is because it  
17 stuck out to me so much, because at one hearing we  
18 had early on in the year, I think there were about a  
19 few hundred, 300, 400 schools that had social  
20 workers, and then the next time we had our hearing, I  
21 remember they were saying that all the schools had  
22 social workers, whether it's part-time or full-time,  
23 so I just wanted to make sure, is that still the case  
24 or no?  
25

1  
2 DIRECTOR SMITH: I'll let my colleague  
3 speak to the school social worker, and then I think  
4 what you're asking is about mental health, external  
5 social workers that are in schools as well.

6 CHAIRPERSON LEE: I think both, right?  
7 Because I know... yeah, yeah, yeah, okay.

8 DIRECTOR SMITH: Yes.

9 CHAIRPERSON LEE: Okay.

10 EXECUTIVE DIRECTOR LOGAN: Good morning,  
11 Council. I'm Dr. Logan. I'm the Executive Director  
12 for Counseling Supports for New York City Public  
13 Schools' Office of Safety Youth Development.  
14 Currently, between school counselors and social  
15 workers, we have about 5,200. Every student has  
16 access to a school counselor, a social worker, a  
17 mental health clinic, through external partner or  
18 clinics that are within their building.

19 CHAIRPERSON LEE: Okay, perfect. According  
20 to this, we have 548 schools, work directly with 548  
21 schools, oversee any mental health providers  
22 delivering services on site. Okay, so for the 548  
23 schools, just to clarify, are those the ones that  
24 have not just the Article 31s, but if you could  
25 differentiate, because I know that there's school-

1 based mental health clinics which are run by the  
2 Article 31 providers and then there's just schools  
3 with either social workers or counselors there so is  
4 the 548 a combination of those? Sorry.

5  
6 DIRECTOR SMITH: That's okay. It's  
7 complicated. So that's absolutely fine. Ask as many  
8 questions as you need. The 548 schools are schools  
9 that have someone from my program, School Mental  
10 Health, on site, and it's a capacity issue. There's  
11 1,800 schools. We already have the capacity to serve  
12 548, and we provide implementation support in those  
13 schools, which means we work with external mental  
14 health providers and community-based organizations,  
15 which can also provide mental health services on site  
16 in school. I want to make the distinction between  
17 what school social workers and guidance counselors do  
18 versus clinical social workers on site within an  
19 agency that comes on site into a school, and that  
20 includes Article 31s and other mental health provider  
21 CBOs.

22 CHAIRPERSON LEE: Nice. Okay. Let me just  
23 see here. How many total public schools are there  
24 again? It's 1,000... how many?



1  
2 DIRECTOR SMITH: In districts... well, do  
3 you want to talk about the... we're in districts 1  
4 through 32.

5 CHAIRPERSON LEE: Okay.

6 DIRECTOR SMITH: And there's approximately  
7 1,540-ish.

8 CHAIRPERSON LEE: Okay, that's what I  
9 thought.

10 DIRECTOR SMITH: But I can get the exact  
11 number to you.

12 CHAIRPERSON LEE: Okay.

13 DIRECTOR SMITH: And then there's  
14 approximately 1,800 public schools, which includes  
15 79s, 84s, and 75s.

16 CHAIRPERSON LEE: Okay, awesome. No, I  
17 just wanted to make sure because I remember it was  
18 definitely less than 2,000, somewhere above 1,500.

19 DIRECTOR SMITH: Right, it's kind of a  
20 moving target sometimes.

21 CHAIRPERSON LEE: Okay. I guess I hear you  
22 in terms of what the challenges would be for  
23 implementation of 986, but I guess because it is a  
24 pilot project that the bill is proposing, would it be  
25 possible to have, for example, start off with the

1 schools that do have the school-based mental health  
2 clinics, or do you think a better assessment would be  
3 to have a mixture of both to try to see how it would  
4 work in schools also with the non-Article 31 clinics?  
5

6 DIRECTOR SMITH: I think, you know, we're  
7 always working with our New York City public schools  
8 and CBO partners to provide clinical mental health  
9 supports to schools. I think we would need to have  
10 further conversations about implementation because  
11 implementation is kind of a broad category, and  
12 pilots hopefully lead to, you know, rollouts of  
13 larger programming for schools. I don't know that I  
14 can say at this moment if it would be better to have,  
15 you know... some of our pilots are only two schools, so  
16 I don't know that I can speak to that off the cuff.

17 CHAIRPERSON LEE: Okay. Yeah, I was just  
18 curious to hear from your perspective because I'm  
19 sure you've had to implement some of these types of  
20 pilot projects before, so is it better to have one in  
21 each borough, for example, is it better to look at  
22 the zip codes with higher needs and see where those  
23 schools fall with the Article 31 school-based  
24 clinics, and I'd be curious to hear, if the bill were  
25 to pass, just recommendations from you all on how

1 best to look at the pilot project because I think  
2 what we keep hearing over and over again from not  
3 just the providers but also the students is how  
4 important it is to have the wellness clubs and also  
5 not that there has to be per se... it really is almost  
6 like you mentioned in the testimony, these programs  
7 hopefully are meant to complement what's already  
8 there, and so the way I see this is that the more we  
9 can try to provide different spaces where mental  
10 health issues may arise and could be detected and  
11 then send them to the proper, if they need further  
12 help or if they don't, that's fine either way, but,  
13 you know, it's just another sort of catch, you know,  
14 way to catch the folks from slipping through the  
15 cracks and so I don't know, I mean, obviously, I know  
16 it's going to be an ongoing conversation, but those  
17 are the things that I would love to hear from you all  
18 on is how you would see it as being more successful.  
19 I personally think that it would be great if we could  
20 have at least one in every borough because I know  
21 that sometimes certain boroughs get neglected, and  
22 it's not always the high-need zip codes, perhaps,  
23 because, you know, students travel to different  
24 schools all over the city as well as the fact that,  
25

1 you know, mental health doesn't discriminate, right?  
2 Every student suffers from it no matter where you're  
3 coming from so I just wanted to point those things  
4 out, but...

6 DIRECTOR SMITH: And I appreciate that,  
7 Chair Lee, absolutely, and that's why it's very  
8 important to, I mean, in the schools that we have  
9 managers, those are the schools that have the  
10 longest-lasting relationships with providers, whether  
11 they're Article 31 clinics or others, because we can  
12 sort of look at the system of the school and  
13 understand the aspects that need to either be built  
14 up before bringing something into a school or, you  
15 know, help the school understand what they're  
16 getting.

17 CHAIRPERSON LEE: Let me take two steps  
18 back because this may already be in existence, just  
19 maybe not formally in this fashion, but are there  
20 schools currently that you have where students, let's  
21 just say, you know, let's just say there's a social  
22 worker mental health professional already located in  
23 the school and students actually go to the principal  
24 or administrators and say, hey, we want to start this  
25 wellness club. Like, have there been incidences of

1  
2 that? And maybe we could use that also as a model for  
3 this type of pilot project.

4 DIRECTOR SMITH: I invite my colleague  
5 from New York City Public Schools, Amallia Orman, and  
6 she speaks so wonderfully about student voice to sort  
7 of respond to that.

8 COMMITTEE COUNSEL SUCHER: I would think  
9 the best ones are student-driven and led, so.

10 DIRECTOR SMITH: Yes, and they come up  
11 with such great ideas. We have implemented other  
12 programs that they've come up with so.

13 CHAIRPERSON LEE: Okay.

14 COMMITTEE COUNSEL SUCHER: Sorry, before  
15 you begin, I just need to swear you in.

16 DIRECTOR ORMAN: Sure.

17 COMMITTEE COUNSEL SUCHER: Please raise  
18 your right hand.

19 Do you affirm to tell the truth, the  
20 whole truth, and nothing but the truth in your  
21 testimony before this Committee and to respond  
22 honestly to Council Member questions?

23 DIRECTOR ORMAN: I do.

24 COMMITTEE COUNSEL SUCHER: Thank you. You  
25 may begin.

1  
2                   DIRECTOR ORMAN: Okay. Good morning. My  
3 name's Amallia Orman, and I'm the Student Voice  
4 Manager at New York City Public Schools Office of  
5 Safety and Youth Development, and I love your  
6 question about can we model some pilots after young  
7 people raising this idea of having a wellness club at  
8 their school. In my experience listening to youth,  
9 this does happen frequently, especially during COVID  
10 and post-COVID. Actually, so I have this role as  
11 Student Voice Manager, and I listen to students all  
12 the time, but I also run a program specifically  
13 called the Chancellor's Student Advisory Council. A  
14 couple years ago, we made a handout called How to  
15 Start a Youth-Led Mental Health Initiative at Your  
16 School, because this was happening a lot, and I do  
17 think it's a great model when you can back young  
18 people's ideas and form initiatives that way so, yes,  
19 this has been happening.

20                   CHAIRPERSON LEE: Just really quickly, so,  
21 because I know the bill is talking about involving  
22 mental health professionals in those clubs, and so  
23 are they currently there now, or are they just purely  
24 student-led?

1  
2           DIRECTOR ORMAN: I don't know that I could  
3 answer that for certain, but just anecdotally, I  
4 think that young people gravitate towards supportive  
5 adults in their school that may or may not have a  
6 clinical association, might be a SAPIS counselor,  
7 might be a guidance counselor, but I would say that  
8 young people also advocate for more mental health  
9 professionals in their school.

10           CHAIRPERSON LEE: Nice. Okay, great.  
11 Actually, that kind of segues a little bit into the  
12 bill that we have that I'm proposing about the  
13 toolkits, because have you, in your experience  
14 working with some of these peer-led groups that may  
15 exist in the toolkits that you have now, could you  
16 kind of go through what currently exists in the  
17 materials that you're handing out, and then also  
18 additionally what could be added that you think is  
19 lacking that maybe could use improvement?

20           DIRECTOR SMITH: There are two models that  
21 we're looking at in pilot programs that have content  
22 that we haven't explicitly developed, and we are  
23 looking at them so I can't report out, but I'm happy  
24 to bring those models at a further time for you to  
25 review. I think that's the purpose of why we're

1  
2 piloting them. They're both evidence-based practices  
3 used in other districts so they have a cadre of folks  
4 who've worked on them, and they're in the process of  
5 going through IRB and all of the processes and  
6 protocols to protect student information.

7           CHAIRPERSON LEE: Okay, nice. Thank you.  
8 Sorry, I'm just jumping around a little bit, but for  
9 Intro. 996, which is Council Member Stevens' bill to  
10 develop and offer peer-to-peer mental health training  
11 programs in schools, I'm sorry, I think I missed this  
12 during the testimony, but did you say that you have  
13 the student-led mental health first aid trainings?

14           DIRECTOR SMITH: Yeah, so it's similar to  
15 the adult mental health first aid that was sponsored  
16 a while ago. We have an organization that received a  
17 SAMHSA grant that will provide training for both, but  
18 teen mental health first aid has just been released  
19 and developed using the same principles, which is  
20 basically teaching teens on how to listen with no  
21 judgment and also where to go should needed further  
22 sort of clinical mental health services.

23           CHAIRPERSON LEE: Okay. How are the  
24 students informed about the programs and if they want  
25



1  
2 to take that training or if they want to participate  
3 in other student-led programs?

4 DIRECTOR SMITH: We haven't done formal  
5 information because it literally just came out.

6 CHAIRPERSON LEE: Got it.

7 DIRECTOR SMITH: We would have to talk to  
8 our New York City Public School colleagues around  
9 what that would look like.

10 CHAIRPERSON LEE: I'd love to know. Are  
11 you able to speak to how is that data being collected  
12 since it's a new program?

