



Testimony
of
Oxiris Barbot, MD
Commissioner
New York City Department of Health and Mental Hygiene
before the
New York City Council Committee on Mental Health, Disabilities, and Addiction
on
FY 2020 Preliminary Budget

March 26, 2019
Committee Room, City Hall
New York, NY

Good afternoon, Chair Ayala and members of the Committee. I am Dr. Oxiris Barbot, Commissioner of the New York City Department of Health and Mental Hygiene. I am joined by Sandy Rozza, Deputy Commissioner for Finance and Dr. Hillary Kunins, Acting Executive Deputy Commissioner for Mental Hygiene. Thank you for the opportunity to testify on the Department's preliminary budget for fiscal year 2020.

Medicine and public health have been my battle grounds for social justice. Throughout my career, I have sought to address a stark reality: For far too long, zip codes have determined how long or how well individuals have lived. I know all too well the outsized role that the social determinants of health—such as housing, education and socioeconomic status—can play in an individual's and a community's health. I also know first-hand the effects that mental illness can have on individuals, family, friends and the community. As Health Commissioner, I am squarely focused on putting communities, and particularly immigrants, at the heart of our work. This is critical to tackling our biggest challenges, from the opioid overdose epidemic and mental illness, to chronic diseases and HIV/AIDS. Integrating mental and physical health approaches, along with bridging public health and healthcare delivery, will be pivotal strategies in closing the gap of racial health inequities. I am proud and excited to lead the Health Department to make New York City not only the strongest and healthiest city in the United States, but a more just and equitable city, where everyone can realize their full health potential.

The work the Health Department undertakes around mental health is vast and varied. Broadly, we are focused on three areas: **Prevention** – raising awareness, reducing stigma and creating more supportive environments to prevent mental health crises before they begin; **treatment** – providing opportunities to connect people with care and enhancing the existing mental health care delivery system; and **support** – so that those who are living with mental illness and development disabilities can do so to their fullest potential. The Health Department does not do this work alone. I want to thank the community based organizations, service providers, my fellow Commissioners and their staff and many others who are working tirelessly every day. I also want to thank Speaker Johnson, Chair Ayala and others in the Council for their leadership on these efforts.

I want to start by highlighting a few areas of focus in the past year. In 2018, we focused significant resources on addressing the opioid overdose epidemic through HealingNYC. Launched in 2017, HealingNYC's \$60 million a year investment increased the City's capacity to respond to the crisis in partnership with communities, and health care and social service providers. Last year, we expanded our public messaging campaigns through "Living Proof", a citywide media awareness campaign that features New Yorkers who are receiving medications for addiction treatment. These ads highlight that effective treatment for opioid use disorder is available, and challenge the stigma around addiction and medications for addiction treatment. I want to thank the brave New Yorkers who shared their stories for this campaign in order to bring addiction out of the shadows and encourage others to seek effective treatment.

Although we are making progress, the opioid overdose epidemic continues to claim too many lives, and certain neighborhoods are disproportionately affected. In November, the Administration announced \$8 million to the Bronx Action Plan, which recognizes the South Bronx's outsized burden of fatal drug overdose and dedicates additional HealingNYC resources

in these neighborhoods. Through this plan, we are educating Bronxites on the dangers of fentanyl, and engaging people who use drugs and connecting them to care and other services. We also empower community organizations to help their neighbors. I want to thank Chair Ayala and Council Member Salamanca for their steadfast focus on the opioid overdose crisis in their communities and for bringing attention to the specific needs of the Bronx in this epidemic.

We have also deepened our partnership with the NYPD and FDNY, putting public health approaches at the forefront of the City's response for individuals in crisis. In 2018, we launched Health Engagement and Assessment Teams, or HEAT. These teams, comprised of mental health professionals and peer workers, provide health-focused support and resources to people referred by public safety agencies and through targeted canvassing. Five HEAT teams operate 16 hours a day throughout New York City. In addition, we expanded the Co-Response model from 8 to 16 hours a day. Three Co-Response Teams, comprised of two NYPD officers and a DOHMH mental health clinician, were deployed almost 1,800 times last year to provide a public health response to individuals in crisis. Additionally, we made progress towards opening up two Health Diversion Centers in the Bronx and East Harlem. The centers will open in the fall and will provide the NYPD with an alternative for arrest or hospitalization for individuals with mental health, substance use, and other social service needs. The Health Diversion Centers will offer short-term stabilizing services and referrals to long term care.

Finally, through ThriveNYC, the City is enhancing mental health services and behavioral support programs in every school. Using a three-tiered model of universal, selective, and targeted services, we have implemented intensive training for school staff, enhanced group services for students at risk, and provided new individual services for students with identified mental health needs. When I started at the Health Department in 2003, there was only one staff person overseeing school mental health services for the Department of Education. Today, through the investments of ThriveNYC, 134 Health Department staff support the mental health expansion across the education system, and every public school now has access to mental health services.

CITY BUDGET

I will now turn to the preliminary budget. I am pleased to report that Mental Hygiene and Early Intervention have approximately 900 employees and an operating budget of \$816 million, of which \$369 million is City Tax Levy. The remainder is Federal and State dollars.

Under the de Blasio Administration, City Tax Levy funding for Mental Hygiene services has grown by 167 percent, from \$138 million in fiscal year 2014 to over \$369 million in this year's preliminary plan. This represents an unprecedented commitment to strengthening the mental health care system in New York City and addressing the opioid overdose epidemic. Most of the funding increase is due to the investments under ThriveNYC and HealingNYC, which allowed us to implement new public health approaches to mental health as well as expand existing programming. ThriveNYC started a long needed conversation about mental health and its role in individual and community health. However, it does not stand alone. It is integrated into the longstanding work of the Health Department, complements the existing mental health care delivery system and builds on the great work that community based organizations have been doing for years. I am grateful to

this Administration and the First Lady's leadership for bringing mental wellness to the forefront of our conversation about health.

The preliminary fiscal year 2020 budget allocates approximately \$1.3 million to expand two key projects, including \$500,000 and four new staff to improve the experience New Yorkers have when they contact NYC Well. New Yorkers have continued to contact NYC Well for 24/7 crisis counseling, peer support, and information about and referral to behavioral health services. In 2018, NYC Well answered nearly 260,000 calls, texts and chats and made over 49,000 referrals to behavioral health services and supports. The new funds will ensure that New Yorkers receive the best possible crisis intervention, counseling and support from NYC Well.

The preliminary budget also adds \$792,000 to enhance the capacity of four Syringe Service Programs in the South Bronx and Washington Heights. This funding will support expanded outreach and engagement with people who use drugs, and delivery of harm reduction services in parks and areas with public drug use.

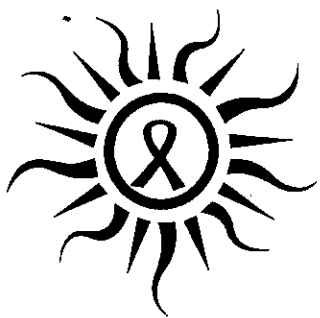
FEDERAL

The City's actions to address mental wellness and opioids are unprecedented. However, more could be done with support from Washington. I want to highlight one key item that I recently spoke about with our representatives on Capitol Hill.

Today, every physician in New York City can write a prescription for an opioid, but only a fraction can prescribe medication for the treatment of addiction. That isn't right. It shouldn't be easier to write a prescription for an opioid than it is to write a prescription for medication to treat addiction. The Department has trained more than 1,500 physicians to prescribe buprenorphine since 2016, and there were a total of 2,358 physicians in New York City who prescribed the medication in 2018. But in the midst of a crisis, we need to eliminate structural barriers to treatment. Every physician should be equipped to treat their patients. Congress should act immediately to eliminate regulatory barriers that prevent physicians from providing methadone and buprenorphine to individuals in need. I urged our representatives in Washington to look into this issue further and I would appreciate your voices on this important matter as well.

It is clear that the Administration and City Council are committed to addressing the mental health needs of the city. With your help, we will work tirelessly to enhance prevention and treatment of mental illness, limit the toll of opioids, and ensure that all New Yorkers – regardless of race and ethnicity, gender, or immigration status – have an equal chance to enjoy fulfilling, successful and healthy lives.

Thank you. I am happy to take questions.



ST. ANN'S CORNER OF HARM REDUCTION, INC

March 25, 2019

Honorable Council Members, Greetings. My name is Joyce Rivera and I am the Executive Director of St. Ann's Corner of Harm Reduction. I also am a board member of Research for a Safer New York, a consortium of harm reduction providers who have come together to respond to the opioid epidemic in our city, with a pilot research study on the operation, implementation and evaluation of Overdose Prevention Centers in New York City and State.

Overdose Prevention Centers, or OPCs, are facilities that allow people to consume pre-obtained drugs under the supervision of trained staff. They are designed to reduce the health and public order issues associated with public drug consumption.

For over a century, New York City has been recognized as the heroin capital of the United States.¹ Every day, thousands of persons consume heroin in New York City. Like other drugs, heroin can be consumed in several ways but injection is the quickest way for the drug to reach the brain. In the 1980s, the deadliest decade, the epidemic of injection-related HIV/AIDS was driven by penal laws that restricted access to syringes; without access, drug injectors were forced to share contaminated syringes. Let's learn from this unnecessary tragedy.

Today we are experiencing a Fentanyl-driven opioid epidemic. Nationally, the upsurge in unintended opioid/analgescic-attributed overdose deaths occurred in three waves:² 2000—Increase in prescription opioid deaths; 2011: Increase in heroin-overdose deaths; 2014: Increase in synthetic overdose deaths. For the persons who sit at a bar, and no different for the persons who use alternative drugs, their sense of safety rests upon **successful management** of their drug use, a safe drug connection, safe practices, and a safe place to consume drugs. Change one of those important drug use variables and you are risking a drug-related harm. Fentanyl-tainted opioids and stimulants is indicative of such a change.

¹ Frank, Blanche, (2000) "An Overview of Heroin Trends in New York City: Past, Present and Future, Mount Sinai Journal of Medicine, 67:5&6, October/November.

² Epi Data Brief, New York City Department of Health & Mental Health, September 2018

Locally, unintended overdose deaths vary: by race, borough, economic status, and ethnicity. 17% of unintended overdoses occurred among persons within higher economic groups (not living in poverty). An unintended overdose does not discriminate.

In 2017, rates of overdose death were highest among Bronx residents, compared with other NYC boroughs. The rate increased 9%, from 29.3 per 100,000 residents in 2016 to 31.9 per 100,000 residents in 2017. Bronx residents also had the largest number of overdose deaths, 363 in 2017.³

- Staten Island residents had the second highest rate of overdose death. The rate decreased 16%, from 32.5 per 100,000 in 2016 to 27.3 per 100,000 in 2017. In 2017, 101 Staten Island residents died of a drug overdose.³

- In 2017, Black New Yorkers had a higher rate of overdose death (25.5 per 100,000) compared with White and Latino New Yorkers (24.9 and 23.9 per 100,000, respectively).³

Drug-related harm is, of course, drug-related *and* practice-related and place-dependent. Drug related harm occurs when a User's safe, routinized and familiar use is unexpectedly subverted by an unsafe, tainted drug, sharing a syringe, or having to consume a drug in an unfamiliar place.

The media will quickly profit from a drug related celebrity death. But not one obituary will recall the lives of the 1,487+ reported overdoses that claimed the lives of ordinary New Yorkers in 2018. We will hear less about the ordinary wo/men well embedded within middle class New York whose deaths become a shameful tragedy for their families and loved ones.

We can and must do more for our neighbors. Consider the grief, but also the weight of shame and disgrace families have to additionally experience. A society concerned with public safety offers opportunities for everyone to live and co-exist optimally. We cannot arrest ourselves out of our opioid epidemic. We cannot lead by punishment and shame.


We have to continually recommit to public health principles. We must adopt non-coercive, non-punitive solutions to the crisis. OPCs can play a vital role as part of a larger public health approach to drug policy. They are intended to complement – not replace – existing prevention, harm reduction, and treatment interventions. Some of the benefits of OPCs are:

³ Ibid.

1. Address the needs of integrated, high-functioning, middle class, middle age people who consume illicit drugs
2. Address stigma
3. Successfully managing on-site overdoses and reducing drug-related overdose deaths
4. Saving costs due to reduction in disease, overdose deaths, and need for emergency medical services—EMT, NYPD, HH+C, Fire Department
5. Reducing public disorder and public injecting while increasing public safety
6. Increasing entry into substance use treatment.
7. Reducing the amount and frequency that clients use drugs. Yes, managing drug use leads to diminishing drug use
8. Reducing HIV and Hepatitis C risk behavior, such as syringe sharing and unsafe sex
9. Increasing the delivery of life-saving medical and social services

I join my colleagues in requesting \$2 million in City Council Discretionary Funding. We have worked very hard to have the pilot study authorized by NY State. For every week, every day, and every hour that goes by without Overdose Prevention Centers, we pay the price in human lives. Ultimately, that is what this is about – saving human lives.

Thank you. Gracias.



Joyce A. Rivera, ABD
Founder & Executive Director

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White Paper on Thrive NYC

By DJ Jaffe, Executive Director, Mental Illness Policy Org.