13 DIRECTOR SMITH: Again, I don't have data  
14 around it. It's a super small initiative right now.  
15 Our office keeps track of who attends, but that's  
16 huge, very aggregate numbers on who would attend  
17 adult mental health first aid. We don't collect any  
18 identifying information about that. Again, we would  
19 have to speak in more detail about what would be  
20 appropriate in terms of implementation and privacy  
21 with our colleagues and with City Council.

22 CHAIRPERSON LEE: Okay. Because I think on  
23 the data collection piece also, I'd like to see if  
24 you could let us know what metrics you are using to  
25

1 also then later evaluate if it was successful or not,  
2 which I guess go hand in hand.

3  
4 DIRECTOR SMITH: Successful is kind of a...  
5 I try to stay away from the word successful and  
6 really more about was there uptake or not. It's  
7 subjective, right?

8 CHAIRPERSON LEE: Yeah, yeah, yeah.

9 DIRECTOR SMITH: So was there uptake or  
10 not? When we work with providers to provide services  
11 in schools, we collect utilization data. There's no  
12 PHI, there's no treatment data. We really are  
13 involved with ensuring that, very colloquially, if  
14 we're selling something and they're not buying it,  
15 then it doesn't matter. It can be the best  
16 intervention in the world. We collect number of  
17 services provided, number of attendees, and that's  
18 really it in terms of, whenever we partner with...

19 CHAIRPERSON LEE: I agree. I think maybe  
20 effective is a better word, I don't know what the  
21 right word is, but to your point, I think the  
22 utilization piece is really important because then if  
23 the numbers are low and students are not utilizing  
24 these services, then is it a question of that they  
25 don't know that it's there, is it a question that

1 they don't know about the trainings or haven't been  
2 informed enough, or is it that they're just not  
3 interested, or maybe this is not the right space, or  
4 the medium for it. I don't know.

6 DIRECTOR SMITH: Right, and I've seen many  
7 programs come and go. I've been working in this field  
8 since 9/11, actually in a school, and I caution that  
9 implementation is often neglected, and it's so  
10 important because a lot of times what happens is when  
11 you reflect on something that "didn't work," it's  
12 because of the implementation support wasn't there,  
13 not that it's not an effective program, but again,  
14 implementation is about on the ground and exactly  
15 what you're mentioning, are people utilizing the  
16 service and is it appropriate to the population it  
17 intends to serve.

18 CHAIRPERSON LEE: Right. I guess in that  
19 same vein, I'd be wondering what DOHMH and DOE's sort  
20 of outreach processes given the different languages,  
21 cultural nuances, and the fact that a lot of folks  
22 are simply just not going to talk about this no  
23 matter what. How do we do the outreach?

24 DIRECTOR SMITH: In the 548 schools that  
25 we're in, I can speak to that, because we have

1 someone on site in those schools. The teams that I  
2 have, my colleagues that are in schools have a  
3 caseload of 15 schools. They know their schools, they  
4 know their principals, they know the providers that  
5 are on site, and we can look at using that data if  
6 there's blips. What I mean by a blip is if there  
7 aren't any referrals, we can speak both to the New  
8 York City Public Schools staff who are on site and we  
9 can also speak to the providers and really come  
10 together to really understand if the referral process  
11 is working, and that's what really sustains  
12 programming. Having that conduit through which both  
13 parties can come and talk about their concerns or  
14 things that aren't working, and then we can fix it.  
15 It's very important to any implementation process.

17 CHAIRPERSON LEE: We've been joined by  
18 Council Member Joseph. Hopefully, I did your  
19 statement justice by reading it. If you have  
20 questions, just let us know.

21 Let me just ask a couple more questions,  
22 and then I'll hand it off to Colleagues to also ask,  
23 and then we can do other rounds if necessary. To the  
24 1103 bill, I actually think, and maybe this is just  
25 the way I'm reading it, so I totally agree with all

1 the things you're doing with the 9-8-8 and letting  
2 folks know through, oh my gosh, I'm blanking, the  
3 online web text, I'm sorry, yes, Teenspace. I had a  
4 brain lapse for a second. Teenspace, which are all  
5 really good things that I know that the City has been  
6 trying to work on and implement. I think the bill,  
7 though, to my question also was sort of the step  
8 before that happens. I think once we've identified  
9 that someone does need further help after a traumatic  
10 event, then I do believe that you all are doing a  
11 good job in notifying them about all the services,  
12 but I guess my question is more how does it get  
13 reported or how do we take that data in the step  
14 before? Let's just say there's an actual, I don't  
15 know, I'm just making something up, but there's an  
16 incident or report through either ACS or through a  
17 police report where there was clearly something  
18 traumatic that happened in someone's home then how  
19 does that data get translated or handed off to you  
20 all and how does it get recorded is I guess my  
21 question, or reported.

22  
23 ASSISTANT COMMISSIONER NECKLES: I think I  
24 understand your question. I would say that there is  
25 no reporting system for traumatic events. Sadly,

1 there's substantial amounts of trauma that occur. We  
2 take a universal approach by offering everybody this  
3 very simple call to action, 9-8-8, rather than  
4 starting with a report of trauma. Assume that there  
5 is trauma occurring in our city and offering people a  
6 convenient way to reach out whenever they want. Not a  
7 report-based system. We're proposing a universal  
8 access.

10 CHAIRPERSON LEE: Okay. I guess my  
11 question, thank you for helping me clarify my  
12 thoughts because I don't always think clearly. Is  
13 DOHMH proactively, let's just say there's a shooting  
14 that happens in the community or in a school or  
15 something that has an impact in the local community.  
16 Is DOHMH or any agents or DOE, are you all actively  
17 going to the families of those communities to say,  
18 hey, by the way, these services are available to  
19 everyone? Is there a way to streamline that or to  
20 better communicate that? I don't know.

21 EXECUTIVE DIRECTOR LOGAN: Council Member  
22 Lee, if an event occurs in the neighborhood or the  
23 home and it's reported to the school, we on the DOE,  
24 on New York City Public Schools side, have a crisis  
25 support protocol in place. Usually, if the family

1 notifies the principal, we reach out to the family  
2 and then we figure out what supports are needed. We  
3 do reach out to our DOHMH partners if there's an on-  
4 site clinic within the school or for referrals  
5 outside to connect with the families. We also have a  
6 very good partnership with preventive services  
7 through ACS. It's another avenue where we support  
8 families in that manner.  
9

10 ASSISTANT COMMISSIONER NECKLES: I can add  
11 a couple more points to that. Beyond the school-based  
12 work, the Health Department has two programs that  
13 address violence in our mental health response. The  
14 first, Hospital-Based Violence Intervention Program  
15 reduces or aims to reduce the risk of readmission for  
16 violent injuries among patients who are admitted to  
17 hospitals following non-fatal assaults. This is a  
18 bedside conflict mediation to follow up to a violent  
19 event. Secondly, we have a Strong Messenger Project  
20 which provides mental health support to the city's  
21 largest violence response issue, the Cure Violence  
22 program. We provide mental health support to the Cure  
23 Violence Credible Messengers.

24 CHAIRPERSON LEE: Okay. That's good. Do  
25 you all work with other providers in the community

1 that are non-school-based? I would imagine something  
2 that's more traumatic that happens community-wide. Is  
3 there, I guess, a natural network of people that you  
4 reach out to, whether it's non-profit organizations,  
5 because I would think with the Cure Violence stuff,  
6 there's a lot of other partners that you probably  
7 work with, and then, just if you could sort of  
8 discuss what the partnership looks like, I guess,  
9 between DOHMH and NYPD, for example. Is there  
10 reporting that they all reach out to you on, for  
11 example, once something like this happens in the  
12 community, and then does that get translated into  
13 outreach? I guess I'm just trying to figure out, in  
14 terms of the flow of communication, how that works  
15 when incidences like that happen.

17 ASSISTANT COMMISSIONER NECKLES: Sure. The  
18 Health Department, we respond to requests for joint  
19 operations with other City agencies to provide the  
20 health strategy and outreach with community members  
21 and using CBOs to sort of leverage our reach. I'll  
22 leave it at that. Does that answer your question? I  
23 want to pause for a moment.

24 CHAIRPERSON LEE: I guess. Because I know  
25 that there's joint task forces within the



1 Administration, for example, but I guess I'm just  
2 wondering in real time, if there's an incident that  
3 happens in the community, how does that flow of  
4 communication usually work, and how quick is the  
5 response usually?  
6

7 ASSISTANT COMMISSIONER NECKLES: The  
8 Police Department is not making referrals to the  
9 Health Department at this point. There will be joint  
10 operations when a larger community-level issue is  
11 needed. I think what we're proposing here is using  
12 brochures and palm cards to give people the choice to  
13 reach out when they want to. Not everybody wants  
14 somebody knocking on their door at a given timeframe  
15 subsequent to a traumatic event. People process these  
16 things differently, and we want to give them control  
17 over the situation.

18 CHAIRPERSON LEE: Yeah, because they may  
19 see the palm card at that moment and say, this is not  
20 for me, and then a month or a week later realize that  
21 they want to reach out to somebody, and I guess my  
22 question is, how do we just make sure that they have  
23 that in their hand or have that knowledge in their  
24 hand because in that moment, they're probably not  
25 even thinking about it but, when it sort of settles,

1  
2 how do we make sure that they have access to those  
3 services?

4           Okay. Council Member Joseph, do you have  
5 questions you wanted to ask on your bill? Okay.

6           COUNCIL MEMBER JOSEPH: Thank you. Thank  
7 you for being here. I just want to shout out the  
8 Crisis Department. When we call, you always show up  
9 at schools to make sure you're supporting our  
10 students, and I know recently we had a tragedy in one  
11 of our schools, and you showed up, and thank you for  
12 embracing that young man who needed it more than  
13 ever. Thank you for that.

14           I have a couple of questions around  
15 Teenspace, right? I know parents have been  
16 complaining, and I know advocates have as well,  
17 around privacy issues. How are we addressing that  
18 privacy issue around Teenspace?

19           DIRECTOR SMITH: I invite our colleague,  
20 Assistant Commissioner Marnie Davidoff to answer  
21 questions around Teenspace.

22           COUNCIL MEMBER JOSEPH: Okay. Thank you.

23           CHAIRPERSON LEE: Also, we've been joined  
24 by Council Member Hanif on Zoom.

COMMITTEE COUNSEL SUCHER: Hi. I just need  
to administer the oath. Please raise your right hand.

Do you affirm to tell the truth, the  
whole truth, and nothing but the truth in your  
testimony before this Committee and to respond  
honestly to Council Member's questions?

ASSISTANT COMMISSIONER DAVIDOFF: I do.

COMMITTEE COUNSEL SUCHER: All right. You  
may begin.

ASSISTANT COMMISSIONER DAVIDOFF: Hi. I'm  
Marnie Davidoff. I'm the Assistant Commissioner for  
the Bureau of Children, Youth, and Families at the  
Health Department, and we take privacy concerns  
extremely seriously, and we are in the process of  
having conversations with our provider partner to  
take a look at their systems and follow up on  
concerns that have been raised so we are in the  
process of doing that right now.

COUNCIL MEMBER JOSEPH: But there's also  
trackers, right? For example, they provide the free  
mental health but also a lot of their personal  
information so where does that personal information  
currently live?

1  
2 ASSISTANT COMMISSIONER DAVIDOFF: I'm so  
3 sorry. Can you repeat the question?

4 COUNCIL MEMBER JOSEPH: Is there any type  
5 of ad trackers, cookies on this ad that would track  
6 the New York City students?

7 ASSISTANT COMMISSIONER DAVIDOFF: We are  
8 looking into this right now to ensure that all of the  
9 privacy concerns are as secure as they are expected  
10 to be. We're in the process of looking at this.