Author, *Insane Consequences: How the Mental Health Industry Fails the Mentally Ill*

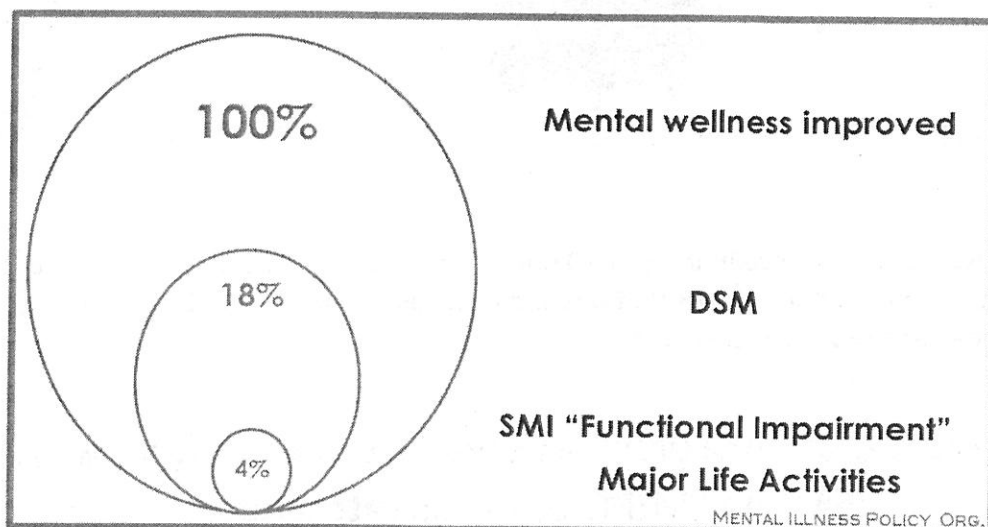
March 26, 2019

Summary:

ThriveNYC does not focus on delivering treatment to the most seriously mentally ill. Instead, it focuses on improving mental wellness in the masses. It is the seriously mentally ill who are most likely to become homeless, arrested, incarcerated, violent, hospitalized, suicidal, and victimized. Until the city council forces DOHMH and ThriveNYC leadership to focus their budgets on the elephant in the room: delivering treatment to the most seriously mentally ill, the quality of life for patients and public in New York city will continue to deteriorate and we will continue to rely on jails and prisons, rather than the mental health system to provide treatment to the seriously mentally ill. Solutions such as expanding Kendra's Law and other programs for the seriously mentally ill are described.

Background on difference between poor mental wellness and serious mental illness that is needed to understand why ThriveNYC is failing.

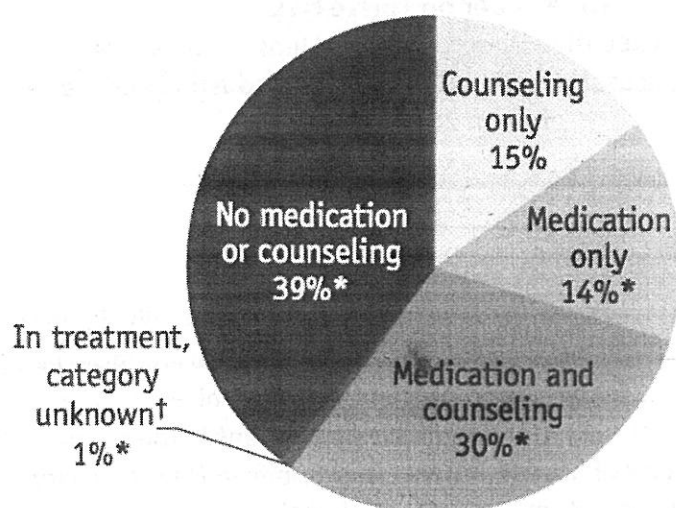
100% of the population can have their mental wellness improved, 20% have something in the Diagnostic and Statistical Manual (DSM) often mild illnesses like anxiety, mild depression, and ADHD. But 4% of adults have a serious mental illness meaning they have a functional *impairment* which *substantially* interferes with or limits one or more *major* life activities."¹ That's 239,000 New York adults.²



The untreated seriously mentally ill need help the most and are most likely to become homeless, arrested, incarcerated, victimized, violent, suicidal or hospitalized without treatment. They need hospital beds, medications, case managers, supported housing, clubhouses, civil commitment, Kendra's Law and other treatments not needed by the higher functioning. This is the group ThriveNYC and DOHMH fail to prioritize.

New York City leaves 40% of the seriously mentally ill, approximately 93,000 individuals untreated.³

40% of Seriously Mentally Ill in NYC received zero treatment (2012)



According to Dr. Gary Belkin, only \$165 million of the initially projected \$850 million four-year ThriveNYC budget was allocated to persons with serious mental illness.⁴

Only 19% of Thrive budget spent on SMI per Dr. Belkin

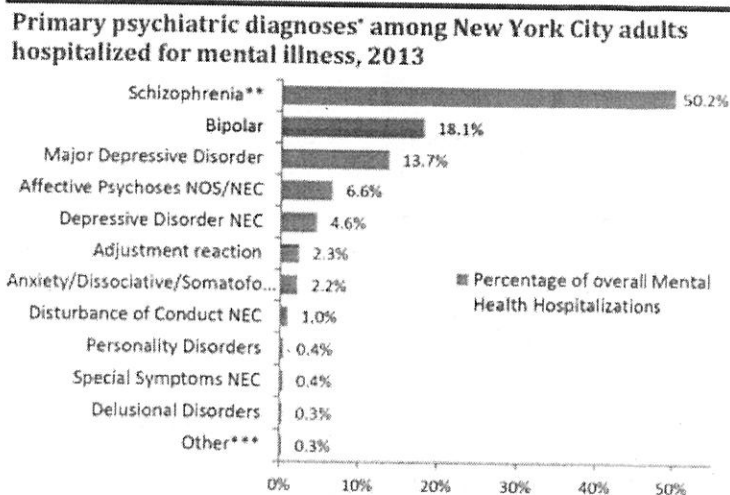


Our own analysis (attached) of the preliminary 2020 budget released by OMB in response to criticism of ThriveNYC is more generous, but still shows that under a best case scenario only \$83 million of the \$250 million (one-third) goes to seriously mentally ill.

Only 34% of ThriveNYC Budget Spent on Adults with SMI per MIPO analysis (attached)

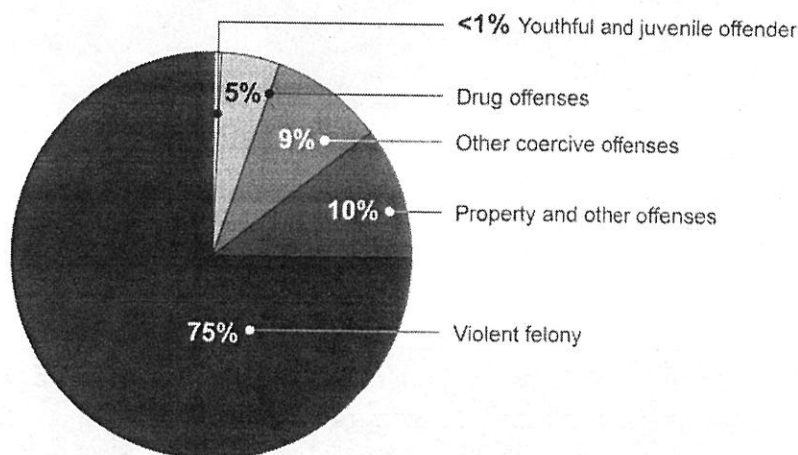


It is the seriously mentally ill (primarily bipolar and schizophrenia), not the others who are most likely to be hospitalized. Further 23-34% of those discharged from hospitals are readmitted within 30 days.⁵ Helping the seriously mentally ill would reduce hospitalizations.



75% of the incarcerated seriously mentally ill committed violent felonies. (Note this is NYS data. We do not have NYC, but have no reason to believe it is different). Helping the seriously mentally ill would reduce the felonies.⁶

Figure 3: Crimes Committed by New York Inmates with Serious Mental Illness, December 31, 2016 (N=2,513)

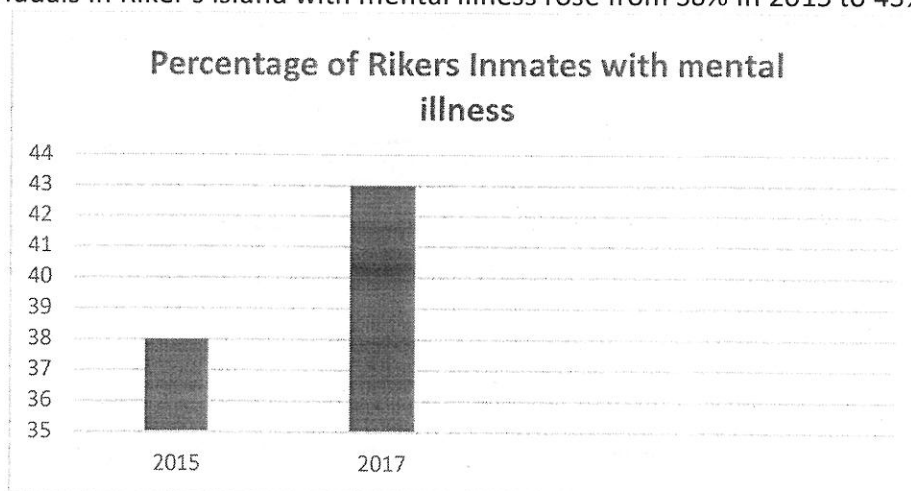


Source: GAO analysis of New York State Department of Corrections and Community Supervision data. | GAO-18-182

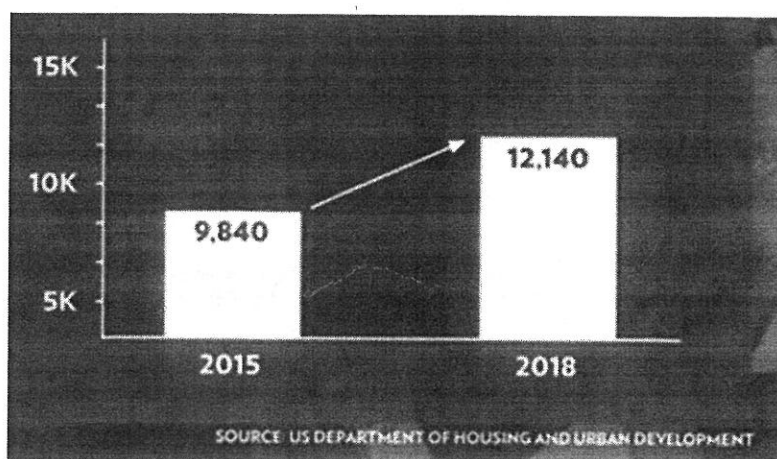
Existing Metrics show ThriveNYC and DOHMH are failing

Since ThriveNYC was introduced, the number of homeless seriously mentally ill, the number of incarcerated mentally ill and the number of Emotionally Disturbed Persons (EDP) calls to police are rising. We also believe the number of suicides and individuals needing hospitalization are rising.⁷ DOHMH and ThriveNYC claim to be monitoring 400 metrics. But they are not monitoring the most important metrics including number of homeless, incarcerated, hospitalized, suicidal and victimized mentally ill and taking steps to reduce those metrics. Due to the lack of transparency it is difficult to determine which organization is more to blame: NYC DOHMH or ThriveNYC. It is perhaps irrelevant since for practical purposes, both are under the control of the First Lady.

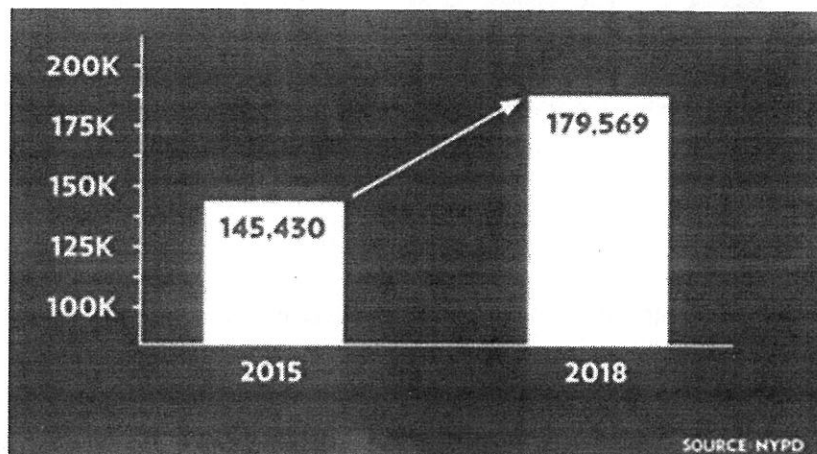
The percentage of individuals in Riker's Island with mental illness rose from 38% in 2015 to 43% in 2017.⁸



The number of homeless seriously mentally ill in NYC went up from 9,840 in 2015 to 12,140 in 2018.⁹



The number of calls to police concerning Emotionally Disturbed Persons (EDP Calls) went from 145,430 in 2015 to 179,569 in 2018 per NYPD.



ThriveNYC was ill-conceived. The six guiding principles fail to focus on seriously mentally ill who need help the most.

When ThriveNYC was introduced it contained very little to move New York's 93,000 untreated seriously mentally ill into the treated column.¹⁰ Instead, it contained 54 initiatives grouped under six principles that reflected a lack of understanding about serious mental illness. In fact, it was subtitled, "A Roadmap for All" indicating that it did not intend to focus on delivering treatment to the seriously mentally ill, but was focused on improving "the mental well-being of all New Yorkers."

The first principle, "Change the Culture" focused on implementing public awareness campaigns. The seriously mentally ill do not need public service campaigns, they need services. While public awareness campaigns have been successful at reducing the spread of HIV and sexually transmitted diseases (by teaching how they are transmitted and encouraging use of condoms), reducing influenza (by encouraging inoculations) and other issues, the National Academy of Science specifically found that this public health approach (education) is *not* an effective tool to deliver help to the seriously mentally ill.¹¹ Mental illness is not contagious. You can't educate your way out of spreading it. As will be seen below, much of the anti-stigma education, and pronouncements by the Mayor, First Lady, DOHMH and ThriveNYC leadership has been misleading, for example, by downplaying violence and how to reduce it.