11 COUNCIL MEMBER JOSEPH: When did you  
12 become aware that privacy was an issue with this app?

13 ASSISTANT COMMISSIONER DAVIDOFF: We  
14 received some outreach by advocates. I'm sorry, I  
15 don't remember the exact date of the concerns raised.  
16 I'd be happy to get back to you on that.

17 COUNCIL MEMBER JOSEPH: There was a letter  
18 sent in September 10th to the Mayor's office, to DOE  
19 Chancellor, to DOHMH, and the Commissioner raising  
20 this concern so now we're in November. Where are we?

21 ASSISTANT COMMISSIONER DAVIDOFF: Where  
22 are we?

23 COUNCIL MEMBER JOSEPH: Yeah, in making  
24 sure that if my child decides to use that app, that  
25 his information will not be floating out there on

1  
2 different spaces. I have a 14-year-old. I wouldn't  
3 want his information floating out there in the clouds  
4 so I'm sure the concern is not only mine. It's the  
5 concern of all New York City parents.

6 ASSISTANT COMMISSIONER DAVIDOFF: Yes, I  
7 understand. Our contract explicitly requires student  
8 information to be maintained privately, not to be  
9 shared, and we have been working extensively with our  
10 provider partner to ensure that that is being  
11 enforced and implemented as we'd expect it to be.

12 COUNCIL MEMBER JOSEPH: What's the  
13 timeline on that?

14 ASSISTANT COMMISSIONER DAVIDOFF: I can't  
15 give you an exact timeline right now. I'd be happy  
16 to...

17 COUNCIL MEMBER JOSEPH: (INAUDIBLE) the  
18 Committee and give them the information? See, what  
19 I'm asking is not, I'm not asking for Council Member  
20 Joseph. I'm asking for every single parent across  
21 this city that would use this app. Their child's  
22 privacy is at risk, and there's an ad tracker, and  
23 I'm sure you're familiar with cookies. The minute  
24 they click on it, start tracking young people's  
25 information. What are we doing to protect the

1  
2 privacies of young people? I don't want to hear  
3 excuses. I want to hear a plan. I want to hear what  
4 is going to happen.

5 ASSISTANT COMMISSIONER DAVIDOFF: Yes,  
6 Council Member.

7 COUNCIL MEMBER JOSEPH: We can always have  
8 a separate hearing on this as well as the Education  
9 Chair and bring this even more forward so we can have  
10 answers. I just want an answer today because this is  
11 impacting every single person who has a child who has  
12 used Teenspace.

13 ASSISTANT COMMISSIONER DAVIDOFF: I  
14 understand. I'm also the parent of an adolescent. I  
15 completely understand your concerns, and I know that  
16 today we came prepared to speak to specifically the  
17 bills that are proposed. I am more than happy to  
18 provide a more detailed answer after today's hearing  
19 on the many steps the Health Department has been  
20 taking to ensure the students' privacy and youth's  
21 privacy broadly because it's not really a student  
22 mental health initiative, but a youth mental health  
23 initiative, is held to our highest standards of  
24 privacy and protections. We are actively working on  
25

1  
2 this in the moment, and I'm happy to provide more  
3 detailed information after today's hearing.

4 COUNCIL MEMBER JOSEPH: Chair Lee, would  
5 you allow that question to a follow-up in allowing  
6 you to send the answer to the Committee because this  
7 is very important to me, right, and I'm sure as a  
8 parent it's as important as it is to you.

9 Around my legislation, do you support the  
10 proposed legislation? Are we okay?

11 DIRECTOR SMITH: Yeah, I'm just looking.  
12 There's so many numbers. They're very confusing. I  
13 appreciate just a moment. That's for DOHMH to develop  
14 a pilot program to involve volunteer mental health  
15 professionals in student wellness clubs?

16 COUNCIL MEMBER JOSEPH: Correct, in public  
17 and middle school.

18 DIRECTOR SMITH: Yes, so we're always  
19 working with our New York City public school partners  
20 and CBO partners to provide clinical mental health  
21 support in schools so we are very able to speak to  
22 the clinical workforce aspect of the bill. So, we do  
23 have some concerns relying on a volunteer workforce  
24 to fulfill a mandate that could pose significant  
25 challenges to implementation, privacy, all of the

1 things that you just mentioned and, obviously, we  
2 want to be able to have further discussions about  
3 proper implementation to protect those aspects that  
4 would be involved.  
5

6 COUNCIL MEMBER JOSEPH: Is there anything  
7 you think the bill should have moving forward? Should  
8 it be improved, clarified before we move forward? Is  
9 there anything?

10 DIRECTOR SMITH: I do, but I think that  
11 also requires us to sort of sit down and I can't  
12 speak to implementation off the cuff. That would be  
13 irresponsible of me to do so. I think it really  
14 requires talking about resources, talking about roles  
15 in the schools, talking about what we really intend  
16 to do with wellness toolkits, and we really do  
17 emphasize that obviously, as you know, it's not a  
18 replacement for mental health services.

19 COUNCIL MEMBER JOSEPH: Correct.

20 DIRECTOR SMITH: It should be very well  
21 aligned with mental health services that are  
22 provided, and we need to make sure, especially since  
23 students are involved in those services, that we take  
24 the time to pilot anything that we do so, yes, I  
25 think further discussions are warranted.



COUNCIL MEMBER JOSEPH: Do you have any program or current initiative within the DOHMH that involves mental health professional engaging with young people in school settings?

DIRECTOR SMITH: Yes, many.

COUNCIL MEMBER JOSEPH: You have many.

DIRECTOR SMITH: Yes, so School Mental Health which is, I'm the Director of that program, we work closely with our colleagues from New York City Public Schools in an advisory capacity. We oversee with our partners at Children Youth and Families the licensure of Article 31 clinics as well as community-based organizations that provide mental health services. They might not be in Article 31, but they provide services that are aligned very closely with mental health services that Article 31 provide. I have staff who are in schools, in 548 of those schools. Capacity does not allow us to be in all the schools, but we ensure that whatever mental health services that are in those schools are of quality. We collect information around utilization. Traffic unfortunately, I think you were delayed. I spoke a lot about that, but I'm happy to explain more about what they do in those schools.

1  
2 COUNCIL MEMBER JOSEPH: Would an  
3 initiative like this complement your existing  
4 programming?

5 DIRECTOR SMITH: I think that assuming  
6 that we sit down and we have the appropriate  
7 conversations and that we are clear about the roles  
8 of what is included in something like this, pending  
9 those conversations, I would say that there actually  
10 are, we have a couple pilot programs around these  
11 peer-to-peer going on in schools. They're small.  
12 They're evidence-based programming and happy to  
13 report out on what those look like once we get those  
14 answers.

15 COUNCIL MEMBER JOSEPH: One more? Just one  
16 quick question. What type of training or guideline  
17 would be necessary for mental health professionals  
18 and candidates to effectively lead discussions and  
19 workshops in wellness clubs?

20 DIRECTOR SMITH: Currently, there is a  
21 system that we don't oversee as DOH, which is  
22 required for mental health professional candidates to  
23 get in vivo learning. That's done through the  
24 university system. Any accredited program that  
25 graduates candidates for licensure must have an in

1  
2 vivo experience of a certain number of hours. I don't  
3 know about the other licenses. I can speak  
4 exclusively about social work because I had to do  
5 what we call a field placement. Anyone who wants to  
6 sit for that exam has to have gone to an accredited  
7 university, and the universities have that system in  
8 place, and we wouldn't need to stand up another  
9 system for that as they sit for their license. They  
10 are supervised by licensed clinical professionals  
11 according to their license.

12 COUNCIL MEMBER JOSEPH: Thank you, Chair.

13 CHAIRPERSON LEE: Thank you. We've been  
14 joined by Council Member Bottcher.

15 For questions, let's go to Council Member  
16 Marmorato.

17 COUNCIL MEMBER MARMORATO: Thank you,  
18 Chair. Good morning.

19 I just wanted to clarify, what are the  
20 grade ranges for these type of programs? Is it going  
21 to be from a pre-K to 12th grade? I know you said  
22 public school, but are we going to go as early as  
23 early education, like the pre-K programs?

24

25

1  
2 DIRECTOR SMITH: I need a little clarity  
3 on what program specifically you're talking about,  
4 about the peers, about the toolkit?

5 COUNCIL MEMBER MARMORATO: The toolkits,  
6 anything. All of these programs, are they going to be  
7 available to all of the grades from pre-K up to high  
8 school, or is it just public school and middle  
9 school?

10 DIRECTOR SMITH: Like I said before, I  
11 think we have to have in-depth conversations about  
12 that. As far as I understand, the bills have been  
13 introduced for middle and high schools.

14 COUNCIL MEMBER MARMORATO: Okay.

15 DIRECTOR SMITH: We would have to put in  
16 very detailed discussions about developmental ages in  
17 terms of ability for any kind of toolkit. As far as  
18 peer-to-peer, I think that's probably middle and high  
19 school, I would say high school mostly but, again, I  
20 think we would have to not just, you know, Dr. Erica  
21 Lynne Smith sitting at the table saying this, I think  
22 we need to pull in others who do this work more  
23 extensively.

24 COUNCIL MEMBER MARMORATO: Okay. Now, what  
25 role do you see for parents and guardians in the

1 implementation and support of mental health  
2 initiatives within our schools?

3  
4 DIRECTOR SMITH: I think that they're a  
5 vital part of any implementation of any mental health  
6 service. Again, I don't work with parent engagement  
7 in New York City Public Schools. Any work that is  
8 done with a child clinically, you have to have parent  
9 engagement. Otherwise, it doesn't work. I can speak  
10 from that perspective. I can also say that, you know,  
11 again, all of the providers that we work with get  
12 parent consent in order for their students to  
13 participate in services.

14 COUNCIL MEMBER MARMORATO: Now, I just  
15 want to kind of touch on the safety and well-being of  
16 the children. So, when you do have peer-to-peer or  
17 individual sessions, will these be recorded?

18 (INAUDIBLE)

19 DIRECTOR SMITH: Absolutely not. When we  
20 talk about peer-to-peer, right, that's exactly what  
21 I'm talking about. I'm talking about exactly defining  
22 what it means to be peer-to-peer. Middle schools are  
23 11-year-olds. We can't really sort of substitute  
24 mental health clinical services through peer-to-peer  
25 work. Peer-to-peer work really looks more like, if

1  
2 you know anything about adult mental health first  
3 aid, it doesn't teach people to be clinical mental  
4 health providers. What it does is that it helps  
5 educate individuals to understand what mental health  
6 is and is not. It doesn't train them to be  
7 clinicians. It doesn't train them to provide  
8 treatment. It creates awareness and mental hygiene  
9 around what the system looks like, how you seek help,  
10 and what peer-to-peer is intended to do is not  
11 replace clinicians at all. Anytime we talk to people  
12 who want to get into schools and work with students,  
13 we make sure that there is a component of having  
14 someone on site through the sponsoring of these types  
15 of clubs. That is the adult who is either allied with  
16 mental health or is a mental health professional to  
17 be able to guide students to listen without judgment  
18 to their peers because adolescents developmentally  
19 rely on their peers more than they do adults. That's  
20 just nothing we can do about that. We want peers to  
21 be able to guide their friends to the supports that  
22 they may need.

23 COUNCIL MEMBER MARMORATO: These will be  
24 recorded? Any interaction?

25 DIRECTOR SMITH: No.

1  
2 COUNCIL MEMBER MARMORATO: There will not  
3 be visual recording..

4 DIRECTOR SMITH: There is no treatment  
5 associated with this. This is not a treatment  
6 service.

7 COUNCIL MEMBER MARMORATO: Okay. When you  
8 do have individual sessions, it gets to a point where  
9 they do have therapy.