The second guiding principle, "Act Early" is premised on the popular notion that by intervening early we can prevent mental illness. That is false. Serious mental illnesses cannot be prevented. There will be a Noble Prize to whoever figures out how to prevent serious mental illnesses like schizophrenia and bipolar disorder. The President's New Freedom Report declared "Preventing mental illnesses remains a promise of the future" and a scholarly report from the National Academies of Science (NAS) found "the nation is spending billions of dollars on [prevention] programs whose effectiveness is not known."¹² ThriveNYC is one such program.

We can prevent *progression* of mental illness, but that means treating people with it, not without it, as First Episode Psychosis Programs (FEP) and perhaps On-Track NY does.¹³ Serious mental illnesses most often appear in the late teens and early twenties. They are not predictable nor are they preventable so programs aimed at elementary schools may have benefits, but the benefit is not on reducing the incidence of serious mental illness.

The four remaining principles, "Close Treatment Gaps" "Partner with Communities" "Use Data Better" and "Strengthen Government's ability to lead" are fairly generic but could have helped the seriously mentally ill if they were applied on behalf of the seriously mentally ill. But none were.

The three flagship ThriveNYC initiatives are expensive failures

ThriveNYC leaders have pointed to three flagship “successes.” Mental Health First Aid, 888 NYC WELL, and Changing the Culture/Fight Stigma have become the poster children for ThriveNYC. All three are failures.

Mental Health First Aid does not help mentally ill



ThriveNYC leadership set a goal of training 250,000 New Yorkers in Mental Health First Aid (MHFA) and claim to have completed training of 100,000. The inventors of Mental Health First Aid admit they don't know if it helps the mentally ill and the National Institute of Mental Health (NIMH) found it doesn't. Therefore the program should be stopped and the funds allocated to programs that provide a benefit to people with mental illness.

Mental Health First Aid is a commercially available workbook and eight hour training program sold by the National Council for Community Behavioral Healthcare to fund their operations. It ostensibly teaches non mentally ill people to identify the symptoms of mental illness in others and connect them to help. At the end of the all-day training, participants get a frameable certificate saying they received the training and fill out a questionnaire with the instructor in front of them. The questionnaire asks them if they feel they know more than they knew before the training. The answers to those questions provide the only 'evidence' base for the program. None of the 'evidence' is collected by monitoring people with mental illness. Even the the owners of the intervention admit:

"There has not yet been an evaluation of the effects on those who are the recipients of the first aid."¹⁴

A 2005 study acknowledged, "Perhaps the most important unanswered question is the benefits of being a recipient of MHFA." In other words, does having people trained to identify mental illness benefit people with mental illness?

The answer is 'no.' Because identifying people who are so asymptomatic that special training is needed to identify them is not the problem. And once these asymptomatic individuals are identified, there is no evidence that people who received training are making referrals, that there is a place to refer to, and that person being referred will accept the referral and show up for treatment.

To remedy the lack of data being provided by the promoters of the treatment about outcomes for people with mental illness, the National Institute of Mental Health (NIMH) conducted it's own study. It gave "Resident Advisors (RAs)" in college dormitories MHFA and compared the outcomes for people with mental illness in those dormitories to outcomes in dormitories where no Resident Advisors received MHFA. The study found:

- "RAs in treatment halls were equally likely to help students with a crisis situation as those in control residence halls."
- "RAs in control and treatment halls reported a similar likelihood of approaching a student having significant mental health problems."

- “There were no reported changes in referrals for mental health services from RAs, or reported increases in interactions with RAs.”
- “The preliminary results do not show any reported influence of the intervention on RAs’ interactions with students”¹⁵

The only impact of Mental Health First Aid training is to make those who receive the training feel better about themselves, feel more capable in the 15 minutes after the class ends. But there is no evidence that more mentally ill are helped as a result of others receiving MHFA training.¹⁶

The City Council should end the program and allocate the funds to other efforts. That might include educating the public about Kendra’s Law or educating clinicians and parents of the seriously mentally ill about LEAP Training.¹⁷ Both have evidence they help the mentally ill.

888 NYC WELL is not helping seriously mentally ill.

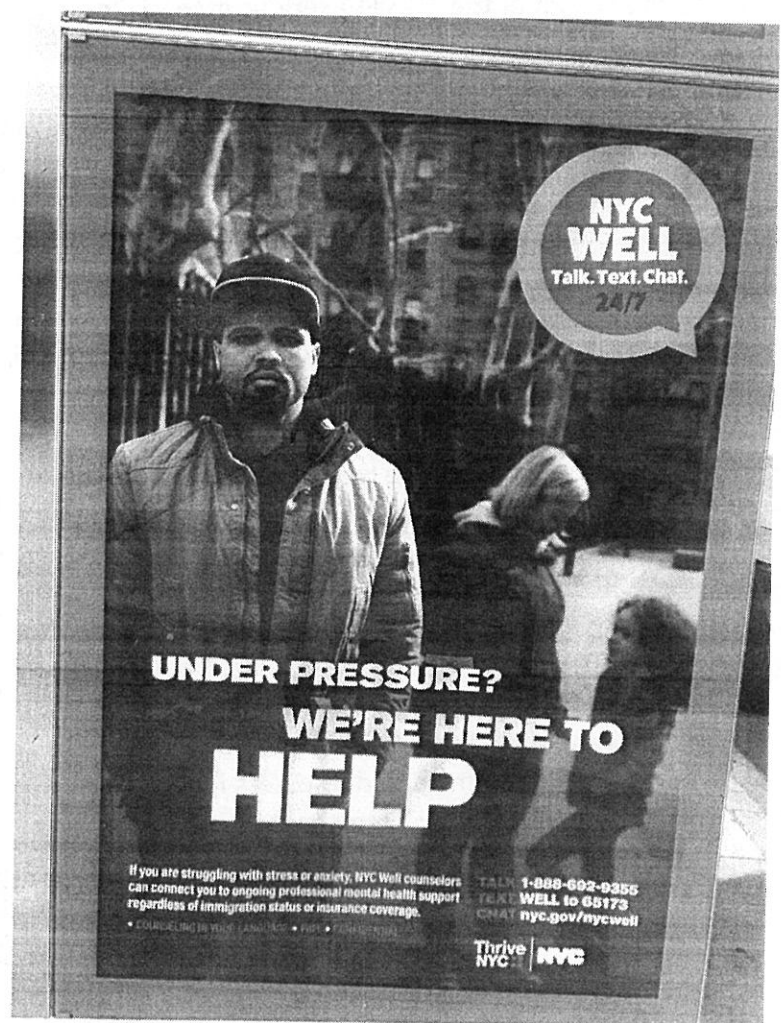
New York City replaced its 1800 LIFENET phone number with 1 888 NYC Well and positioned it as a major ThriveNYC advancement. LIFENET was narrowly targeted to the important issue of reducing suicide while ThriveNYC covers anything remotely related to behavioral health. NYC WELL garners 180,000 calls a year compared to the 105,000 calls in the last year of Lifenet. But ThriveNYC management garners those calls by running advertising encouraging people who are *not* mentally ill to call.

NYC WELL advertising is designed to get people who are not seriously mentally ill to call. This billboard encourages anyone “under pressure” or has “stress” or anxiety to call

One billboard encourages anyone “under pressure” or has “stress” or anxiety to call. As far as we know, there are no billboards encouraging people with schizophrenia, bipolar disorder, the homeless or their families to call. There are no billboards asking families of seriously mentally ill who could benefit from Kendra’s Law to call and learn more about it.

Because of the failure of ThriveNYC to create more mobile crisis intervention teams, callers needing crisis stabilization for someone with serious mental illness are told there will be a two day wait and told to call police if the need is urgent.¹⁸ NYC WELL is expensive. In addition to the \$11 million advertising budget, \$12 million is spent running it.¹⁹ That means it cost \$127 for each of the 180,000 calls. 90% of callers receive no follow-up. The number of calls to NYC-WELL is at best a measure of the quality and amount of dollars allocated to the ad campaign. It is not a barometer of care received by mentally ill.

The advertising budget for NYCWELL should be cut until a sufficient number of mobile crisis outreach teams are created so that calls about serious mental illness get a response (other than ‘wait two days’ or ‘call



police'.) After the teams are created the NYC-WELL advertising budget should focus on getting families and others concerned about the seriously mentally ill to call. Further, NYC-WELL should have experts and handouts who can inform clinicians and families about how to petition for a Kendra's Law examination and provide help to those who want to file petitions. NYC-WELL's budget should be examined to see why it is so much greater than the LIFENET budget and to determine if the response to the texting capability is costing too much to maintain.

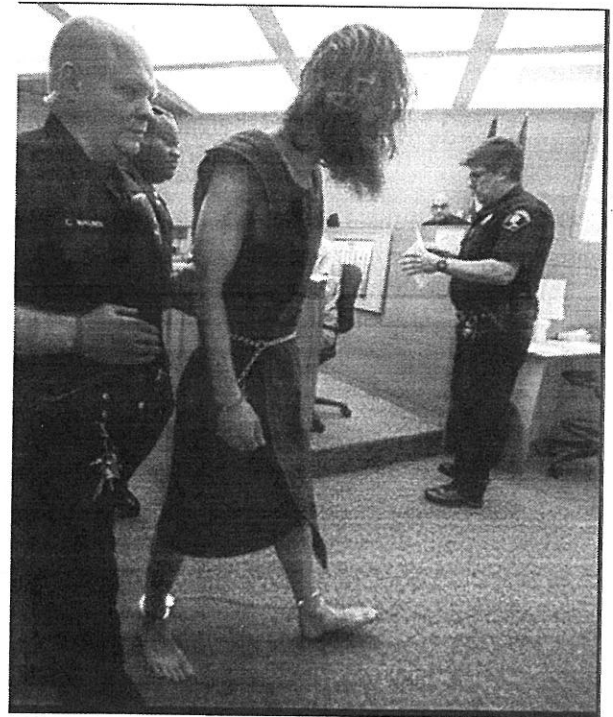
Efforts to "Change the Culture" and "Fight Stigma" are counterproductive

A major 'benefit' of ThriveNYC is the bully pulpit it gives the First Lady. Unfortunately that bully pulpit has been used to spread misinformation, political correctness and pop psychology, thereby making it more difficult for the seriously ill to access care. Following are some examples of misinformation.

Violence: The First Lady and ThriveNYC leadership maintain that the mentally ill are no more violent than others. That is true for the 100% who can have their mental wellness improved, the 20% with something in DSM and the subset of the 4% with serious mental illness who receive treatment. It is not true of the 93,000 untreated seriously mentally ill and the First Lady should know that. After all, hospital psychiatric units are locked while other units are not. Nurses in psych units wear panic buttons, while those in other units do not. She is training police to address mental illness calls, not calls for say, psoriasis. Mental health outreach workers go out in pairs for their own safety. Of course the untreated seriously mentally ill as a group are more violent than others and by hiding behind the platitude that the mentally ill are no more violent than others she is diminishing public support for programs that reduce violence.

Stigma: The First Lady and ThriveNYC leadership maintain that stigma is the major barrier to treatment. Any mom of the seriously mentally ill knows that is not true. In fact when the First Lady tried to get treatment for her own daughter, she wrote, not about stigma, but that she could not find a doctor. The major barriers to care for the seriously mentally ill are the lack of doctors, clinics, social workers, housing with onsite support, clubhouse programs and case managers. Other barriers include high cost, lack of transportation, anosognosia (not being aware you are ill) and cognitive deficits that prevent following through.

Anti-stigma efforts mislead the public. The stigma public service announcements don't show homeless psychotic individuals rummaging dumpsters for food or bleeding in their jail cells after being beat up by other inmates. Instead, they show high-functioning executives and claim everyone can recover. The anti-stigma campaigns divert attention from where attention is needed.



Underserved populations The First Lady's pronouncements have compassionately focused on the need for culturally appropriate services for African Americans, Latinos, LGBT, Asian Americans, youth and the elderly. But there is no indication that ThriveNYC or DOHMH funds are going to seriously mentally ill within those subpopulations. They seem to be going to community centers.

Prevention – The First Lady and ThriveNYC leadership maintain that if they intervene early they can prevent mental illness. As previously described serious mental illnesses like schizophrenia and bipolar (which make up

the bulk of those with serious mental illness) cannot be prevented and a Noble Prize will likely be awarded to whoever figures it out. By claiming she knows how to prevent mental illness, she is misleading the public and squandering resources that could be used to lower rates of homelessness, arrest, and incarceration of the seriously mentally ill.

Risk Factors – The First Lady and ThriveNYC leadership speak of ‘social determinants of health’ including the effects of poverty, coming from single family home, underperforming in school, having angst about gender-identity on individuals. They are all problems that need addressing, but none are independently risk factors for serious mental illness. By wrapping worthy social services in a mental health narrative she is diverting mental health funds from the seriously mentally ill. Social service program funds should come from the appropriate budgets.

Ageism - The First Lady and ThriveNYC leadership regularly talk about targeting programs to youth and the elderly. But it is adults 18-64 who are most likely to become homeless, arrested, incarcerated. Suicide is most common in men over fifty and specifically incarcerated men and those with mental illness, yet the first Lady and ThriveNYC leadership continually talk about the need to reduce suicide in those under 24 who are the least likely to commit suicide.²⁰

Trauma - The first Lady and ThriveNYC leadership speak about the need to reduce trauma. Trauma is not a mental illness, PTSD is. Everyone in the world experiences trauma (loses a child, sibling, parent or spouse; gets divorced or grows up in a single parent household; loses a job or home, etc.). If mental health funds go to prevent all trauma in the world there will be nothing left for those with PTSD or serious mental illness.

Change the Culture initiatives fail to mention problems of seriously mentally ill. Many seriously mentally ill live under lice infected rags. Others experience much higher rates of homelessness, incarceration, violence, victimization and hospitalization. Efforts to end stigma and change the culture have done nothing to highlight these issues and therefore the public doesn’t understand the fixes.

Change the Culture initiatives fail to mention solutions to help the seriously mentally ill: Expanding use of Kendra’s Law, creating congregate housing with onsite support, opening clubhouses, fighting the closing of Allen Hospital in Inwood are some of the ways the city can help the seriously mentally ill that are rarely if ever mentioned in Change the Culture initiatives. Nor are they funded with ThriveNYC dollars. There are also federal and state policies that effect the mentally ill in New York City that the First Lady could bring attention to but has not. These include ending the closure of state psychiatric hospitals, making Kendra’s Law permanent and improving it, adding a gravely disabled civil commitment standard, eliminating the IMD Exclusion in Medicaid and others.

Response of officials: When we have spoken to officials they basically say they see no need to prioritize and believe they can do everything. But the few initiatives that should serve the seriously ill (ex. diversion centers, NYC-SAFE and mental health corps) have either not gotten off the ground or are floundering. Meanwhile the pop-psychology initiatives are up and running full stream. To combat the criticism, those who get money from ThriveNYC or report to the Mayor are being told to speak up and encouraged to use the city PR hashtag #ThriveWorksHere. Those who believe ThriveNYC is not working are afraid to speak up for fear of losing their funding.

Conclusion: ThriveNYC has ushered in massive mission-creep. The needs of the seriously mentally ill are being ignored while dollars and attention flow to “mental illness lite” and social problems masquerading as mental illnesses. The ability to get care has become inversely related to need. The least seriously ill go to the head of the line and the seriously ill to jails shelters prisons and morgues. Riker’s is New York’s largest facility to treat the mentally ill.

We don’t need a ‘new paradigm’ a ‘shift in culture.’ We need a return to the old culture where the primary responsibility of the mental health system was to treat the seriously mentally ill. New York has moved from a hospital based system which by definition served the seriously ill to a community based system which refuses to serve those so seriously ill they would otherwise need hospitalization. Under the First Lady’s leadership, community programs are now getting more of what they want: mental health dollars absent an obligation to serve the seriously ill.

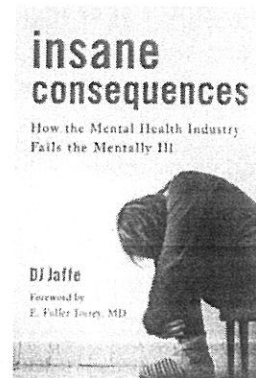
Former NYPD Police Commissioner Bill Bratton told a forum that to reduce the problems the police face, he needs easier civil commitment standards, city hospitals to take in those they bring in, keep them long enough to be stabilized, give them treatment and housing after release, and enroll in Kendra’s Law if warranted. That is still the best plan for the seriously mentally ill in NY.

What the City Council can do. The City Council should cut the 54 initiatives down to a few that help the most seriously mentally ill and require the administration to focus on those. It should exercise it’s oversight and budget responsibilities and ensure mental health funds are being used where they are most effective. They should hold officials responsible for, and require them to report on rates of homelessness, arrest, incarceration, violence, EDP calls, and needless hospitalization of the seriously mentally ill. The council should ramp up funding for Kendra’s Law. **A fact sheet is attached on other actions the council can take.**

###

About Mental Illness Policy Org. Mental Illness Policy Org is a non-partisan, not-for-profit think tank focused on improving policies that determine treatment of the most seriously mentally ill. It is funded solely by donations from families of the seriously mentally ill and accepts no funds from government, health care providers, or pharmaceutical companies.

About DJ Jaffe DJ Jaffe has a seriously mentally ill family member. He is Executive Director of Mental Illness Policy Org. and author of Insane Consequences: How the Mental Health Industry Fails the Mentally Ill. He has thirty years experience in pro-bono advocacy on behalf of the seriously mentally ill with various organizations. His op-eds on local and national mental illness policies have appeared in the New York Times, Wall St. Journal, Washington Post, New York Post, Daily News, National Review, Washington Examiner, The Hill, Huffington Post and numerous other publications. He is credited as being the driving force behind Kendra’s Law, certain provisions of the 21st Century CURES Act, and other legislation.



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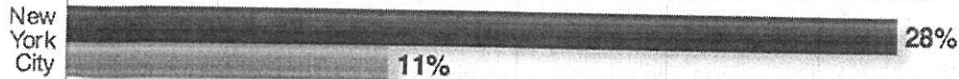
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NYC CAN REDUCE INCARCERATION, HOMELESSNESS, & HOSPITALIZATION BY RAMPING UP KENDRA'S LAW. (Rates before and after admission to Kendra's Law per 2017 NYS/OMH Kendra's Law database)

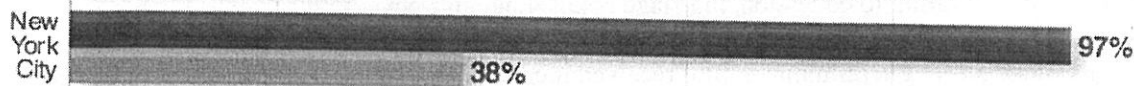
KENDRA'S LAW REDUCES INCARCERATION



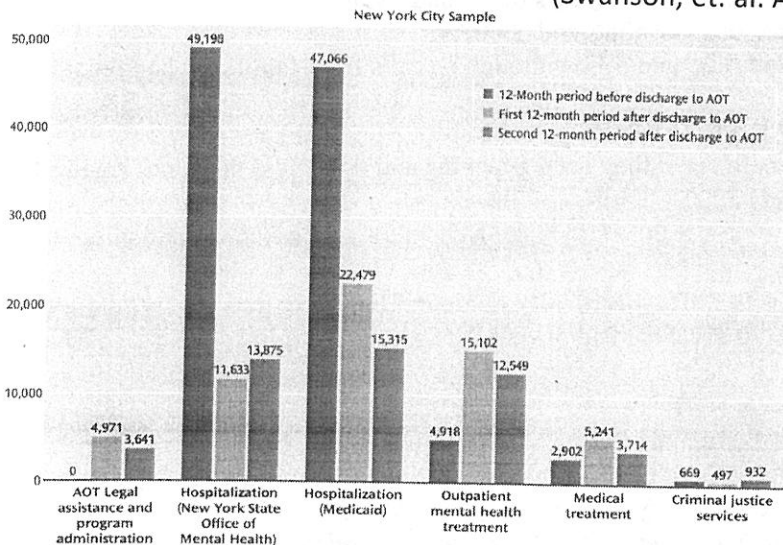
KENDRA'S LAW REDUCES HOMELESSNESS



KENDRA'S LAW REDUCES HOSPITALIZATION



KENDRA'S LAW CUTS COST TO TAXPAYERS 50% (Swanson, et. al. AJP)



Overview: Kendra's Law is for the subset of the seriously mentally ill who **already** accumulated **multiple** episodes of incarceration or needless hospitalization as a result of their refusal to stay in treatment ("frequent flyers", "round-trippers"). It allows judges to order them to stay in up to one year of mandated and monitored treatment while they continue to live in the community. The NYC studies here show reductions in homelessness, arrest, incarceration, hospitalization and costs. It is not the entire solution, but should be an important part of it. NYC makes little use of Kendra's Law and largely focuses ThriveNYC on improving mental 'wellness' in the masses rather than treating the seriously ill. As a result, hospitals, jails and shelters are being overwhelmed.

OTHER OUTCOMES

New York State Office of Mental Health. Kendra's Law: Final Report on the Status of Assisted Outpatient Treatment. Report to Legislature, Albany: New York State, 2005, 60.

<http://mentalillnesspolicy.org/kendras-law/research/kendras-law-study-2005.pdf> (Accessed 2/8/15).

Reduces danger and violence
55% fewer recipients engaged in suicide attempts or physical harm to self
47% fewer physically harmed others
46% fewer damaged or destroyed property
43% fewer threatened physical harm to others
Improves consumer outcomes
49% fewer abused alcohol
48% fewer abused drugs
Consumer perceptions were positive
75% reported that AOT helped them gain control over their lives
81% said AOT helped them get and stay well
90% said AOT made them more likely to keep appointments and take meds
Improved collaboration between mental health and court systems. "As AOT processes have matured, professionals from the two systems have improved their working relationships, resulting in greater efficiencies, and ultimately, the conservation of judicial, clinical, and administrative resources."

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NYC Policy Suggestions to Cut Mental illness to Jail Pipeline

- **Measure Meaningful Metrics.**
 - Hold Mayor, DOHMH, ThriveNYC leaders and HHC (to extent possible) responsible for reporting on and reducing the most important metrics: rates of homelessness, arrest, incarceration, violence, suicide and needless hospitalization of adults with Serious Mental Illness.
- **Fix Thrive/NYC**
 - Cut the 54 Thrive/NYC initiatives down. If you are focused on everything you are focused on nothing.
 - Cut stigma, PR, MHFA, Prevention and education programs
 - Move social services that are masquerading as MH programs to proper departments. These include jobs programs to jobs, tutoring to education, marriage counseling, anti-poverty, etc.
- **Put resources against highest risk populations.**
 - Evaluate all long-term inmates who received mental health services while incarcerated prior to release, to see what services are needed in the community including Kendra's Law if appropriate
- Evaluate all those who are being released from involuntary commitment, or have had multiple hospitalizations to determine what services, including possibly Kendra's Law, they need.
- **Robustly implement Kendra's Law** (See attached data on success of Kendra's Law)
 - Put Kendra's Law evaluators in jails, prisons, hospitals and shelters.
 - Train 1 800 NYC Well how to triage and refer and follow through on calls from families who think their family member needs AOT.
 - Focus funds being spent on NYC WELL ads, to encourage calls about Kendra's Law
 - Proactively review expiring court orders to see if they need renewing and document those not renewed.
 - Hire more Kendra's Law Case Managers
 - Urge NYC Caucus in NYS Assembly to pass S-00516 to make Kendra's Law permanent and improve it
- **Allocate large percentage of any new housing to SMI, specifically to mental health courts (it saves money).**
 - Bring back group homes and S.R.Os, both of which had on-site 24/7 support (not just housing vouchers)
- **Support and expand programs that do focus on SMI**
 - Support and expand Fountain House and programs that provide housing to SMI
 - Support and expand Assertive Community Treatment Teams and mobile case managers
 - Hire and create more forensic assertive community treatment teams (FACT)
 - Prioritize programs with strong *independent* evidence it improves *meaningful* metrics (ex. homelessness, arrest, incarceration, hospitalization, suicide) in people with *serious* mental illness."
 - Hire and expand Crisis Intervention Teams so calls to NYC WELL get a response.
 - Hire gap navigators: special caseworkers assigned specifically to help the seriously over the crack between hospitalization and community care or prison and community care
 - Urge Albany to enact a 'gravely-disabled' state commitment standard
- **Preserve Hospitals:**
 - Make access to city hospitals easier for the most seriously ill.
 - Encourage HHS to use long-acting (3-month) injectables, ECT, and clozapine
 - Make greater use of Conditional Discharge from hospital
 - Prevent the closure of Allen Hospital in Inwood.
 - Fight state downsizing plans for Staten Island and other state psych facilities.
- **Listen to criminal justice.**
 - Have meetings with police, sheriffs, DA's, and mental health court judges—without mental health officials in the room—and ask them what has to be done. Stack any MH committee with criminal justice as they are interested in cutting violence rather than obsessing about stigma.

Few ThriveNYC initiatives are dedicated to helping seriously mentally ill (SMI) between 18 and 64

It is the seriously mentally ill (SMI) between 18 and 64 who are most likely to become homeless, arrested, incarcerated without treatment. Bulk of ThriveNYC excludes them. ThriveNYC focuses on kids under the guise that mental illness can be prevented. SMI cannot be prevented. There will be a Nobel Prize for whoever figures that out. Other funds go to social services (ex. improving grades) by wrapping them in a mental health narrative. Following is the ThriveNYC budget (NYC OMB) and Analysis by DJ Jaffe, Mental Illness Policy Org (office@mentalillnesspolicy.org <http://mentalillnesspolicy.org>) showing most are not targeted to the seriously ill over 18 and under 64.)