10 DIRECTOR SMITH: With a clinician.

11 COUNCIL MEMBER MARMORATO: A clinician,  
12 yes, will it be recorded visually?

13 DIRECTOR SMITH: That depends on obviously  
14 any clinician is both by ethics and by HIPAA law.  
15 Protections are insured for privacy.

16 COUNCIL MEMBER MARMORATO: I understand  
17 HIPAA. I have a healthcare background.

18 DIRECTOR SMITH: Any recording that is  
19 done for purposes of the model, they receive consent  
20 from the parent and assent from the child who's  
21 participating in the service. It varies by provider.  
22 I can't speak to every...

23 COUNCIL MEMBER MARMORATO: But you don't  
24 visually record sessions when it's a closed door  
25 session or private?

1

2

DIRECTOR SMITH: Me personally?

3

4

COUNCIL MEMBER MARMORATO: In the school,  
within the school system. No? You're acting like I'm  
like, you know, like this isn't like a serious  
question.

6

7

8

DIRECTOR SMITH: No, it is a serious  
question. I just can't speak to every single school.  
What I can say is, I mean, New York City Public  
Schools, we know the State requires that any sessions  
that take place have to take place in a private space  
where no one can hear or see what is being discussed.  
I don't know of any recording that is taking place in  
any sessions.

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COUNCIL MEMBER MARMORATO: Speaking on the  
protection of children being in a room privately with  
an adult, whether there's consent or not, things can  
still happen, and that's what I'm just trying to  
touch on to see if you guys have it.

20

21

22

23

24

DIRECTOR SMITH: In terms of the schools  
that we're in, the 548, any provider, because we have  
managers in schools, if anything like that were to  
happen, we would know about it, and we ensure, and we  
follow the State, that's why we...

25



1  
2 COUNCIL MEMBER MARMORATO: Not always, you  
3 don't always know about it.

4 DIRECTOR SMITH: No, no, no, I know.  
5 That's why we work with our partners in the State  
6 that have oversight in these issues.

7 CHAIRPERSON LEE: Sorry, just to clarify,  
8 because you're talking specifically about the Article  
9 31s, which are licensed by the State. Is that what  
10 you mean?

11 COUNCIL MEMBER MARMORATO: I just think  
12 that if there's any kind of private session, I just  
13 want to know what the accountability is as far as  
14 young children being in a room and an adult alone,  
15 whether there's consent or not from a parent. I'm  
16 just trying to understand.

17 DIRECTOR SMITH: There must be consent  
18 from the parent, and there must be assent from the  
19 child. Any information shared to the exclusion of  
20 safety to the child or others because of mandated  
21 reporting is private. It's protected like any other  
22 health information.

23 COUNCIL MEMBER MARMORATO: Okay. All  
24 right. Thank you.

CHAIRPERSON LEE: Okay. Does anyone of us  
have questions? Eric? No? Okay.

I feel bad because the staff worked so  
hard to prepare these nice questions, and then I  
totally end up going off script, but I think we  
covered in general most of the spirit of the  
questions that we were going to ask, and so I think  
we're going to conclude the portion with the  
Administration, but I want to emphasize now that  
we've actually heard the bills, and we've introduced  
them into the Committee, now comes the fun part where  
we get to sort of go back and forth and discuss how  
we can make these potentially work, and so I  
personally look forward to having these conversations  
about how the implementation would work and how we  
can make sure that it is peer-led and youth-led, but  
also that there is some supervision when necessary,  
right, sometimes youth prefer to do it on their own,  
which is, you know, part of the clubs that they have,  
but I think it's always great when they have at  
least, as you mentioned before, a supportive adult,  
even if they're not a mental health professional, to  
have someone who is supportive of these spaces, and  
so looking forward to having conversations about how

1  
2 to implement these types of peer services, so thank  
3 you so much, and we'll move on to the public  
4 testimony after this. Thank you.

5           Okay, so I'm just going to read the  
6 little disclaimer. I'm now opening up the hearing for  
7 public testimony, and I want to remind members of the  
8 public that this is a government proceeding, and that  
9 decorum shall be observed at all times. As such,  
10 members of the public shall remain silent at all  
11 times.

12           The witness table is reserved for people  
13 who wish to testify. No video recording or  
14 photography is allowed from the witness table.  
15 Further, members of the public may not present audio  
16 or video recordings as testimony but may submit  
17 transcripts of such recordings to the Sergeant-at-  
18 Arms for inclusion in the hearing record.

19           If you wish to speak at today's hearing,  
20 please make sure you fill out an appearance card, if  
21 you have not done so already, with the Sergeant-at-  
22 Arms and wait to be recognized. When recognized, you  
23 will have two minutes to speak on today's  
24 legislation, Introduction 986, 996, 989, and 1103,  
25

1  
2 and if you could specify which one you're testifying  
3 on, that'll be helpful as well.

4           If you have written testimony or  
5 statement or additional written testimony you wish to  
6 submit for the record, please provide a copy of that  
7 testimony to the Sergeant-at-Arms. You may also email  
8 written testimony to [testimony@council.nyc.gov](mailto:testimony@council.nyc.gov) within  
9 72 hours of this hearing. I always emphasize that  
10 with people in case you forgot that we're having this  
11 hearing and still want to submit testimony, you have  
12 72 hours. Audio and video recordings will not be  
13 accepted.

14           In person, we're going to start with our  
15 first panel. Amber Song from Asian American  
16 Federation, Adeline Zhao from Garden of Hope, and  
17 Bella Park from Korean American Family Service Center  
18 so if you guys could approach the table.

19           It's good to see all of you so feel free  
20 to start whenever you're ready.

21           AMBER SONG: Thank you, Committee Chair  
22 Linda Lee, for the opportunity to provide testimony.  
23 I'm Amber Song, Senior Program Coordinator at the  
24 Asian American Federation, and I'm testifying today  
25 in partnership with members of our Asian American

1  
2 Mental Health Roundtable. Tragedies like the murder  
3 of Christina Yuna Lee, Michelle Go, Win Rozario, and  
4 many others have left New York Asian communities  
5 reeling and fearful. Without the proper mental health  
6 and social support, our community, who already face  
7 barriers to accessing care, like stigma, language  
8 access concerns, and high rates of poverty, are  
9 vulnerable to experiencing worsened mental health  
10 after violent and traumatic incidents. In fact, Asian  
11 Americans are less likely to get mental health  
12 treatment, with only 21 percent of Asian adults  
13 receiving mental health treatment when compared to  
14 other racial and ethnic groups, leaving our  
15 communities at risk until a crisis hits. While  
16 Introduction 1103 aims to connect affected  
17 communities to mental health resources, we have found  
18 that the needs of the Asian community are not met  
19 through this legislation. We urge that the City  
20 Council as well as Members of the relevant Committees  
21 and city agencies, consider the following  
22 recommendations.

23           1. Ensure that the cultural and  
24 linguistic needs of the Asian community are met when  
25 resources are provided in the aftermath of a

1  
2 traumatic or violent incident by translating  
3 materials with cultural nuance and recommending  
4 mental health services that are culturally and  
5 linguistically compatible.

6           2. Ensure the City and Police Department  
7 prioritize and work directly with Asian-led, Asian-  
8 serving CBOs, such as our Roundtable partners, and  
9 provide adequate funding to do so, as DOHMH alone  
10 cannot provide the needed culturally and  
11 linguistically competent mental health and social  
12 service resources to the Asian community.

13           3. Ensure the City invests in Asian-led,  
14 Asian-serving CBOs so that they can continue to  
15 provide culturally competent and linguistically  
16 competent care by allocating flexible funding to  
17 build their capacity and services to retain and  
18 develop their workforce, to do outreach, and to  
19 continue to provide life-changing services to the  
20 Asian community.

21           AAF will continue to do our part to meet  
22 the needs of the Asian community with our Roundtable  
23 partners. Thank you for the opportunity to testify on  
24 this crucial matter.

CHAIRPERSON LEE: Sorry, and we have the  
testimony that gives more detail on the actual bill,  
so thank you for that.

AMBER SONG: Thank you.

BELLA SOYOUNG PARK: Good afternoon, Chair  
of the Committee and Council Members. My name is  
Bella SoYoung Park, a bilingual counselor at the  
Korean American Family Service Center, where we serve  
immigrant survivors and victims of domestic violence  
and sexual assault. On behalf of KAFSC, thank you for  
providing the opportunity to testify today as a  
member of the Asian American Federation's Asian  
American Mental Health Roundtable. We are here to  
bring attention to the critical mental health needs  
of New York City's Pan-Asian community as the City  
considers the passage of Introduction 1103. This bill  
has the potential to address longstanding mental  
health disparities in our communities, but only if  
the cultural and linguistic needs of Asian New  
Yorkers are intentionally prioritized throughout the  
implementation. New York's Asian communities face  
unique mental health challenges and barriers to  
accessing care due to stigma and cultural and  
language barriers. Asian-led, Asian-serving

1 organizations like KAFSC and our Roundtable partners  
2 are essential to breaking down these barriers and  
3 bridging the gap between underserved Asian New  
4 Yorkers through culturally and linguistically  
5 competent mental health services. Yet too often,  
6 these organizations are expected to shoulder the  
7 burden of providing care without sufficient  
8 investment from the City. For example, many of our  
9 partners receive referrals from the Department of  
10 Health and Mental Hygiene without receiving the  
11 necessary funding to expand capacity. City agencies  
12 often lack the cultural competence to serve Asian  
13 communities effectively, turning instead to  
14 community-based organizations like us, KAFSC. While  
15 we are proud to play this role, it is unsustainable  
16 without proper support and care. To ensure that  
17 Introduction 1103 delivers the intended benefits to  
18 Asian New Yorkers, the City must invest in Asian-led,  
19 Asian-serving CBOs from the outset. This investment  
20 will enable us to provide the culturally and  
21 linguistically competent mental health services that  
22 our communities desperately need. At KAFSC, we have  
23 seen firsthand how culturally sensitive care can  
24 transform lives, providing holistic, culturally  
25



1  
2 attuned support that empowers individuals to heal and  
3 thrive.

4           In closing, we urge the City to adopt  
5 Introduction 1103 with the commitment to prioritize  
6 collaboration with Asian-led and Asian-serving  
7 organizations. The unique needs of New York's Asian  
8 communities demand nothing less. Thank you for your  
9 time and consideration.

10           ADELINA ZHAO: Thank you to the Members of  
11 the Committee for holding this hearing and giving us  
12 the opportunity to testify. My name is Adeline Zhao,  
13 and I serve as the Mental Health Counselor at Garden  
14 of Hope, a non-profit dedicated to serving adults,  
15 seniors, youth, and children affected by violence and  
16 providing culturally competent mental health services  
17 to Chinese communities. I am here today as a member  
18 of AAF's Asian American Mental Health Roundtable to  
19 highlight the mental health challenges faced by  
20 Chinese immigrants in response to traumatic  
21 incidents. As the City considers the passage of  
22 Introduction 1103, it is vital to recognize the  
23 urgent need for culturally competent mental health  
24 support. Violent events leave lasting emotional  
25 scars, leading to anxiety, depression, and post-

1 traumatic stress disorders. However, many Chinese  
2 communities remain unaware of available resources due  
3 to stigma, language barriers, and mistrust of  
4 institutions and, in fact, only 20.8 percent of Asian  
5 adults with mental illness received treatment in  
6 2020. At Garden of Hope, we have seen firsthand how  
7 culturally specific language accessible services make  
8 a difference. In 2023, we provided trauma recovery  
9 services to 1,071 adults and 317 children, with 94  
10 percent of adult clients having limited English  
11 proficiency. Our team of 21 bilingual staff members  
12 delivers culturally competent mental health services  
13 that break down barriers and promote well-being.  
14 Trauma impacts individuals differently, depending on  
15 age, culture, and personal history. It is essential  
16 that mental health resources reflect the diversity.  
17 Counselors trained in trauma-informed care and  
18 cultural competency can provide a more effective  
19 response, particularly in multilingual contexts. The  
20 City must prioritize working with Asian-led, Asian-  
21 serving organizations, such as our Roundtable  
22 partners, to ensure the cultural and linguistic needs  
23 of Asian communities are met through Introduction  
24 1103.  
25

1  
2           In conclusion, I urge the Committee to  
3 prioritize investment in mental health outreach,  
4 expand access to trauma-specific counseling, and  
5 foster community partnerships that empower resilience  
6 and, together, I believe that we can mitigate the  
7 long-term impact of violence and foster hope and  
8 healing. Thank you.