\$ in millions		FY19	Helps	Comments
Agency		Budget	SMI 18-64	
DOHMH	Mental Health First Aid	\$ 6.3		Does not help mentally ill. (See https://mentalillnesspolicy.org/samhsa/mental-health-first-aid-fails.html)
DOHMH	Media	\$ 2.0		
NYPD/DOC	Crisis Intervention Teams / Training	\$ 4.4	4.4	
NYPD	Victim Advocate Program	\$ 14.7		
DOHMH	School Mental Health Consultants	\$ 10.5		I think these are mainly drying out tanks for substance abusers. Not sure.
DOHMH	Social-Emotional Learning - Early Childhood Mental Health	\$ 3.6		
DOHMH	Public Health Diversion Centers	\$ 9.5		
DOHMH	Talk to Your Baby	\$ 1.1		
DOHMH	Expansion of Newborn Home Visiting Program	\$ 2.0		Trauma ≠ mental illness. PTSD = mental illness. We counted anyway.
ACS	Attachment and Biobehavioral Catch Up	\$ 3.3		
ACS	GABI - Trauma Services for Families	\$ 3.7	3.7	
ACS	Social-Emotional Learning - Trauma Smart	\$ 3.4		
DOE	Mental Health Clinics in all Renewal and Community Schools	\$ 13.2		Serious Mental illness can't be prevented
DOE	Mental Health Prevention and Intervention Program High Needs Schools	\$ 6.2		
DOE	Social-Emotional Learning - UPK	\$ 9.1		
DOE	Mental Health Trainings in Schools (KOGNITO, YMHF A, MEP)	\$ 0.7		
DHS	Mental Health Services in all Contracted Family Shelters	\$ 27.2	6.8	Kognito NOT evidence based https://mentalillnesspolicy.org/samhsa/kognitounproven.html ¼ of all MI have SMI, so we multiplied by .25
ENDGBV	Relationship Counseling for all Foster Care Teens	\$ 0.2		
DOHMH	NYC Well	\$ 12.1		
DOHMH	Peer Specialist Training Expansion	\$ -		
DOHMH	CUNY - Mental Health Digital Platforms	\$ -		Callers are told to call police. Funds existed previously for 1800 LIFENET
DOHMH	Workforce Summit	\$ -		
DOHMH	Expanding Access to Buprenorphine Treatment in Primary Care Settings	\$ 0.4		
Multi-Agency	Expanding Access to Naloxone	\$ 9.3		
DOHMH/DHS/NYPD	NYC Safe	\$ 36.0	36	No data has been made public on number served, diagnosis, outcomes, etc.
DF TA	Geriatric Mental Health in Senior Centers	\$ 1.4		
DYCD	Mental Health Services in all Runaway and Homeless Youth Shelters	\$ 2.0		
H+H	Mental Health and Substance Abuse Programming for all Youth at Rikers	\$ 3.8		
ENDGBV	Mental Health Services in all Family Justice Centers	\$ 3.3		CBT has been shown to be ineffective for seriously mentally ill
ACS	Cognitive Behavioral Therapy Plus	\$ -		
DOHMH	Coordinated Mental Health Planning	\$ 0.4	.4	
DOHMH	Mental Health Service Corps	\$ 47.5	31.35?	
DOHMH	Thrive Learning Center	\$ 0.6		163 of 395 hires have left the program http://nymag.com/intelligencer/2019/03/chirlane-mccrays-program-struggles-to-retain-key-staff.html we reduced budget by 1/3.
DF TA	Expansion of Geriatric Services: Volunteer Visiting	\$ 1.8		
DVS	Veteran's Outreach Program	\$ 0.6	.6	
DOHMH	Early Years Collaborative	\$ 0.1		
OEO	Connections to Care	\$ 6.5		
HRA	Connections to Care Jobs Plus	\$ -		
DOHMH	Create Employment Opportunities for Individuals with DD	\$ 1.0		
DOHMH	Mental Health Innovation Lab	\$ 1.6		
OLR	Thrive in the Workplace	\$ -		
OEO	Evaluations	\$ 1.3		
Total ThriveNYC		\$ 250.9	\$83.25	Only 34% of ThriveNYC might be focused on seriously mentally ill 18-64

The sane way to attack mental illness

Last week, an allegedly mentally ill man in lower Manhattan sucker-punched an 8-year-old autistic child on the subway, and in Harlem police shot an allegedly mentally ill man who they thought lunged at them with a weapon.

The Daily News quoted a friend of the shooting victim saying, "He's schizophrenic. If he's not on his meds he acts out."

Incidents like these are all too common in New York, but Mayor de Blasio and his wife Chirlane McCray claim their mental health plan called ThriveNYC, backed by taxpayer spending of \$850 million over four years, is working just fine.

It's simply not true. New York City's own data show rates of homelessness, police calls and incarceration of the mentally ill are rising.

ThriveNYC is failing to stem the tide for one simple reason: It doesn't focus on helping the most seriously mentally ill, who are the ones most likely to become homeless, arrested, incarcerated and present dangers to themselves or others without treatment.

Instead, ThriveNYC has become lit-

BE OUR GUEST

BY D.J. JAFFE

tle more than a brand name for a fund that the mayor and his wife use to throw money at social services, simply by wrapping those social services in a mental health narrative. It includes programs to lower divorce rates and address unemployment, angst about gender identity, sadness, bereavement and more. Of course, mild depression is a real problem, but other mental illnesses are far larger threats to the lives of New Yorkers.

ThriveNYC contains, according to the city's count, 54 discrete programs. When Assemblywoman Nicole Malliotakis ran for mayor, she proposed cutting the programs that don't help the seriously mentally ill, like Mental Health First Aid, and expanding those that do. That's the solution the City Council should insist on. MHFA is an eight-hour seminar that ostensibly teaches the public how to assist people who are so asymptomatic that special training is needed to identify them.

The asymptomatic are not the prob-

lem, the seriously ill are. And there are virtually no city services for them.

The City Council should insist the mayor develop services for the seriously ill, and that the Mayor's Management Report, the annual update on how city services are performing, include meaningful metrics such as the number of mentally ill who are homeless, arrested, incarcerated, violent and needlessly hospitalized.

Instead, McCray points to the number of calls to a helpline as an indicator of success. But she is making that number go up by spending millions on advertising to get people who don't have mental illness to call the number. One transit ad asks anyone who feels "under pressure" to call. What New Yorker doesn't feel that way sometime?

Programs that ought to be expanded include psychiatric hospital beds, Fountain House — a recovery program for the seriously mentally ill — and Kendra's Law, which lets a court intervene when family members believe a loved one is at risk to themselves or

others.

It's often said that it's harder to get into Bellevue than Harvard, and once in you will be discharged sicker and quicker. At a minimum, city hospitals should make wider use of long-acting injectables, which can help prevent the seriously mentally ill from deteriorating for up to three months; clozapine, which can help restore cognitive functioning, and electroconvulsive therapy,

which can help people who have not been helped by other treatments.

The mayor and his wife like to say, "the mentally ill are no more violent than others." That's true for the treated. But the seriously mentally ill who go untreated are more violent than others, and ThriveNYC lets 40% of them go

entirely untreated. Instead, it focuses on improving "mental wellness" in all others. That's lunacy.

Jaffe is executive director of Mental Illness Policy Org, author of "Insane Consequences: How the Mental Health System Fails the Mentally Ill" and an adjunct fellow at Manhattan Institute.

Focus city
resources on
New Yorkers
in deepest
need

Daily News 5/11/19

- ¹ SAMHSA. Results from the 2016 National Survey on Drug Use and Health. <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.pdf>
- ² NYCDOHMH “Vital Signs” 2015. <https://www1.nyc.gov/assets/doh/downloads/pdf/survey/survey-2015serious-mental-illness.pdf>
- ³ NYCDOHMH “Vital Signs” 2015.
- ⁴ Per statement by Dr. Gary Belkin, then Deputy Dir. DOHMH, now director of policy for ThriveNYC to Staten Island News 11/17/17 <https://www.silive.com/news/2017/11/thrivenyc.html>, Note that the original budget estimate of \$850 million was not spent. However, the programs that would have served the seriously mentally ill were the programs that were not implemented. Ex. Diversion centers.
- ⁵ OMH Transformation Report says NYC hospital psych readmit rates range from 23-34% (pg 22).
- ⁶ General Accounting Office (GAO) Report to Congressional Committees, Federal Prisons, Information on Inmates with Serious Mental Illness and Strategies to Reduce Recidivism, February 2018. <https://www.gao.gov/assets/700/690279.pdf>
- ⁷ We could not find NYC Vital statistics for suicide for 2017 or 2018. While the rise in hospitalization in NYC HHC hospitals is well documented, that may be accounted for by the closure of not-for-profit psychiatric hospitals in New York.
- ⁸ Rising rates of incarceration 2010-2014 (29% to 38%) was reported on page 5 of DeBlasio’s Task Force on Mental Health and Criminal Justice at <https://mentalillnesspolicy.org/kendras-law/nyc-mayor-deblasio-task-force-report-on-behavioral-health-and-the-criminal-justice-system-pdf.html>. The 2017 rate (43%) per “Insane: America’s Criminal Treatment of Mental Illness” by Alisa Roth.
- ⁹ Source of Data: Housing and Urban Development, Point in Time Counts, Population and Subpopulation Reports. Available at https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter_Year=&filter_Scope=CoC&filter_State=NY&filter_CoC=NY-600&program=CoC&group=PopSub
- ¹⁰ ThriveNYC: A Mental Health Roadmap for All
- ¹¹ “Universal and selective interventions to prevent the onset of schizophrenia are not warranted at this time. Much more risk factor research is needed.” Institute of Medicine (IOM), *Reducing Risk for Mental Disorders: Frontiers for Preventative Intervention Research*, (Washington, DC: National Academy of Sciences, 1994), <http://www.nap.edu/catalog/2139/reducing-risks-for-mental-disorders-frontiers-for-preventive-intervention-research>. A National Academies report endorsing a public health approach specifically excludes “some rare but often severe disorders; for example, schizophrenia, bipolar disorders.” It also says, “Studies to date [on schizophrenia and bipolar disorder] have not been large or numerous enough to capture these rare disorders with any hope of accuracy.” *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities* (Washington, DC: National Academies Press, 2009), <http://www.nap.edu/catalog/12480/preventing-mental-emotional-and-behavioral-disorders-among-young-people-progress>
- ¹² The President’s New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America* (Rockville, MD: Department of Health and Human Services, 2003). Summary at <http://store.samhsa.gov/product/Achieving-the-Promise-Transforming-Mental-Health-Care-in-America-Executive-Summary/SMA03-3831>. A 2014, the *Wall Street Journal* headline summed up the findings of a large study of veterans that found their mental illnesses could not be prevented: “Shirley S. Wang, “Study Fails to Find Evidence That Programs for Soldiers and Families Prevent Psychological Disorders,” *Wall Street Journal*, February 10, 2014. <http://www.wsj.com/articles/SB10001424052702304914204579394941039669728>. The IOM report article was based on: *Preventing Psychological Disorders in Service Members and Their Families: An Assessment of Programs*, Laura Aiuppa Denning, Marc Meisnere, and Kenneth E. Warner (eds.) (Washington, DC: National Academies Press, 2014), <http://www.nationalacademies.org/hmd/Reports/2014/Preventing-Psychological-Disorders-in-Service-Members-and-Their-Families.aspx>.
- ¹³ On-Track NY is a state OMH funded program aimed at keeping students with mental illness on track by wrapping them in services. They are claiming success but so far have not published much data. They are publishing massive amounts of publicity.
- ¹⁴ Betty A. Kitchener, Anthony F. Jorm, “Mental health first aid training: review of evaluation studies,” *Australian and New Zealand Journal of Psychiatry* 2006; 40:6–8) (Footnote 4)
- ¹⁵ “Mental Health First Aid for college students: A multi-campus randomized control trial” Daniel Eisenberg, Ph.D., Nicole Speer, Ph.D., NIMH Grant 1RC1MH089757-01 (2011?). This grant was awarded on 09/23/2009 for the amount of \$988,937. It was funded out of Recovery Act funds. It appears to have been completed by September 30, 2011
- ¹⁶ Lack of evidence for Mental Health First Aid documented: <https://mentalillnesspolicy.org/samhsa/mental-health-first-aid-fails.html>
- ¹⁷ The LEAP Foundation trains family members and clinicians how to get people who are so seriously mentally ill that they don’t recognize they are ill (anosognosia) to accept treatment. <https://leapinstitute.org/home>. Kendra’s Law is New York City’s most effective program to reduce homelessness, hospitalization and incarceration of the most seriously mentally ill. <https://mentalillnesspolicy.org/wp-content/uploads/2017KendrasLawResults.pdf>
- ¹⁸ A 3/22/19 NY Times article by David Goodman quoted a family on this. At Mental Illness Policy Org we receive numerous reports from parents who called NYC-WELL about a child (or other) with a serious mental illness who was decompensating only to be told no one would come out to help or there would be a wait of two or more days and therefore the caller should call police. Goodman, David, “\$1 Billion for Mental Health: The Reality of de Blasio’s ‘Revolutionary’ Plan” *New York Times*, March 22, 2019. <https://www.nytimes.com/2019/03/22/nyregion/thrivenyc-mental-health-.html>
- ¹⁹ Goodman, David, “New York Times, March 22, 2019.
- ²⁰ Advocates frequently, correctly claim suicide is second leading cause of death in youth, which is technically correct, but that is because youth rarely die of anything. Suicide is rare in kids. It is also rare in adults, but when it occurs, it is primarily an adult issue. See Jaffe, DJ, “Preventing Suicide in All the Wrong Ways” *Center for Health Journalism*, 9/9/2014, <https://www.centerforhealthjournalism.org/2014/09/09/preventing-suicide-all-wrong-ways>



**Testimony to the NYC Council Committee on Mental Health, Disabilities and Addiction
Preliminary Budget Hearing
Submitted By: Harriet Lessel, Director of Government Contracts and Advocacy
March 26, 2019**

Good afternoon. My name is Harriet Lessel and I am the Director of Government Contracts and Advocacy at JCCA. I want to thank Committee Chair, Diana Ayala, and all the committee members for the opportunity to testify at today's hearing. JCCA is very appreciative of the Council's interest in behavioral health services.

JCCA is here today to support the Community Behavioral Health Services request for \$19,798,493 in FY 20 for nine initiatives. These initiatives represent flashpoints in the system where the Council has stepped in to ensure that underserved populations have the resources they need and to enhance community resources in underserved neighborhoods. They are critically important parts of the system of care in NYC.

Today, I am going to focus on three of them: Court Involved Youth, Opioid Prevention and Treatment and Medicaid Redesign Transition.

JCCA is joining in the request for \$3,025,000 for the Court Involved Youth and Mental Health initiative and has requested \$175,000 in funding in FY 20 for our Second Chances program, described below. This citywide initiative ensures that the mental health concerns of court-involved youth or youth at-risk of court involvement are addressed in order to avoid additional involvement in the justice systems. The Council recognizes that at-risk youth often lack access to mental health services, family counseling, or other supports that will keep them from juvenile detention. Utilizing standardized assessments and best practices in information and referrals, non-profits who are trusted resources in the communities connect young people and their families to appropriate services. These services are essential for preventing entry and re-entry into the juvenile justice system.

JCCA is fortunate enough to be one of the nonprofit partners in the Court Involved Youth and Mental Health Initiative and we hope to gain another year of funding to continue and expand our program. Entitled Second Chances, it operates out of our Brooklyn office and provides services to youth referred throughout the borough. There is a one page description of the program and our request attached to this testimony. We hope to be able to add internships to the program as incentives for the youth we serve and respectfully request that the Council fund the Court Involved Youth and Mental Health initiative at the \$3.025 million dollar level.