9           CHAIRPERSON LEE: Thank you all for the  
10 work you do in the community. I know each of your  
11 organizations very well.

12           I just have a couple questions related to  
13 1103 and your perspective as providers in the  
14 community. If there is a traumatic incident that  
15 happens in the community, is there any sort of  
16 outreach done by DOHMH? I know that you all are  
17 usually in touch with the precincts because it  
18 involves some kind of report that happens, whether  
19 it's an incident in the home or something that  
20 happens within the community, but is there any  
21 coordination with you all plus DOHMH plus the Public  
22 School system when it comes to addressing the youth  
23 when it comes to these traumatic incidences or is  
24 that something where you all do it on your own  
25 through your after-school programming? If you could

1 just speak, any of you can answer, but if you could  
2 speak to the coordination aspect.  
3

4 BELLA SOYOUNG PARK: Yeah, I can provide a  
5 brief explanation about that. My understanding is  
6 that we mainly kind of do it among ourselves so that  
7 a lot of the crisis intervention would look like  
8 calling the police, unfortunately, even though that  
9 may involve a lot of traumatic incidents and  
10 experiences on behalf of clients. That is the fastest  
11 way to legally get a lot of the work done, especially  
12 for our organization as we serve with domestic  
13 violence cases and sexual assaults so, unfortunately,  
14 I think that's the realm that we're taking right now.

15 CHAIRPERSON LEE: Okay, and then usually I  
16 feel like it's involving the parents, but then the  
17 youth sometimes are sort of the, I don't want to say  
18 afterthought, because that's not necessarily true,  
19 but it's often focused on the adults if there's like  
20 a DV between the partners, and so, obviously that's  
21 going to have a very traumatic experience on the  
22 family, the children, and so for organizations like  
23 yours, I guess I'm just trying to get at what the  
24 sort of coordination is, because a lot of these bills  
25 that we're proposing, we want to make sure that the

1  
2 outreach also is being done from top down. I know  
3 that you guys are working on the ground, but I'm just  
4 curious about what the outreach looks like, if at  
5 all, with the Department of Health to you guys as  
6 providers working with the families.

7           ADELINA ZHAO: I can also talk a little  
8 bit about what our organization has done so far. We  
9 do have the Children and Youth Program and, within  
10 the Children and Youth Program, we have a team of  
11 youth interns, and usually what we have them do is we  
12 do collaboration with all of the schools that the  
13 youth are from, and we will go to the schools and  
14 talk about mental health and talk about how to  
15 respond to incidents, and to just do a little bit  
16 more public psychoeducation on that matter, and  
17 that's what we have been doing so far in terms of  
18 collaboration with the school at that level.

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

21           Do you guys have questions at all for the  
22 panel? No? Okay. Okay, I think that's about it. Thank  
23 you.

1  
2           Okay, next we have, and please forgive my  
3 mispronunciation, Adonte DaCosta, Cree Atkins-  
4 Griffin, and Nasirah Fair.

5           Thank you all for being here. Feel free  
6 to go in whichever order. Start whenever you guys are  
7 ready.

8           ADONTE DACOSTA: Hello, my name is Adonte  
9 DaCosta. I'm a senior at Manhattan Early College  
10 School for Advertisement, and I'm also dual enrolled  
11 in BMCC. Imagine a world where the youth who need  
12 mental health support have it easily, and imagine a  
13 world where schools feel safe because it's the only  
14 place that you know will care for your mind, your  
15 spirit, and your body. Mental health professionals  
16 are crucial to the development of our minds. As  
17 teens, life comes at us fast. We are the generation  
18 that spent important years of our lives in the COVID-  
19 19 lockdown then released back into the world without  
20 the tools we need to cope. We feel the pain of our  
21 parents. We feel the pain of the world. We also feel  
22 the pain of loss. In spite of all of this, we still  
23 expected to live up to succeed academically and to  
24 stay calm even though we are stressed. Because all of  
25 this, many of us hold all of our emotions back until

1 we can't deal with the stress anymore and we have to  
2 release it. My friend was one of these kids whose  
3 emotions became too much to bear. He expressed  
4 thoughts of suicide and even attempt. We are lucky  
5 that we still have him here because he was  
6 unsuccessful. My friend is one of many teens who  
7 experienced thoughts of suicide in the New York  
8 Public School system. What he needed was somebody to  
9 talk to, somebody who could help him to carry his  
10 pain. We need people to help us deal with stress.  
11 Many of our counselors are only focused on dealing  
12 with college, helping the seniors, but who is there  
13 to help with our mental health? Help us to build good  
14 habits for our emotional well-being. As teenagers, we  
15 see what's going on in the world. We see the climate  
16 disasters, war, and death on social media, gun  
17 violence in our own neighborhood, and our rights  
18 being taken away every single day. It is time that  
19 City Council invest in our education budget to fund  
20 more school counselors. It is time to invest in our  
21 well-being. Thank you for hearing me.

23 CREE ATKINS-GRIFFIN: Hi, my name is Cree  
24 Atkins-Griffin. I'm 18 years old and I am a senior  
25 who currently attends Repertory Company High School

1  
2 for Performing Arts. I have experienced what it's  
3 like being a high schooler for the past three, four  
4 years because I am telling you it's very stressful  
5 and it's hard to manage because I feel like the City  
6 neglect many schools, especially schools like mine,  
7 which is in District 2, but we are a current low-  
8 budget school that creates fundraisers and put on  
9 performances in order to raise money to keep our  
10 school going because we never have much material to  
11 keep us lifted despite maintaining a 100 percent  
12 graduation rate and students who try to best maintain  
13 a positive school learn, but somehow the City still  
14 fails to present us with things needed like wellness  
15 centers which are necessary in those schools because,  
16 once you get to that stage of life in school, you  
17 feel stressed and you feel discouraged and I've been  
18 through those stages many times, especially the year  
19 I'm in right now with colleges and staying on top of  
20 everything, graduation, all that stuff. Many of us,  
21 we don't have that much to talk to or express  
22 emotions or feelings, and there's a lot of kids who  
23 struggle to maintain their mental health because of  
24 the lack of social workers, and I recently lost a  
25 friend last year due to the lack of mental health



1  
2 because he didn't have anyone to talk to and it's not  
3 the first time I've been through someone who took  
4 their own life because of mental health and the lack  
5 of no help, so wellness centers are important,  
6 especially in the schools like Thurgood Marshall  
7 Academy or A.P. Randolph. Those are the few, those  
8 are mainly our targets that we do. Every student in  
9 school should have access to a person that they feel  
10 comfortable talking to and expressing their emotions  
11 and feelings so, as Council Members, I know you have  
12 hope or at least empathy in your heart to make this  
13 possible because it could be your kids struggling the  
14 same way I was struggling and you could put a stop to  
15 it by funding wellness centers in our schools. Thank  
16 you.

17                   NASIRAH FAIR: Hi, thank you so much. You  
18 just heard from two of our young people in our  
19 Liberation Program at the Brotherhood Sister Sol. I  
20 am a youth worker at the Brotherhood Sister Sol, and  
21 we'd like to thank you for the opportunity to testify  
22 today.

23                   For over 25 years, the Brotherhood Sister  
24 Sol has been at the forefront of social justice.  
25 We've been educating, organizing, and training to

1 challenge inequity and champion opportunity for all.  
2 We have a focus on black and Latinx youth. BroSis is  
3 where young people claim their power with learning  
4 about their history, identity, and community to build  
5 the future that they want to see. BroSis also  
6 provides around the clock support and wraparound  
7 programming making space for black and Latinx young  
8 people to examine our roots, define their stories,  
9 and awaken their legacy. All youth deserve safe,  
10 high-quality, holistic, and positively transformative  
11 educational experiences. If we believe in equity and  
12 want to create the future all New Yorkers deserve, we  
13 must build within our schools' systems of  
14 accountability, restorative justice, and behavioral  
15 management that do not include the NYPD and  
16 holistically support student success. Our vision for  
17 education in New York Public School includes safe,  
18 restorative, and healing environments where all  
19 students have the opportunity to learn and grow. To  
20 meet this goal, we must equitably resource New York  
21 City Public Schools and defund the tactics that push  
22 out marginalized students. We implore New York State  
23 and City elected officials to create a budget that  
24 prioritizes student mental health and puts New York  
25

1  
2 Public Schools on a path to fund student to student  
3 support staff ratio of 1 to 100. Since I'm running  
4 out of time, I will say that we are hoping to  
5 increase City and State funding, especially in using  
6 federal COVID relief funds. I'm trying to finish this  
7 up quickly. So, instead of funding surveillance, the  
8 surveillance that we were talking about earlier,  
9 namely GoGuardian and other student surveillance  
10 systems that we've seen in schools, we implore City  
11 Council to invest in wellness clubs and wellness  
12 centers, services that we provide at Brotherhood  
13 Sister Sol that should really be provided within  
14 schools. Thank you.

15 CHAIRPERSON LEE: Thank you. Really quick  
16 question, how many schools are you located in  
17 currently?

18 NASIRAH FAIR: The Brotherhood Sister Sol  
19 is actually a community-based org. We have a building  
20 on West 143rd Street.

21 CHAIRPERSON LEE: Okay, so they come to  
22 you. Okay, got it.

23 NASIRAH FAIR: We also work with schools.  
24 We have chapters within schools. I don't work with a  
25 chapter. How many chapters, do you know?

1  
2           CREE ATKINS-GRIFFIN: I'm an active member  
3 of four years there. We have the Brotherhood members,  
4 we have us, the Liberation Program, we have Gaia, we  
5 have Sister Sol, we have the wellness club, and we  
6 have many different organizations. It's a whole  
7 bunch, and it's a place where they provide for mainly  
8 students of like color, Latinx, who like feel like  
9 the school system have failed them so they teach  
10 them, I don't want to say the right way, but they  
11 teach us history that we'll never learn, like,  
12 abandoned history that they want to get rid of.

13           NASIRAH FAIR: Yeah, so we work with  
14 multiple schools within the schools for the  
15 Brotherhood and Sister Sol chapters.

16           CHAIRPERSON LEE: A real quick question  
17 for Adonte and Cree, so when you were going through,  
18 I guess, the experiences and challenges with your  
19 friends that were experiencing suicidal thoughts or  
20 mental health issues, I guess my question is were you  
21 able to talk to anyone in the school admin? Were they  
22 supportive? Was there sort of a natural just  
23 gathering of groups, kind of like the peer groups  
24 that we're talking about today, was there sort of  
25 something naturally that happened there, or did you

1 face any challenges along the way or resistance, just  
2 out of curiosity.

3  
4 ADONTE DACOSTA: For me, me and my friend  
5 and our guidance counselor, who is a licensed  
6 therapist, we all came up to him saying, let's talk  
7 about this because one day he just texts all of us  
8 like a note, like a suicide note, so we all came  
9 together and just have a conversation with him,  
10 saying I know you're going through this, but we're  
11 here with you, and your pain, which you're going  
12 through, we're going through with you, with you

13 (INAUDIBLE)

14 CHAIRPERSON LEE: Thanks for sharing that.  
15 I don't know if you wanted to add anything or yeah.

16 CREE ATKINS-GRIFFIN: Actually, that's a  
17 great question because it just reminded me my  
18 freshman year, I did start an Open Ears Club in my  
19 school because I go to school where kids who go by  
20 non-binary or different sexual orientation, and they  
21 feel like they're not welcome, and so Open Ears, I  
22 was the founder of it, but I did stop it because I  
23 myself had a mental health crisis I had to deal with  
24 so, before I could help others, I had to learn how to  
25 help myself. I am starting to open up Open Ears

1 before I depart my high school years. It was mainly  
2 just where kids could come together, talk about their  
3 feelings, help each other, uplift each other, do  
4 small activities, just make each other feel welcomed  
5 and appreciated and accepted because acceptance is a  
6 huge thing, and not a lot of people is granted of it  
7 so I always wanted to make sure everybody had that  
8 type of acceptance.  
9

10 CHAIRPERSON LEE: I love that.

11 NASIRAH FAIR: Can I add something small?

12 CHAIRPERSON LEE: Sure.

13 NASIRAH FAIR: They're also starting a  
14 wellness club and a Liberation Program at Community  
15 Heights Academy for Health, sorry, CHA is the  
16 acronym, and they are a school with a high suspension  
17 rate, extremely high suspension rate, and so we're  
18 partnered with that school now to start a wellness  
19 club.

20 CHAIRPERSON LEE: Did you have any  
21 barriers starting the clubs that you guys had in your  
22 schools?

23 NASIRAH FAIR: Challenges.

24 CHAIRPERSON LEE: Challenges, yeah.  
25

1  
2           CREE ATKINS-GRIFFIN: My biggest challenge  
3 was not having a lot of people because I feel like  
4 some people are just afraid or even some people are  
5 just lazy and I feel like some people even feel like  
6 your voice not to be heard. Me, personally as an  
7 outspoken person, I feel like your voice should  
8 always be heard because you should have feelings,  
9 your opinions should matter to others, so people  
10 should know how you feel, because it's not fun being  
11 in that shadowed box, because I'm never a person  
12 who's in there, but I know people who have been in  
13 there, so it's like hearing your voice, it just makes  
14 me feel good because it helps me understand better as  
15 a person, and like, I'm sorry, I don't know how to  
16 like put it, so yeah.

17           NASIRAH FAIR: Did you have any  
18 challenges, Adonte?

19           ADONTE DACOSTA: For me, my challenges  
20 when we would try and like talk to a friend, my  
21 challenge was actually try to get him to sit down and  
22 open up because mainly because we all have that  
23 ideology about like this is my problem, I'm going  
24 through this, I have to fix this, but we said we all  
25 together, what happened to you happened to me, what

1 happened to all of us so don't hide, just try to  
2 express your emotion with all of us if you need help.

3  
4 NASIRAH FAIR: I think we've been hearing  
5 from young people also and educators that we work  
6 with that a lot of the challenge comes from  
7 Administration not being on board also and looking to  
8 turn to suspension as the solution before engaging in  
9 any restorative approaches, and so it would be a lot  
10 easier to implement wellness clubs if it were more of  
11 a policy that every school had to have a wellness  
12 club or to have a restorative justice approach before  
13 suspension became an option.

14 CREE ATKINS-GRIFFIN: Can I add in  
15 something actually about suspension? I have myself  
16 served a superintendent suspension, and it was more  
17 of I was out of school for two weeks so I was missing  
18 out on a lot of work. I was emailing teachers to help  
19 me catch up and, unfortunately, I wasn't able to do  
20 that so it became a huge drop in my grade and I feel  
21 like that's why we really need wellness clubs because  
22 as a kid like me who has served time from two weeks  
23 out of school I feel like it's not fair that I  
24 should, it's fair that I'm serving my consequence but  
25 it's also not fair that I'm kind of also missing my



1 education too because I do go to school for one  
2 reason and that is to learn.  
3

4                   CHAIRPERSON LEE: Thank you so much. I  
5 just want to say thank you to all three of you for  
6 being here and for testifying and having that courage  
7 and vulnerability to do that in your schools because  
8 it's not easy so clearly you guys are natural born  
9 leaders in your own spaces, and I just hope that you  
10 all continue that. If it's okay, I know I'm giving  
11 myself and my team more work, but I would love to  
12 follow up with you afterwards because I'd be curious  
13 to hear what you guys have to say in looking at the  
14 materials that are currently being given out and the  
15 school kits that we want to do with folks creating  
16 their own clubs because I feel like you guys have  
17 done it and I'm curious to just see what you all have  
18 done and what you do as well as giving us feedback on  
19 what you think about what we're trying to do. Okay,  
20 so hopefully you don't mind if I reach out.

21                   Next, we have Fiona O'Grady and Kumarie  
22 Cruz.

23                   Feel free to go ahead and start.

24                   FIONA O'GRADY: Good morning. My name is  
25 Fiona O'Grady, as you know, and I'm Director of

1 Government Relations for Samaritans. For over 40  
2 years, Samaritans has been a steadfast provider of  
3 suicide prevention services in New York City. Our 24-  
4 hour hotline is the cornerstone of this effort,  
5 offering the only anonymous and completely  
6 confidential crisis service to New Yorkers. At  
7 Samaritans, we believe that suicide prevention is  
8 everybody's business, and this philosophy includes  
9 peers. Peers are so often left out of the formal  
10 suicide prevention networks, yet they are frequently  
11 the first to recognize when someone is struggling.  
12 They are already trusted by their friends, removing  
13 one of the major barriers to accessing services,  
14 stigma and fear of judgment. We know from research  
15 including studies of hotlines like ours that well-  
16 trained non-clinical responders such as volunteers or  
17 peers are often actually more effective than clinical  
18 counterparts, and this is documented in providing  
19 immediate empathetic support during crisis calls, and  
20 this was done by a leading international, Brian  
21 Mishara, way back. This evidence underscores the  
22 potential of peer support frameworks. When peers are  
23 empowered with the right tools and knowledge, they  
24 can provide critical life-saving interventions that  
25

1 are, as you say, complementary in ways that  
2 traditional clinical systems cannot. The urgency of  
3 this work is reflected in the data. Nearly one in  
4 three of our New York City high schools, students  
5 reported persistent sadness or hopelessness, 2023.  
6 Suicide is the third leading cause of death among New  
7 Yorkers aged 15 to 24, DOHMH 2023. Vulnerable groups  
8 including LGBTQ+, youth, and students of color  
9 experience disproportionately high rates of suicide,  
10 and I'll just digress to say the young people who  
11 just spoke, they're talking about pain and that is  
12 the essence of suicide, that suicide becomes an act  
13 that will solve your pain and then you have risk  
14 factors and you have protective factors, but it's a  
15 maladaptation cry for help and, when we have people who  
16 are nonjudgmental, who are supportive like a soft  
17 entry for youth talking about suicide and using the  
18 word suicide does not make someone more suicidal. In  
19 fact, it recognizes the elephant in the room, and it  
20 says I hear you, you were suicidal, and I'm okay to  
21 listen and, yes, they will have to do some kind of an  
22 assessment in terms of like do you feel suicidal, do  
23 you have a plan, do you have the means available, and  
24 do you have a time set. Now this is a very nuanced  
25

1  
2 thing, and it doesn't mean that the person who can  
3 feel suicidal, which many of us do as we know in  
4 life, you can have a feeling but it doesn't mean just  
5 like you can have a cold but you can still go to  
6 school, you can have flu, you can have pneumonia, you  
7 can have emphysema. It's the same (INAUDIBLE) so we  
8 have to be nuanced but a soft entry is wonderful, and  
9 we applaud you for your efforts, and I think also it  
10 is a pressure release valve. In other words at  
11 training class, we think about a balloon where  
12 someone's in crisis or they're feeling really bad.  
13 The more air there is, the more probability of it  
14 bursting whereas if you have a pressure release valve  
15 then you can handle the next trauma, you can handle  
16 the next thing so speaking and being able to share  
17 your truth and without judgment and without also that  
18 like, you know, in some cases, as we know, being  
19 transported or brought to hospital because you have  
20 not been assessed properly, we know from the studies  
21 of adults after they come out of being forced to go  
22 to a hospital because of how they feel, can have  
23 trauma which is studied for many, so we do have to be  
24 careful. You will have to do debriefing, but I

1 believe that it's a wonderful step and done carefully  
2 we applaud you.  
3

4 KUMARIE CRUZ: Hello. Good morning, and  
5 thank you for the opportunity to speak today. My name  
6 is Kumarie Cruz, and I am the Director of Education  
7 and Public Bereavement Services at Samaritans of New  
8 York. I am here to express our strong, strong support  
9 for peer-based mental health initiatives. We believe  
10 that they help to readdress and reshape some of the  
11 mental health support we have in schools and offers  
12 much needed relief to overburdened school staff. At  
13 Samaritans, we regularly work with and are currently  
14 actively working with school professionals through  
15 one-on-one consultations. We currently have one of  
16 our colleagues, Christina Mouha (phonetic), out in  
17 Districts 19 and 28 right now visiting schools and  
18 talking to school counselors and providing some of  
19 those vital resources for them to better help their  
20 own students within their own unique mental health  
21 needs. With these conversations, we are witnessing  
22 firsthand the extraordinary dedication of school  
23 mental health providers and educators who are doing  
24 their best to meet the needs of the growing demands  
25 placed on them. Unfortunately the needs for services

1  
2 like these far exceeds the resources available,  
3 leaves some of the most valuable and skilled  
4 professionals struggling to address the full range of  
5 student challenges. Peer-based mental health  
6 initiatives offer a practical and impactful solution.  
7 We empower students to support one another and to  
8 help them embed care into the fabric of schools'  
9 communities. These programs help to reduce isolation,  
10 break down stigma, and allow students to seek and  
11 offer help in ways that feel safe and accessible.  
12 Peers are the first to notice changes in behaviors.  
13 Their emotional well-being are noticed much faster  
14 than adults do, they are in a unique position to  
15 provide that first line of support and encouragement.  
16 These initiatives also serve as a valuable complement  
17 to professional help, extends the reach of the  
18 resources, and to alleviate some of the pressure on  
19 school staff. When students feel connected and  
20 supported by their peers, they're more likely to  
21 thrive, and school professionals can help to add on  
22 to the support for those that need it most. At  
23 Samaritans, we always like to say that suicide  
24 prevention starts with me. Thank you for your  
25 dedication to supporting mental health and well-being

1  
2 for our city's youth and allowing me to share some of  
3 the work that we do.

4           CHAIRPERSON LEE: Thank you so much and,  
5 of course, Fiona and Kumarie, for all the work that  
6 you do, and I would love, as we start going more into  
7 the weeds with the bills, I'd be curious to get your  
8 feedback on them as well, and you know obviously  
9 where to reach us and so we always look forward to  
10 your partnership and input so thank you for the work  
11 you do.

12           FIONA O'GRADY: Very good, and I think I  
13 forgot to add that just look at referrals as well  
14 because referrals are often about the person who's  
15 taking care of someone because it feels good to give  
16 something sensible and you think, whew, did that, you  
17 know, but if you look at adults, I think it's up to  
18 maybe 80 percent of referrals are not actually  
19 followed through with so I'll leave it at that.

20           CHAIRPERSON LEE: Yeah, and I think that's  
21 my biggest question I always have with the City  
22 agencies outward, right, is how are we tracking that,  
23 is there a way to track it, number one, are we  
24 tracking it, and then also how is that handoff being  
25 given to you all as the providers on the ground so,

1  
2 yeah, that's something that is a good point that  
3 we'll look out for so thank you.