JCCA has applied to the Opioid Prevention and Treatment Initiative for our Kesher program in Queens in the amount of \$95,000 and supports the request of \$2,000,000 in FY 20. Kesher serves hard-to-reach youth in the Orthodox community of Queens who are struggling with mental health challenges, substance abuse, academic underachievement and gang involvement. Through its work, Kesher has seen the consequences of the opioid epidemic up close. Sadly, a number of deaths from within the community have occurred. The youngest was 15 years old and another was a teen who went to a rehabilitation facility for 8 months and lost his life the day he was given a pass to travel outside.

There is a lack of awareness and understanding on the part of the community that causes reactions of denial and shame on the part of parents and youth that contributes to the problem. Drug addiction is a taboo topic that is rarely discussed in the Orthodox community, where family reputations are paramount. Many fear that the stigma of an addict in the family may hamper marriage prospects, yeshiva acceptances and social status.

With a grant of \$95,000, Keshet will incorporate addiction treatment into its array of services. We support the request for \$2,000,000 for the Opioid Prevention and Treatment initiative and hope to be able to provide these critical services.

JCCA has applied for the Medicaid Redesign Transition Initiative. As an agency that serves youth in foster care and other youth in the community with mental health challenges, JCCA is at the forefront of the transition to Medicaid managed care for these populations. Our foster home services program serves 500 children primarily in the Bronx and Brooklyn. We serve another 400 children with acute behavioral health needs in the community. JCCA has started to bill managed care organizations on 1/1 rather than Medicaid directly for some services and additional services will be added throughout 2019. This has created a sea change in the areas of workforce recruitment, development of an electronic health record and investing in personnel to establish relationships with managed care organizations. JCCA supports the request for \$1,000,000 for this initiative and hopes to be included.

Lastly, we would like to take this opportunity to address the roll-out of the new Child and Family Treatment Support Services. Part of the New York State Medicaid transition, these new behavioral health services represent a transformation in how services are provided. They are preventive: meant to be delivered earlier, to a broader population in order to prevent ER visits, hospitalizations, out of home care, etc. Unlike traditional mental/behavioral health services, they will be delivered where people are—it is not necessary to come to an office on a weekly basis but can be delivered in the home, school or other community settings. As the services are Medicaid billable, city agencies can enhance the services to the people they serve by partnering with community based organizations to expand care. We would like to urge the Council to take a leadership role in ensuring that these services reach the people who can benefit from them by facilitating partnerships between city agencies and CBOs and ensuring that eligible individuals know of and can take advantage of these services. JCCA remains available to provide additional information as necessary to support these partnerships. We have attached some additional information to this testimony.

Thank you for the opportunity to testify.

JCCA is one of the oldest, most distinguished child and family services organization in the nation. We provide comprehensive care to thousands of children, young people and families who come from New York's diverse communities. Since 1822, we have embraced those who need us most — abused, neglected and traumatized young people who are struggling with poverty, developmental disabilities and complex mental illness. Our programs include foster and residential care, educational assistance and remediation, case management for young people with mental health challenges and services to families to prevent child abuse and maltreatment. JCCA offers safety, stability and lifesaving support to help our clients transform their lives. Our programs help more than 16,000 children and families annually. In everything we do, we are guided by the Jewish mandate of tikkun olam — the responsibility of every person to make the world a better place.

For more information, please contact: Harriet Lessel, Director of Government Contracts and Advocacy at 212-558-9918, or lesselh@jccany.org



**JCCA SECOND CHANCES PROGRAM:
FY20 NYC CITY COUNCIL COURT INVOLVED YOUTH AND
MENTAL HEALTH INITIATIVE**

JCCA is requesting funding in the amount of \$175,000 through the NYC Council's Court Involved Youth Mental Health Initiative for FY 20. The purpose of the "Second Chances" program, is to identify, engage and offer services to youth, ages 12-16, who are actively involved or at risk of involvement with the justice system, and who may be struggling with personal issues or mental-health concerns. The program includes the following components: outreach, screenings, crisis intervention (as needed), preparatory counseling, linkages or referrals to programs that meet the needs identified in the screening, and a twelve-week Leadership Group.

To identify youth for the program, JCCA works closely with the Department of Probation, Legal Aid Services, the District Attorney's office, the Police Athletic League, local precincts, local schools, and more. Through these agencies, JCCA is referred clients who are going through probation intake, who have violated the conditions of their alternate placement and are at risk of alternate placement, or who exhibit behaviors that strongly predict potential involvement in the criminal justice system.

Once youth are identified, JCCA staff assess whether there is a need for mental health services, family-based counseling, or other evidence-based practices. Self-administered screening tools allow the social worker to better understand youths' individual needs. Additional assessments take into account the multiple layers of trauma, and the emotional, behavioral, and mental health challenges the youths and families may be facing.

After assessments, youth and their families who have faced problems due to undiagnosed mental health issues can receive the resources they need. These resources include family counseling and engagement; information to families about available mental health services, child-serving systems, family rights/entitlements; and education. The agency's unique array of services allows JCCA to refer these young people and their families directly to programs such as Functional Family Therapy, Brief Strategic Family Therapy, and more. Unlike some programs that only provide information about referrals, JCCA staff are able to maintain relationships with the youths and their families, and follow up to ensure that participants are participating in programs, and receiving care. To provide services beyond JCCA's walls, staff work to develop relationships with community-based organizations that can provide other resources to the youths where they live. Additionally, youth are able to participate in a Leadership Group where they will learn about themselves, how to make good decisions and become change agents. The group meets twice a week for 12 weeks, and JCCA will run 3 cycles of this group this year.

During FY 2018, Second Chances screened 64 youth, made 23 referrals to services like in-home waiver services, individual therapy, transfer high schools, vocational programs, and substance abuse programs. The program successfully linked 20 youth to needed mental health services, and enrolled 32 youth in its popular "Aim High" leadership group. We were able to outreach to 129 individual youth, and every month we conduct email outreach to over 1500 providers in the city. We also conducted a number of

Introduction to Anger Management Workshops at six different Alternative Learning Centers, reaching over 50 youth. Additionally, we receive referrals into our program from a variety of city and state agencies including ACS, DOP, and OCFS, as well as local high schools and service agencies such as the Legal Aid Society.

During the summer, Second Chances had a Summer Youth Enrichment Program. Youth ages 12 to 17 participated in the summer long program, and engaged in creative activities that focused on self-exploration and expression. During the first month group members engaged in art activities based on the theme of "Who Am I?" Discussions regarding character traits and leadership traits were woven in throughout the activities. During the second month, group members engaged in activities around team building and experienced different areas of the city. During the final group, a final project was created by the youth who participated as well as a celebration marking their accomplishments of completing the program.

The following is a story of a young person who was assisted by the Second Chances program. Leslie became engaged in services with Second Chances when she was 12 years old. Leslie's first several years of her life were traumatic and she was eventually removed from her biological parents and adopted at the age of 4. Leslie had been diagnosed with ADHD and a number of medical conditions as well. Leslie would often hoard food or other items as a reaction to the severe neglect and abuse she experienced in the first few years of life. She was often in trouble at school for stealing food or having outbursts. Leslie came into Second Chances in order to learn anger management skills. She was identified as having an explosive anger style and worked over many months to identify her triggers and learn coping strategies which she now puts into use during her daily life. Leslie also participated in the Aim High Youth Leadership Group and the Aim High Summer Youth Enrichment Program. Leslie has not had a physical or verbal outburst in over six months. Leslie has not had any incidents of stealing in over nine months. Leslie has recently been accepted into her first choice for High School!

Funds will be utilized for the dedicated staff who will continue to develop the program. In addition to running all activities, staff will also establish positive working relationships with organizations around New York City that will refer and act as supports for these youth in order to ensure a seamless experience. The additional \$25,000 requested will be utilized for internship stipends and other incentives for youth in the Leadership Group.

In its sixth year of operation, JCCA's Second Chances program will work to engage 64 court-involved youth. By intervening in the early stages of youth justice-system involvement, and connecting youths and families to needed services, we anticipate that the participants of JCCA's Second Chances program can become healthy, productive members of the community.

For additional information, please contact: Harriet Lessel, Director of Government Contracts and Advocacy at lesselh@iccany.org or 212-558-9918.



Opioid Prevention and Treatment Initiative FY 20
JCCA Keshet Program

JCCA's Keshet program is a day and evening program for Jewish young adults, ages 14 – 19. Keshet teens connect with each other, receive professional support and participate in engaging, fun activities. Keshet provides counseling, substance abuse education, tutoring, recreation and internships to help teens get their lives back on track.

The City Council has recognized the need to address the opioid epidemic in New York City with new funding. Deaths from opioids, which include prescription painkillers like OxyContin and controlled substances like heroin, have increased dramatically in the U.S. since 2000, according to the Centers for Disease Control and Prevention. In 2014, nearly 30,000 people died from opioid overdoses, a 14 percent rise from the previous year. The Orthodox community is not immune and community leaders are just starting to recognize the problem.

As a program that reaches out to and engages hard-to-reach youth in the Orthodox communities of Kew Gardens Hills, Kew Gardens, Forest Hills and the surrounding areas, Keshet has been involved in the consequences of the opioid epidemic up close. Sadly, a number of deaths from within the community have occurred. The youngest was 15 years old and the most recent was a teen who went to a rehabilitation facility for 8 months and lost his life the day he was given a pass to travel outside.

There is a lack of awareness and understanding on the part of the community that causes reactions of denial and shame on the part of parents and youth that contributes to the problem. Drug addiction is a taboo topic that is rarely discussed in the Orthodox community, where family reputations are paramount. Many fear that the stigma of an addict in the family may hamper marriage prospects, yeshiva acceptances and social status.

With a grant of \$95,000, Keshet will incorporate addiction treatment into its array of services. Keshet presently utilizes group trips, a basketball league and running groups as outreach into the community for youth that are failing in/not attending school, using drugs and alcohol, gang-involved, have eating disorders and potential or actual court involvement. Once connected to the program, young people can get assistance with an array of mental health and social challenges that they would not otherwise access.

JCCA is proposing to institute a series of 10 week groups, facilitated by a culturally competent consultant from a local community based organization that specializes in assisting adolescents with professional addiction treatment. Ideally, there will be two groups offered: One for young men and one for young women, ages 16 and 17 years old. The groups will be a combination of psychoeducational and therapeutic approaches that help young people to recognize addiction and address it effectively. Youth with severe addictions will be referred for more intensive treatment in a seamless manner.

Individual support services will be made available to parents who will have to consent to involvement in the group.

The Keshet program has shown that it has the ability to reach an underserved population in the city – Orthodox youth that are experiencing problems that the community schools and other institutions cannot address. The enhancement of their services to include a response to opioid addiction will help them to keep young people safe and provide the support they need to live productive lives.

We appreciate the opportunity to apply for funds. For more information, please contact Harriet Lessel, Director of Government Contracts and Advocacy at 212-558-9918 or lesselh@jccany.org.



FY 20 Medicaid Redesign Transition Initiative

JCCA is requesting \$37,500 from the Medicaid Redesign Transition Initiative in FY20. As an organization serving children in foster care and youth in the community with mental health and other challenges, JCCA is at the forefront of the transition to Medicaid managed care for these populations.

As of 1/1/2019, New York State is making a significant investment in supporting vulnerable young people at home, with the goal of avoiding costly interventions and services – such as emergency department visits and psychiatric hospitalizations. It has made crucial behavioral health services available to tens of thousands of vulnerable young people, stabilizing them before they experience a crisis that could require hospitalization or out of home care.

Additionally, our foster home services programs that serves 500 children primarily in the Bronx and Brooklyn in three programs will transition to Medicaid managed care on 10/1/2019. The 400 children in our Bridges to Health and Office of Mental Health waiver programs which are designed to create stability by keeping children in their homes and communities are transitioning to Health Homes and Medicaid managed care as of 4/1/2019.

The changes referenced above will transform the delivery of services by child and family serving organizations and the systems that support them. Three critical changes include:

1. **Workforce recruitment** – JCCA has embarked upon a significant workforce recruitment initiative to ensure that we have the staff with the right credentials and qualifications to provide Home and Community Based and Child and Family Treatment and Support services. We anticipate expanding our workforce in this area to 1200 providers.
2. **Technology** – In order to effectively deliver the mental health services, JCCA is building out our electronic health record to support the changing business model. We are working with our software vendor, Netsmart and a third party consulting team to configure the system to provide comprehensive clinical, financial and operational features to support our diverse programs and service lines. These tools will provide real-time access to individual records, support documentation and procedures for evidence-based programs, and streamline the use of assessments and evaluation tools. We will need to purchase additional user licenses, invest in a larger support team and add additional functionality including mobile access, credentialing and scheduling applications. This will enable us to be able to incorporate the 15 managed care organizations in which children can potentially be enrolled and be able to document services by our newly expanded workforce
3. **Relationships with Managed Care Organizations (MCOs)** – JCCA is investing in building relationships and partnerships with MCOs in order to work effectively. This will include specialized staff to monitor the provision of care, liaise and problem solve with up to 15 managed care organizations.

In sum, the roll-out of the new behavioral health services for children on Medicaid and the transition to Medicaid managed care for foster care and children receiving community mental health services are all part of the complexity of the transition to managed care for children. JCCA is making significant investments in order to ensure that services are available to all eligible city children. These investments

are costly and sequential: For example, recruitment of the workforce has to be scaled up as children and families are enrolled in services, workers will have to be trained in the use of technology on an ongoing basis and the technology will have to be adapted to the requirements of the various managed care organizations.

Upfront investments by the City Council through the Medicaid Redesign Initiative to service providers will ensure that vulnerable children and families throughout the city get the services they need and deserve. JCCA appreciates the Council's consideration in expanding the Medicaid Redesign Transition Initiative.