4           Okay. Next, we have our last in-person  
5 panel. We have Marcel Bass from CACF, Brayden Wan  
6 also from CACF, Zayn Tilley and then Sharon Brown  
7 Jeter, so if you all could come up.

8           BRAYDEN WAN: Hello. Can you hear me?

9           CHAIRPERSON LEE: Yes, we can hear you. As  
10 long as the red light is on, you're good.

11           BRAYDEN WAN: Okay. Good morning. First, I  
12 want to thank Chair Lee for allowing this  
13 conversation. My name is Brayden Wan. I'm a senior at  
14 Bard High School Early College in Manhattan. I'm also  
15 a youth advocate at the Asian American Student  
16 Advocacy Project Mental Health Campaign Team. AASAP  
17 is CACF's citywide youth leadership program. Before I  
18 joined AASAP, I had no idea what mental health meant,  
19 I had no clue what a social worker was, nor did I  
20 know we had one in school. I only started to  
21 understand how important mental health was when a  
22 friend started venting to me about their problems,  
23 but I still did not see how mental health connected  
24 to me. At first, I was embarrassed for not knowing,  
25 but soon I realized it is because schools don't



1  
2 embrace mental healthcare. Schools would have  
3 newsletters saying mental health is important but  
4 never fully explain why, and it's not only that. When  
5 it comes to the importance of mental health, the  
6 actions of schools say otherwise. In schools, there's  
7 a heavy emphasis on academics, teachers ask if we  
8 understand the content, guidance counselors ask what  
9 classes we want to take, and no one asks how we are  
10 feeling. This makes me feel unappreciated for who I  
11 am as if my grades only matter. As an AAPI student,  
12 I'm taught to keep my feelings to myself because it  
13 is personal but, after joining AASAP, I think  
14 otherwise. I have feelings about many things in life  
15 around what happens in our community. My friends do  
16 too; however, we don't really talk to each other  
17 about our feelings, and sometimes I'm not sure how to  
18 start the conversation around mental health wellness  
19 because schools focus so much on academics. As an  
20 AAPI student, I also do not feel a sense of belonging  
21 or a community at school. I want more than just  
22 cultural celebrations or cultural clubs. At AASAP, we  
23 want to make sure our schools can foster an  
24 environment where students feel safe and comfortable  
25 about who they are and where all students can feel

1  
2 seen and valued. While I think that a wellness club  
3 and toolkit are good ideas to start, I have several  
4 concerns. Without an understanding of AAPI community  
5 and history and inclusive curriculum, how can these  
6 toolkits be inclusive of all students. The model  
7 minority myth portrays many AAPI students as academic  
8 machines, and these stereotypes can only be resolved  
9 with systemic changes including an inclusive  
10 curriculum. Additionally, I think privacy is also a  
11 concern when it comes to wellness clubs. I'm not sure  
12 if I would be able to trust others to understand my  
13 feelings and not judge them. Even with the mental  
14 health professional support, I'm not sure. Schools  
15 overall do not have or encourage a culture of care  
16 and understanding so it feels ineffective to put that  
17 expectation only on a few club members rather than on  
18 the school system itself. The toolkits in peer-to-  
19 peer mental health programs put extra  
20 responsibilities on students and would only serve a  
21 small portion of the students across the city. We  
22 want to see systemic changes that would result in  
23 long-term impacts on the school environment. The  
24 Mental Health Team at AASAP aims to address the root  
25 causes of mental health barriers and challenges AAPI

1 students face. As of now, we want to see data on  
2 students and teacher demographics disaggregated  
3 because the AAPI community is so diverse. Without  
4 disaggregated data, how can schools see the needs of  
5 students? Without an inclusive curriculum and an  
6 increase in school social workers, we are still not  
7 ensuring all students can see themselves and have  
8 someone in school to talk to when they want to. We  
9 believe that the three Introductions are a good start  
10 but the City must do more. Thank you.

12 MARCEL BASS: Hi, good morning. First, I  
13 want to thank Chair Lee and the Committee for  
14 allowing this conversation. My name is Marcel, a  
15 junior at Union Square Academy for Health Sciences  
16 High School in Manhattan. I'm a Youth Advocate at the  
17 Asian American Student Advocacy Project Mental Health  
18 Campaign. I am Asian American, and the model minority  
19 myth has negatively impacted my experiences at  
20 schools. Peers and teachers expect me to have perfect  
21 grades, to be strong in all subjects, and expect me  
22 to look or act like how the media portrays Asian  
23 girls. I've been judged because I'm too exotic. I  
24 have been called racial slurs and expected to laugh  
25 at Asian jokes by peers, which teachers choose to

1 ignore. However, I am me, just like anyone else. I  
2 have my strengths and my weaknesses, and being tied  
3 to stereotypes and expectations have been damaging to  
4 my mental health. Regardless of our ethnicity, age,  
5 socioeconomic status, and other factors, all  
6 students, including AAPI students, deserve a learning  
7 space where their mental health is embraced and taken  
8 care of and where schools are actively defining  
9 health to include our mental well-being and emotions.  
10 Schools need to make sure that we are not merely  
11 afterthoughts due to hurtful stereotypes, and schools  
12 must recognize that we are part of a vibrant future.  
13 To that end, as student advocates at AASAP, we have  
14 thoughts regarding the introduction of a mental  
15 health toolkit, peer-to-peer mental health training,  
16 and adding mental health professionals to create  
17 students in the mental health club. All three ideas  
18 are a good start because they create the space for  
19 students to explore and learn more about mental  
20 health and for students to build empathy towards  
21 others. However, these cannot be the only solutions.  
22 To support all students' mental health in schools, we  
23 need long-term solutions and systemic changes. For  
24 example, I also felt school assemblies are not  
25

1 meaningful because of how none of them address the  
2 root causes of issues. They could also be vague that  
3 I'm not sure how much one is learning. In AASAP, my  
4 team brainstormed and compiled several lists of  
5 charts of what mental health means to us and, as of  
6 last week, we started thinking about the changes we  
7 would like to see. Barriers and challenges for us to  
8 talk about mental health are often systemic. For  
9 example, counselors and social workers don't  
10 understand our struggles as AAPI students, we don't  
11 see ourselves in the curriculum, the teachers'  
12 implicit bias people have as a result of the model  
13 minority myth. None of these could be fully addressed  
14 with the Introductions we're discussing today. As  
15 AAPI AASAP youth leaders, we have identified a few  
16 additional changes we would like to see. First, we  
17 need disaggregated data. The AAPI community is not a  
18 monolith, and aggregated data doesn't show the needs  
19 of our students like what languages they speak. With  
20 disaggregated data, we can see or support diverse  
21 schools. To challenge and combat the model minority  
22 myth, we need an inclusive curriculum where everyone  
23 is able to learn AAPI history and culture that is  
24 reflective of our community. Having an inclusive  
25

1 curriculum would also allow students to feel seen and  
2 included in our community. As youth advocates in  
3 AASAP we are also ready and willing to work with your  
4 office as ideas are being implemented. We are also  
5 happy to provide feedback on these Introductions. We  
6 would like to also call on the City Council to come  
7 up with more creative ways to hire more AAPI school  
8 social workers and help us get that disaggregated  
9 data implemented across City agencies to truly  
10 reflect the needs of our community. Thank you.

12 SHARON BROWN JETER: Hello. My name is  
13 Sharon Brown Jeter. My contribution to this hearing  
14 is, first, I would like to say remember Israel,  
15 defend Israel, we need the hostages released, and let  
16 Yahweh's people go. Okay, as far as mental health is  
17 concerned, we can no longer have Islam as part of  
18 mental health and the Roman Catholic system as mental  
19 health. We see that it has failed. When people enter  
20 into the mental health system, they decline. There is  
21 no getting better in this mental health system. We  
22 have determined that the Bible is going to be  
23 mandatory in all facets of, around the world they are  
24 implementing using the Bible. The Bible speaks about  
25 the mind. It's the first book that was written that

1  
2 comprehensively speaks on how you are supposed to use  
3 your mind. We have a situation in the Bible where  
4 David pretended to be mentally ill to escape someone  
5 who was oppressive so sometimes you will find things  
6 that are "mental illness signs" when someone is being  
7 oppressed. There was also a disease that they made  
8 when slaves tried to leave. They called, they said  
9 that they were mentally ill because they tried to  
10 flee from their captors so we see even in present day  
11 and in the biblical times when people were being  
12 oppressed, they would call them mentally ill so we  
13 cannot have Islam in any of the school systems trying  
14 to tell people how to think when they are suicide  
15 bombers. Many of the doctors in the medical field are  
16 Islamic and Roman Catholic and they believe in  
17 suicide. They teach people how to feel suicidal, and  
18 they impose upon them that they feel suicidal.

19 CHAIRPERSON LEE: Okay. Do you have any  
20 comments or questions on the bills that are being  
21 heard today?

22 SHARON BROWN JETER: I'm not speaking  
23 specifically concerning the bills. I'm just letting  
24 you know what we're doing. We have implemented it in  
25 Oklahoma. The Bible was instituted throughout all of

Oklahoma. All the schools will have the Bible. That's going to affect the mental health system there and here.

CHAIRPERSON LEE: Okay. Thank you so much, Sharon.

SHARON JETER BROWN: Okay.

CHAIRPERSON LEE: Okay. Go ahead.

ZAYN TILLEY: Good afternoon, Councilwoman. My name is Zayn Tilley. I'm the Youth Council Co-Coordinator for Advocacy at Degrees NYC. Degrees NYC is a data-informed collective impact movement co-led by young people and education professionals to move to equity in education in New York City under the umbrella of Goddard Riverside in the Upper West Side. You may be familiar.

Today, I will be addressing the mental health crisis affecting students and highlighting how the proposed legislation can support students effectively by aligning with the policy recommendations of our Degrees NYC Youth Council. To be frank, there is a mental health crisis across the city. It devastates students who are struggling with their mental health and are unable to access the resources and support they need in their schools. To



1 illustrate, over one-third of the nation's young  
2 people have been diagnosed with depression in their  
3 lifetimes. More than 30 percent of high schoolers  
4 weathered mental health challenges during the  
5 pandemic, and one in five reported considering  
6 suicide. While the City Council has made progress on  
7 this issue, we need to go to its root. Since 2020,  
8 mental health has been a policy priority for Degrees  
9 NYC. Our recently published Student-Ready Schools and  
10 Campuses report found that 71 percent of respondents  
11 expressed that their schools needed to offer more  
12 resources to meet their needs. 43 percent of  
13 interviewees reported that students faced mental  
14 health challenges on campus due to rising violence,  
15 discrimination, and punitive actions by professors.  
16 Degree NYC's mission is to ensure that all New York  
17 City schools and campuses are student-ready.  
18 Violence, discrimination, and punitive policies  
19 exacerbate these challenges, leaving students  
20 unsupported. To build a student-ready education  
21 system, we must invest in student well-being to help  
22 them thrive academically and personally.  
23

24                   The Degrees NYC Youth Council supports  
25 several bills in this legislature. To be specific, we

1 support Introduction 0989, calling on the Department  
2 of Health and Mental Hygiene to create mental health  
3 toolkits for student wellness clubs. We support this  
4 bill, but ask that these toolkits are made  
5 accessible, digestible, culturally competent, and  
6 multilingual.  
7

8           Excuse me, I'm just going to go for a  
9 little bit longer. We also support Introduction 986  
10 and 996. Bill 986 aims to pilot a program pairing  
11 mental health professionals with school wellness  
12 clubs to lead discussions and workshops. Introduction  
13 Bill 996 establishes a peer-to-peer mental health  
14 training program, equipping students to support their  
15 peers. We support both of these initiatives because  
16 they center youth voice, foster peer-to-peer  
17 connection, and develop student leadership skills  
18 while directly addressing mental health challenges  
19 the students are facing.

20           Lastly, Introduction 1103 mandates that  
21 the Police Department notify the Department of Health  
22 and Mental Hygiene of violent events within 24 hours.  
23 We support this bill with the condition that it  
24 includes hiring mental health professionals to  
25 connect affected students to resources and provide

1 personalized guidance throughout the referral  
2 process. This recommendation also aligns with the  
3 goals of experts in the field like the New York State  
4 School Counselor Association and the New York  
5 Association of School Psychologists who advocate for  
6 collective care teams to be mandated in schools.  
7

8 Thank you for lending me your ears today  
9 and thank you for your time. Degrees NYC is proud to  
10 support legislation like the ones presented in this  
11 testimony that can contribute significantly to  
12 student readiness in our City's education system.  
13 Thank you again.

14 CHAIRPERSON LEE: Thank you all, and I  
15 would just say I totally agree there needs to be more  
16 mental health professionals with diverse language  
17 capacity which is why I encourage all the youth to  
18 think about going into social work because it's a  
19 great field to enter into. We need more, we have to  
20 build the pipeline for sure and, as you know, I think  
21 the curriculum, for both of you from CACF, I think as  
22 mentioned that's something that we discussed on a  
23 panel separately with AAPI youth and not just  
24 actually the AAPI youth but from different  
25 communities about how the curriculum also in the

1  
2 schools is a really important factor in just really  
3 educating our students and also hopefully to build  
4 tolerance and just learning more about each other's  
5 cultures and communities that we're coming from so I  
6 thank all of you for your input, and we'll definitely  
7 take that back as feedback for sure when we're  
8 looking at the bills and your suggestions. I love the  
9 fact that Degrees NYC is also with Goddard, and so  
10 obviously we love the work that they do in the  
11 community as well so thank you all for being here.

12           Okay, so we will now move to Zoom  
13 testimony so I'm going to call groups of three names  
14 at a time so please wait for your name to be called  
15 to testify and please select unmute when prompted.

16           The first three is Elizabeth Zemlansky,  
17 William Juhn, and Leonie Haimson, and we'll start  
18 with Elizabeth.

19           SERGEANT-AT-ARMS: You may begin.

20           ELIZABETH ZEMLANSKY: Good afternoon. My  
21 name is Elizabeth Zemlansky, and I'm a current junior  
22 at the Wharton School of the University of  
23 Pennsylvania. Thank you for the opportunity to  
24 testify today.

25

1                   During the summer of 2023 I had the  
2  
3           privilege of serving as a legislative intern at the  
4           New York City Council. One of my key projects was  
5           reviewing the City's Mental Health Roadmap to  
6           recommend areas of improvement. As I delved into this  
7           work, my thoughts immediately turned to mental health  
8           initiatives for students, a cause deeply personal to  
9           me. Back in 2020, I founded my own mental health  
10          awareness club. This experience ignited a passion  
11          within me to empower every student in the New York  
12          City Public Schools to have the tools, resources but,  
13          most importantly, the encouragement to start similar  
14          initiatives. I'd like to share a brief version of my  
15          journey. In my sophomore year of high school, I lost  
16          a classmate to a tragic circumstance. Upon hearing  
17          the devastating news, students at my high school were  
18          struggling to cope with the loss of both a beloved  
19          classmate and friend. A few months after this  
20          tragedy, the pandemic began. Students who were still  
21          coping were now forced into lockdown, leaving us all  
22          defenseless and quarantined. So many of us wrestled  
23          with unanswered questions If someone we all felt we  
24          knew well could disguise his fears and anguish so  
25          well, I could only imagine how many others were

1  
2 hiding. Starting a mental health awareness club was  
3 my only way to bring us together, and I wanted  
4 students to realize that there are people who can  
5 help them when they are feeling hopeless and we, as  
6 peers, can be there for one another. Getting the club  
7 approved took fierce persistence. I received a lot of  
8 pushback from my administration but finally got  
9 through to the Board of Education. I had to present  
10 and answer technical questions as well as find an  
11 advisor and school psychologist to agree to be  
12 present when necessary during meetings. Luckily at  
13 the time, we had many intern school psychologists who  
14 were willing to help, and the club was finally  
15 approved to start in the next fall. After spending a  
16 lot of time promoting the club, we had an outstanding  
17 turnout of about 40 members, and hearing my peers  
18 talk about anxiety, isolation, and pressure initially  
19 stunned me. Our meetings consisted of..

20 SERGEANT-AT-ARMS: Your time is expired.

21 ELIZABETH ZEMLANSKY: Guest speakers,  
22 workshops, information activities, jeopardy, coping  
23 strategies, therapeutic games, meditation, and yoga  
24 exercises. We always ended with a time for discussion  
25 where students could bring up anything that was on

1  
2 their mind, and today I am proud to say that the club  
3 still stands. I am proud that the students of my high  
4 school continue this essential club, and I am excited  
5 to be back home for Thanksgiving so that I can attend  
6 a meeting myself. Through student wellness club  
7 toolkits, peer-to-peer mental health training, and  
8 the involvement of aspiring mental health  
9 professionals in running these clubs, we can change  
10 the lives of students across all of New York City.  
11 Having a mental health awareness club is not just a  
12 place where students discuss their problems. It's a  
13 means of protection and prevention for all. It's a  
14 hope that the student body may have never thought  
15 existed. Thank you.

16 CHAIRPERSON LEE: Thank you so much.  
17 William, whenever you're ready, oh, sorry, Sergeant.

18 SERGEANT-AT-ARMS: You may begin.

19 WILLIAM JUHN: Good afternoon, Chair Lee  
20 and Council Members. My name is William Juhn, and I'm  
21 a Senior Staff Attorney at New York Lawyers for the  
22 Public Interest. Thank you for this opportunity to  
23 testify today.

24 We support Intro. 1103 requiring the  
25 Police Department to notify DOHMH of a violent or

1 traumatic incident and connecting affected community  
2 members to mental health counseling. This is an  
3 important step in addressing the harm caused by  
4 police violence and ensuring that trauma survivors  
5 receive timely support. We also want to emphasize  
6 that this legislation shines a much-needed light on  
7 the police misconduct. Transparency and  
8 accountability in these incidents are crucial to  
9 rebuilding trust and ensuring justice. However, we  
10 urge the Council not to stop here. Real prevention of  
11 police misconduct and violence requires more  
12 fundamental changes, especially we need to stop  
13 police violence in mental health crisis calls. We  
14 already know that peers and trained mental health  
15 professionals, not police officers, are best equipped  
16 to deescalate crisis and connect individuals to care.  
17 Unfortunately, the City's current programs such as  
18 the B-HEARD program does not meet this goal. The B-  
19 HEARD still authorizes extensive police involvement  
20 and is likely to continue the violent responses by  
21 the NYPD. For example, in Fiscal Year 2024, more than  
22 70 percent of all mental health calls in the B-HEARD  
23 pilot areas were still directed to the NYPD. The City  
24 must join other cities to remove police entirely from  
25



1 the equation. For example, CCIT NYC is a coalition of  
2 over 80 New York City organizations and has already  
3 developed such a proposal in which teams of trained  
4 peers and EMTs who are independent of the City  
5 government will respond to mental health crisis. We,  
6 therefore, urge the Council to support a truly non-  
7 police peer-led system in response to mental health  
8 crisis calls. Thank you very much.

10 CHAIRPERSON LEE: Thank you so much. Next.

11 SERGEANT-AT-ARMS: You may begin.

12 LEONIE HAIMSON: Thank you, Chair Lee,  
13 Chair Joseph, and other Members of these Committees  
14 My name is Leonie Haimson, I'm the Co-Chair of a  
15 national organization called the Parent Coalition for  
16 Student Privacy. On September 10th, along with the  
17 New York Civil Liberties Union and AI for Families,  
18 we sent a letter to the Mayor, the Department of  
19 Education, and the Commissioner of Health expressing  
20 our deep concerns with the way in which Talkspace  
21 allows for the sharing of its users' personal  
22 information with unnamed third parties for marketing  
23 purposes in a manner that would be illegal if the  
24 contract was signed by the DOE rather than the  
25 Department of Health. In our letter, we also pointed

1 out that Talkspace has been criticized for its lax  
2 privacy policies by Massachusetts Senator Elizabeth  
3 Warren and her colleagues and also by users for  
4 delivering inconsistent and irresponsible services.  
5 Our letter was covered by the Daily News, Chalkbeat,  
6 and others. On September 23rd, the Department of  
7 Health responded arguing that they did not have to  
8 abide by the State Student Privacy Law since they  
9 were not an education agency but assuring us that  
10 their contract was no less protective. Since we sent  
11 our initial letter, we discovered that when a New  
12 York City student visits the Teenspace website on  
13 their phone, their personally identifiable  
14 information is automatically shared with 15 ad  
15 trackers and 30 cookies as well as Facebook, Amazon  
16 Meta, Google, and Microsoft among others which we saw  
17 from using the Blacklight privacy audit tool. These  
18 findings were later confirmed by a security company  
19 that does privacy analyses. We also learned that in  
20 California a class action lawsuit has been filed  
21 against Talkspace, pointing out how the personal  
22 information of its clients is shared with TikTok  
23 including the mental health information of minors.  
24 These findings are particularly concerning given how  
25

1 the City is suing many of these same companies for  
2 undermining children's mental health and designing  
3 their platforms to be addictive to maximize their  
4 revenues. On October 16th, we sent a follow-up letter  
5 to the Department of Health asking for a meeting and  
6 for the Talkspace website to be immediately taken  
7 down until it is fixed to stop collecting and sharing  
8 children's personal information with ad trackers and  
9 social media companies.  
10

11 SERGEANT-AT-ARMS: Thank you. Your time is  
12 expired.

13 CHAIRPERSON LEE: Sorry, you can go ahead  
14 and finish up.

15 LEONIE HAIMSON: Okay, thank you. Today, I  
16 just checked again with the Teenspace website and  
17 found that the website is still sharing personal  
18 information with 14 ad trackers, 30 third party  
19 cookies, and numerous social media companies.

20 Meanwhile, the Department of Health officials keep  
21 promising to meet with us, but they keep on putting  
22 off the meeting. We believe that they should cancel  
23 their contract with Talkspace and demand that they  
24 take their website down until all these unacceptable  
25 practices are halted. The need to support children's

1 mental health is critical, but allowing their  
2 personal information to be shared and misused in this  
3 way risks further undermining it. Moreover, the  
4 Teenspace example provides evidence of how the City  
5 should not be outsourcing these critical services to  
6 for-profit companies like Talkspace and that the  
7 protection of student privacy must always be  
8 paramount. Thank you for the opportunity to testify  
9 today.  
10

11 CHAIRPERSON LEE: Thank you so much. Thank  
12 you all for your testimony, and I just want to call a  
13 few names to see if they are on the Zoom because  
14 these folks are registered but not present, so we  
15 have Sharon Edwards, Paula Magnus, Sophia Glickman,  
16 Casey Starr, Jihei (phonetic) Fisher, and Mariam  
17 Keita (phonetic) so if anyone is here, please raise  
18 your hands on the Zoom.

19 If not, then thank you to everyone who  
20 has testified and, if there is anyone present on the  
21 Zoom that hasn't had the opportunity to testify,  
22 please raise your hand.

23 Seeing that I don't think there's anyone  
24 else, I'd like to note that written testimony which  
25 will be reviewed in full by Committee Staff may be

submitted to the record up to 72 hours after the  
close of this hearing by emailing it to  
[testimony@council.nyc.gov](mailto:testimony@council.nyc.gov).

Thank you so much, and that concludes  
today's hearing. Thank you all. [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 27, 2024