For additional information, please contact Harriet Lessel, Director of Government Contracts and Advocacy at 212-558-9918 or lesselh@jccany.org



Building Strong Families Together

FAMILY WELLNESS Program

**FREE FOR FAMILIES
WITH MEDICAID!**

JCCA's Family Wellness program provides flexible, individualized support for Medicaid-eligible young people with chronic conditions and/or behavioral health challenges.

Delivered at home or in the community, JCCA's Family Wellness services stabilize and strengthen vulnerable families. Outcomes include **reduced ER usage & hospital admissions, increased medication compliance, better academic engagement, and decreased child welfare involvement.** JCCA Service Providers work in partnership with clients, caregivers, and colleagues to ensure that families receive the support and resources they need to stay healthy—and thrive.

CONTACT

Deneisha Johnson

Outreach/Intake Coordinator

johnsonde@jccany.org | 914 364 3172

Care Management

A **Health Home** Care Manager works with clients to create a plan of care addressing their physical, mental health, and social service needs. In addition to coordinating Family Wellness support services, the Care Manager communicates with the client's medical and behavioral providers and can help them access community resources and social services.

Assessment & Counseling

The **Other Licensed Provider (OLP)** assesses & refers the client to other support services, and can provide psychotherapy, treatment planning, and crisis intervention as required by medical need.

Independence & Daily Living Skills

Psychosocial Rehabilitation (PSR) improves autonomy, building social and daily living skills in order to minimize future professional intervention.

Stability & Functional Improvement

Community Psychiatric Support & Treatment (CPST) comprises six components to address and prevent crises, build resilience, and develop strengths-based strategies to maintain stability at home.

Caregiver Support & Psychoeducation

The **Family Peer Support** worker, who has lived experience caring for young people with special needs, promotes parenting skills, self-efficacy, and resilience for caregivers navigating the systems that impact their child's well-being. *(Service begins July 2019)*

Mentoring & Coaching

A **Youth Peer Support** worker is 21-30 years old and has lived experience similar to the challenges faced by young adults with special needs. They provide coaching and support to develop self-advocacy and empowerment during the critical transition to adulthood. *(Service begins January 2020)*

JCCA
Repair the world
child by child



**Testimony before the
New York City Council Committee on Mental Health, Disabilities and Addiction
Diana Ayala, Committee Chair
Budget Committee Hearing**

March 26, 2019

Presented by

Geordana Weber, LCSW
Senior Vice President for Community Services
Service Program for Older People
www.spop.org

Thank you, Chairwoman Ayala, and distinguished members of the Committee for holding this preliminary budget hearing.

My name is Geordana Weber, and I will provide testimony on behalf of **Service Program for Older People**, or SPOP, the city's only agency entirely dedicated to geriatric mental health care. SPOP provides comprehensive mental health care and related services to more than 2,500 older New Yorkers each year, and our largest program is a clinic for age 55 and older. I am Senior Vice President for Community Services at SPOP and have worked in aging and mental health my entire career.

SPOP is one of only a few New York City mental health providers that focus exclusively on older adults. We are also one of only a handful of agencies that continues to provide services to older adults when they become homebound, due to medical or mental health issues. Our funding through the Department of Health and Mental Hygiene, from the support of our largest program, our licensed Article 31 Mental Health Clinic, the Geriatric Mental Health initiative (which enables us to screen older adults for depression and/or substance use, and link them to treatment) as well as through ThriveNYC and the New York City Department for the Aging has enabled us to broaden our reach and serve more than 2,000 adults over the past three years.

Building on a program model that SPOP has used for over 35 years, ThriveNYC has supported SPOP clinic satellite offices that provide mental health care at six senior centers in Manhattan. The participating senior centers were selected by DFTA and serve at-risk or traditionally underserved populations, including aging Chinese or Latino immigrant communities, formerly

homeless adults, and seniors with co-occurring substance use disorders. The centers are in neighborhoods from Chinatown to Washington Heights, and we provide education, training, outreach workshops, individual and group therapy, medication management, and coordination with other aging-related services. The model has been extremely effective in helping to reduce the stigma of mental health treatment amongst older adults who attend senior centers, providing a one-stop shop for those center members to receive treatment in the same place where they socialize, receive their meals, and get other much-needed service delivery.

In addition to our Thrive satellites, our contract with DOHMH allows us to continue to serve older adults with mental health and psychiatric needs at our main clinic site on the Upper West Side, as well eight additional satellites located all over Manhattan and downtown Brooklyn, providing critically needed services to help older adults live healthy lives, and maintain their homes in the community. As mentioned earlier, SPOP remains committed to serving the homebound elders of our city, who are the frailest and most invisible of populations. The impact of social isolation among a constituency already challenged by mental health issues cannot be overstated; without the support of the Department of Health and Mental Hygiene, these most marginalized older adults would not be able to receive help in their homes.

While we remain grateful to the City for their ongoing support, we cannot fail to mention that dually eligible adults (those who receive both Medicaid and Medicare) continue to be excluded from programs such as in-home services, or telemental health because there is no reimbursement mechanism for those who are both Medicaid and Medicare recipients. This means that while Medicare does pay for home visits, Medicaid does not. While the state is working to improve their telemental health services, dually eligible adults would not have access, as Medicare does not currently cover this service. We are working closely with our partners at the Coalition for Behavioral Health to advocate strongly for the city to work with the state and federal government to find a solution to these payment-related barriers that exclude our most vulnerable adults from the services they need.

I thank the Committee for allowing me to speak about SPOP's programs and I urge you to support this work into the future. Older adults are the fastest-growing segment of New York's population, and it is essential that we continue to develop new strategies to keep our older friends and neighbors healthy and engaged in the community.



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Research. Development. Justice. Reform.

Greg Berman, Director

Attachments Summary

Public Hearing Testimony

Letters of Support

Bronx District Attorney's Office

Kings County District Attorney's Office

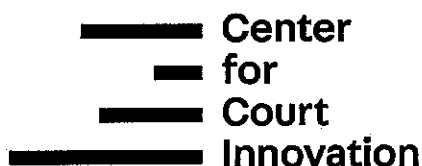
Council Member Letters

Mental Health Application Informational Graphic

Fiscal Year 2019 City Council Impact Map Excerpt

Fiscal Year 2020 Application Summaries

Operating Programs Bronx Child Trauma Support, Bronx Community Solutions, Brooklyn Justice Initiatives, Brooklyn Mental Health Court, Brooklyn Treatment Court, Brooklyn Young Adult Court, Brownsville Community Justice Center, Civil Alternatives, Crown Heights Community Mediation Center, Domestic Violence Court, Harlem Community Justice Center, Harlem Reentry Court, Legal Hand, Midtown Community Court, Newark Community Solutions, Parent Support Program, Peacemaking Program, Poverty Justice Solutions, Project Reset, Queens Youth Justice Center, Red Hook Community Justice Center, Save Our Streets, Staten Island Justice Center, Strong Starts Court Initiative, Supervised Release Program, UPNEXT, Westchester Court Education Initiative, Youth Court, Youth Justice Board



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Greg Berman. Director

Center for Court Innovation Testimony
New York City Council
Committee on Mental Health, Disabilities, and Addiction Preliminary Budget Hearing
March 26, 2018

Good afternoon Chair Ayala, and esteemed members of the City Council. My name is Kate Wurmfeld and I am the Director of Family Court programs at the Center for Court Innovation. I'm here with Shane Correia, who is the Associate Director of Strategic Partnerships at the Center. We thank you for the opportunity to speak today.

I am here to request the Council to support the Center for Court Innovation as it seeks to renew and strengthen the work we do with over 75,000 New Yorkers annually. Many of these individuals are children and young people in early diversion and alternatives-to-incarceration programs who may be receiving mental health support. Populations that we serve also include children who are victims of crime or involved in neglect cases where they are, or are at-risk of, being placed in child protective custody.

Our programs have been shown to be effective. Researchers have documented that our operating programs throughout the city have decreased violence, aided victims, and reduced the use of jail. Our City Council funded work has provided individuals with meaningful off-ramps from a cycle of poverty and recidivism to real integration back into their communities. To continue to accomplish this work, we seek continuation funding for our core Citywide Speaker request, our youth-focused supervised release programming that divert defendants from lengthy and costly pre-trial detention, and our pre-court diversion (Project Reset) programming.

Operating Programs Bronx Child Trauma Support, Bronx Community Solutions, Brooklyn Justice Initiatives, Brooklyn Mental Health Court, Brooklyn Treatment Court, Brooklyn Young Adult Court, Brownsville Community Justice Center, Civil Alternatives, Crown Heights Community Mediation Center, Domestic Violence Court, Harlem Community Justice Center, Harlem Reentry Court, Legal Hand, Midtown Community Court, Newark Community Solutions, Parent Support Program, Peacemaking Program, Poverty Justice Solutions, Project Reset, Queens Youth Justice Center, Red Hook Community Justice Center, Save Our Streets, Staten Island Justice Center, Strong Starts Court Initiative, Supervised Release Program, UPNEXT, Westchester Court Education Initiative, Youth Court, Youth Justice Board

We also request that Council expand funding available under the Mental Health Initiatives for Vulnerable Populations, and for Court-Involved Youth. We have submitted several applications to permit us to increase mental health access in the outer boroughs where demand outstrips our current capacity. Through Council support, we could provide enhanced mental health services and community interventions to at risk youth and their families. For example, our Strong Starts Court Initiative provides court-based clinical assessments and tailored, more frequent clinical and judicial oversight for a more efficient and effective case process, and evidence-based mental health interventions to infants and their parents/caregivers so that children can remain safely in a stable home while under ACS and Court supervision and reduce the effects of trauma and recurrence of maltreatment. But currently, demand outstrips capacity for this program. We only have four Strong Starts social workers citywide, and there are over 3,000 qualified neglect petitions filed annually. In the Bronx, the borough with the highest rate of violent crime in the City, we are seeking to expand the number of child crime-victim survivors we can serve through our Bronx Child Trauma Support Program. These children receive ongoing therapy following their victimization from violent crimes such as sexual and physical abuse and domestic violence. A summary of our applications has been submitted with our testimony.

In addition, our Project Reset program permits New Yorkers to resolve low-level misdemeanors without ever setting foot in a court, and the case disappears from the criminal justice system as a declined-to-prosecute. This avoids many of the collateral consequences associated with a prosecuted case. Reset cases have been evaluated to be resolved significantly more quickly than traditional criminal court cases, and participants have a lower likelihood and frequency for new arrests. Council provided mid-year FY19 support to begin borough-wide implementation of Project Reset in Brooklyn. We seek Council's support of our application to continue this implementation in FY20.

The City Council's support has been invaluable to our work in improving the safety and mental health of New Yorkers. We respectfully urge you to continue to support our work and thank you again for the opportunity to speak.



THE DISTRICT ATTORNEY
BRONX COUNTY

DARCEL D. CLARK

March 18, 2019

Speaker Corey Johnson
New York City Council
250 Broadway
Suite 1804
New York, NY 10007

Dear Speaker Johnson and Members of City Council,

I am writing this letter in support of key Center for Court Innovation FY20 City Council applications that will continue funding for Project Reset: Bronx Community Justice and expand alternatives to incarceration and mental health programming for Bronx residents. The Center's proposals complement my Office's vision for the Bronx – to focus on reform that promotes fairness through diversion, reduces the use of incarceration, and provides aid to victims of crimes.

Researchers have documented that the Center's operating programs throughout the City have reduced reoffending, decreased violence, aided victims, reduced the use of jail, and transformed neighborhoods. The Center's work is culturally competent and shaped by the particular needs of each community it serves. To that end, the Center's Bronx-focused proposals respond to two major needs of this borough: increased diversion and enhanced mental health support for both defendants and victims.

With respect to diversion, I encourage the Council to continue funding for the Center's effective Project Reset program, which provides defendants with an option to resolve low-level cases without setting foot in the courtroom.

Unfortunately, many people enter the Bronx criminal justice system in crisis and without access to off-ramps. The Center's Mental Health Services for Vulnerable Populations and Court-Involved Youth initiative applications directly respond to this need. The Bronx Child Trauma Support program offers services through trauma informed intervention models to child victims and witnesses of horrendous crimes, such as rape, attempted homicide, and shootings. Funding would increase the program's capacity to reduce post-traumatic stress symptoms and suicidality for these young victims.

I also urge the Council to fund the Strong Starts Court Initiative, which provides clinical and mental health support to children and their families after a neglect petition is filed. Funding would increase capacity for therapeutic interventions to these individuals. And, with forty

percent of Strong Starts cases including a domestic violence component, this program aligns with the mission of my Office, which places great value in those programs that provide support and safety planning to victims of domestic violence in a non-criminal setting.

Lastly, I urge the Council to explore opportunities that increase driver safety in the Bronx and equip our community with effective options to reduce dangerous driving. Research has found that programs that improve driver accountability in New York City reduce traffic-related recidivism by 40%.

To ensure that the Bronx realizes its vision of equity and fairness within the system, we must ensure that all involved – residents, court players, and service providers – have the necessary tools to succeed. I support the Center's applications to the City Council in bringing these tools to the people of Bronx.

Sincerely,

A handwritten signature in black ink, reading "Darcel D. Clark". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Darcel D. Clark



ERIC GONZALEZ
DISTRICT ATTORNEY

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March 18, 2019

Speaker Corey Johnson
New York City Council
250 Broadway
Suite 1804
New York, NY 10007

Dear Speaker Johnson and Members of City Council,

On behalf of the office of the Kings County District Attorney, I write in support of key Center for Court Innovation (the "Center") FY20 City Council applications that will expand early diversion, alternatives to incarceration for dangerous driving and for people charged with felonies, and mental health programming for Brooklyn residents. The proposed programs complement my office's vision for Brooklyn, as announced in Justice 2020— to focus on those people who do the most harm, to reduce the use of incarceration, and to use new approaches to accountability in the community that don't rely on confinement and conviction.

Researchers have documented that the Center's operating programs throughout the city have reduced reoffending, decreased violence, aided victims, reduced the use of jail, and transformed neighborhoods. The Center's work is culturally competent and shaped by the particular needs of each community it serves.

The Center has submitted proposals centered in Brooklyn that involve diversion and alternatives to incarceration. First, the Center seeks to expand its proven and effective Project Reset early diversion program throughout the borough, permitting defendants to participate in a brief intervention that will resolve their low-level case without requiring them to set foot in the court room. Next, to keep our streets safe, the Center has applied to expand its successful Driver's Accountability Program, which has shown participants are 40% less likely to be rearrested for traffic-related crimes than those who do not go through the program. Finally, working with Kings County Supreme Court, our office and defense advocates, the Center seeks to create a Brooklyn Felony ATI Court program to increase the use of closely-supervised community-based services for defendants charged with felonies. I wholeheartedly support the funding of all three programs.

Many people unfortunately reach the criminal justice system in crisis and without off-ramps. The Center's applications within the Mental Health Services for Vulnerable Populations and Court Involved Youth initiatives respond to this need. Funding would provide non-native English clients with quality interventions, allowing them to overcome significant barriers in

receiving mental health treatment. Funding would also provide programming tailored to court-involved youth, engaging a critical population before they become caught in a cycle of justice involvement. To that end, I support the expansion of access to mental health services for those in the justice system through new and expanded funding to the Center for this work.

To realize a new vision of ensuring a safe Brooklyn that builds public trust in a fair and equal justice system requires investment in tools that meet Brooklynites in their communities with innovative models to resolve their cases. The Center for Court Innovation does just that, and I request City Council's support of the Center's applications to bring these tools to the people of Brooklyn.

Sincerely,

A handwritten signature in black ink that reads "Eric Gonzalez". The script is fluid and cursive, with the first letters of "Eric" and "Gonzalez" being capitalized and prominent.

Eric Gonzalez

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THE CITY OF NEW YORK
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DEPUTY LEADER OF
THE NEW YORK CITY COUNCIL

March 21, 2019

Speaker Corey Johnson
New York City Council
250 Broadway
Suite 1804
New York, NY 10007

Dear Speaker Johnson,

On behalf of my constituents in my district, I write in support of City Council funding for the Center for Court Innovation's FY20 programs and new initiatives. This includes support for alternative-to-incarceration, youth and youth-led peer diversion, and young adult and child-victim mental health access programs. This support will aid in interrupting the cycle of poverty many New Yorkers are faced with due to justice involvement.

Researchers have documented that the Center's operating programs throughout the city have decreased violence, aided victims, reduced the use of jail, and transformed neighborhoods. To continue to accomplish this work, I urge the Council to continue funding for the Center's core Citywide Speaker request that supports needed programs in my district, youth-focused supervised release programming in Brooklyn, and the Center's Bronx pre-court diversion (Project Reset) programing. Also, with continuation and expansion of implementation funding of Project Reset in FY20 to Brooklyn, thousands more New Yorkers would be diverted, significantly reducing the number of people going to court and improving the fairness of the system.

I also support the expansion of funding for access to mental health services for those in the justice system through two initiatives: Mental Health Services for Vulnerable Populations and Court Involved Youth. For the court involved, this funding would bring expanded services to those with often unmanaged mental health needs. For the youngest New Yorkers, it would provide age appropriate and trauma-informed mental health services to children who are victims or witnesses to serious crimes.

On behalf of my constituents, I affirm my support for these requests. This work will help promote equal access, increase safety, and improve fairness in my district and beyond.

Sincerely,

A handwritten signature in black ink that reads "Ritchie Torres".

Ritchie Torres
New York City Council Member
District 15, Bronx

Serving the Mental Health Needs of New Yorkers



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

Expand Mental Health Initiatives

Vulnerable Populations

APPLICATION #75702

Bronx Child Trauma Support — Increase therapy hours to serve more children who are victims and witnesses to violent crimes.

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

APPLICATION #76621

Brooklyn Justice Initiatives — Provide part-time psychiatric support for prescription oversight of Behavioral Health Unit defendants.

147 clients were served in the Behavioral Health Unit in 2018

over 50% clients in the Behavioral Health Unit are mandated to at least 6 sessions that include mental health treatment sessions



APPLICATION #75742

Strong Starts Court Initiative — Increase staff to serve more infants and toddlers' families in neglect cases.

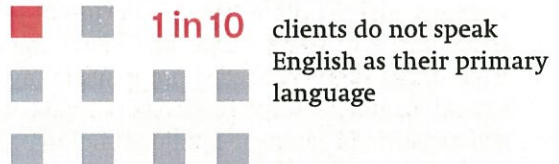
40% cases with a domestic violence component



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

APPLICATION #73866

Brooklyn Mental Health Court — Hire bilingual mental health staff to serve more defendants receiving diversion from jail.



1 in 10 clients do not speak English as their primary language

Court-Involved Youth

APPLICATION #76382

Queens Youth Justice Center — Support the Enhanced Supervision mental health group for youth and families who are involved in the juvenile justice system. Within this group:

- 21%** diagnosed with ADHD
- 19%** diagnosed with depression
- 16%** diagnosed with bipolar disorder

APPLICATION #73876

Brooklyn Mental Health Court — Create therapeutic and workforce development groups for court-involved youth with mental health needs.



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

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

Approximately 2,500 New Yorkers served through City Council's Investment in the Center for Court Innovation

Selected Results of Citywide Speaker Initiative Funding in FY18*

Harlem Community Justice Center

129 reentry court hearings held

Midtown Community Court

195 hours of group and individual therapy and support

Citywide

Training Institute

20 trainings provided

Youth Justice Board

22 youth met weekly for a year to learn about and advocate for policy reform

Access to Justice**

50 community members equipped with information about their rights

Staten Island

Staten Island Justice Center

14 youth trained to facilitate youth court hearings

Bronx

**Center
for
Court
Innovation**

Bronx Child Trauma Support

71 families with children therapeutically assisted following violent crimes

Bronx Community Solutions

208 Driving While Intoxicated screenings and assessments completed

Save Our Streets (S.O.S.) South Bronx

15 youth engaged in S.O.S. Basketball Clinic

Manhattan

Queens

Queens Youth Justice Center

19 youth engaged in justice trainings and as youth court members

Brownsville Community Justice Center

25 events and rehabilitations made public spaces safer

Neighbors in Action

100 community residents received walk-in services

Red Hook Community Justice Center

270 youth court service learning hours

Brooklyn

*Outcomes in FY19 and FY20 may differ based on funding allocations.

**This reflects FY19 projections.

The Center seeks a continuation of its \$500,000 Citywide Speaker Initiative funding for FY20. For more information, contact Shane Correia at correias@courtinnovation.org.



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Center for Court Innovation Initiative Applications

- **Center Core-Ask Application #73443 \$500,000 (continuation funding)** This is an application to support the continuation of our alternative-to-incarceration, youth-diversion, and access to justice programs across all five boroughs in New York City. The Council's support allows us to serve tens of thousands of New Yorkers with mental health services, family development, youth empowerment, workforce development, and housing, legal, immigration and employment resource services. Our goal continues to be improving safety, reducing incarceration, expanding access to community resources and enhancing public trust in government to make New York City stronger, fairer, and safer for all.
- **Project Reset (Bronx) Application #74655 - \$710,000 (continuation funding)** Bronx Community Justice is a diversion program offering a new response to low-level offending that is proportionate, effective, and restorative. The program offers people who are arrested for low-level, non-violent crimes and receive a Desk Appearance Ticket the opportunity to avoid court and the possibility of a criminal record by completing community-based programming. Participants engage in a one-time restorative circle discussion with community volunteers, during which they discuss their strengths and needs, the impact of their offense, and what they can do to improve their community. The program holds people accountable for their actions, involves community members in the administration of justice, and strengthens public trust in the justice system.
- **Project Reset (Brooklyn) Application #75477- \$977,182** Starting in March 2019 the Center for Court Innovation will expand Project Reset to Brooklyn. The expansion will unfold in two stage, first to Brooklyn North precincts, and then to Brooklyn South precincts later in the year. The program will serve people of all ages who are arrested for low-level, nonviolent charges a receive a Desk Appearance Ticket. Programming will occur at a new community office in downtown Brooklyn and/or arts spaces across the borough - including a collaboration with the Brooklyn Museum - and will cover themes of accountability, community harm and repair, and the role of law enforcement in Brooklyn.
- **Far Rockaway Community Justice Center (Queens) Application #76774 - \$1,635,315** Far Rockaway is geographically isolated, with 19% of residents living below the poverty



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line – a higher percentage than the rest of Queens. The Far Rockaway Community Justice Center will improve public safety, reduce the use of incarceration, and enhance public trust in justice by involving communities in the work of “doing justice.” The Justice Center will provide a local hub for crime prevention, youth development, and alternative-to-incarceration services, enabling residents of the Rockaways to engage in programming and resolve their court cases without numerous lengthy trips across the borough. The Justice Center will invest in local residents -- particularly young people -- providing services that build on their strengths, address trauma, and prepare them to become community leaders. Its placemaking initiatives will seek to revitalize distressed vacant lots and underutilized public spaces, activating the neighborhood’s physical infrastructure to strengthen its social infrastructure.

- **Driver Accountability Program (Citywide) Application #77926 - \$885,082** The following application is for support of the expansion of the Driver Accountability Program that was developed and piloted at the Red Hook Community Justice Center, is also run on a limited basis in Staten Island and Brooklyn Criminal Courts. City Council support would allow the Driver Accountability Group to be facilitated in Brooklyn, Manhattan, Staten Island, and the Bronx, as sentences for misdemeanor driving offenses and as a requirement for drivers receiving multiple speed camera violations, both in connection with Councilmember Lander’s Reckless Driver Accountability Act. Research appears to show that the Driver Accountability Group may change participant behavior and encourage safer driving.
- **Schedule C Alternative to Incarceration Initiative: Brooklyn Supervised Release #76595 - \$375,000 (continuation funding)** This application is to support the Center’s high-risk youth work at Brooklyn Justice Initiatives. The program addresses an important need by diverting youth at-risk of having bail set towards pre-trial services. Pre-trial supervision allows participants to receive services, address needs, and remain in their communities during the pendency of the case. We received \$375,000 in support from the City Council for FY 19, and we are requesting \$375,000 in support for FY 20. We hope to continue this ongoing partnership with the City Council on this work.

Mental Health Services Initiative Applications

- **Mental Health Services for Vulnerable Populations (Bronx – Bronx Child Trauma Support) Application #75702 - \$33,000** This application will support the provision of assessment and treatment of child victims and witnesses to crimes in the Bronx, in partnership with the Bronx District Attorney's Office. Direct services are conducted through evidenced-based, trauma-informed intervention models designed to prevent or reduce post-traumatic stress symptoms, suicidality, re-traumatization, and future victimization.
- **Mental Health Services for Vulnerable Populations (Bronx – Strong Starts) Application #75742 - \$100,000** This application is to support the Strong Starts Court Initiative for infants and toddlers involved in neglect petitions. Funding will support outreach to local community partners to forge strong partnerships with high-quality service providers so that participant families can access a range of family focused interventions required to prevent maltreatment recurrence, prevent developmental delays, and promote the safety, stability and self-sufficiency of their parents.
- **Mental Health Services for Vulnerable Populations (Brooklyn – Brooklyn Justice Initiatives) Application #76621 - \$50,000** This application request would provide Brooklyn Justice Initiatives with the capacity to contract with a part-time psychiatrist. The psychiatrist would assist project staff in determining program eligibility for high-risk and/or high-need client cases by creating treatment plans alongside BJI staff and providing case consultations. The support would allow for high-need clients to receive a psychiatric evaluation for the purposes of determining eligibility and appropriateness for community-based treatment and medication management.
- **Mental Health Services for Vulnerable Populations (Brooklyn – Brooklyn Mental Health Court): Application #73866 - \$100,000** This is an application for funding to provide non-English speakers the support necessary to have a positive and procedurally just experience in the Brooklyn Mental Health Court (BMHC). BMHC has experienced an influx of non-native speakers and funding for various translation services will ensure quality participation in BMHC programming. These services are essential to conduct successful clinical evaluations and secure treatment for those who cannot afford to pay and are not eligible for insurance. By contracting with locally culturally competent



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community-based organizations, BMHC can call upon its partners to confidently convey important information to non-native English speakers. Funding will also cover costs associated with translating important program documents including consent forms and participation guidelines into the top five most commonly used languages by BMHC participants and community members with open cases in the Kings County Supreme Court. Additionally, a portion of funding will be used to link participants to programming specifically tailored for immigrants and uninsured community members.

- **Court Involved Youth Mental Health (Brooklyn – Brooklyn Mental Health Court)**
Application #73876 - \$150,000 This is an application that would allow support to Brooklyn Mental Health Court staff to take advantage of professional development training opportunities and contract with local community-based organizations for technical assistance. Training and technical assistance would be aimed at learning cognitive behavior therapy curriculums and best practices. Additionally, funds would be used to contract with the same organizations to run groups for youth and young adults, potentially on a weekly basis. Groups will include cognitive behavior therapy groups and professional development workshops, among other groups with an emphasis on reengaging the community and [re]entering the workforce. Council support would also allow BMHC to provide supplies for workshops and other activities for participants, outreach to parents, and materials for monthly parent support workshops. Lastly, a portion of the funding will be used to provide participants with healthy meals and snacks upon their return from court or holding.
- **Court Involved Youth Mental Health (Queens – Queens Youth Justice Center)**
Application #76382 - \$150,000 This is an application to assist in the revitalization of QYJC's Futures Mental Health Programming. Currently operating as Enhanced Alternative to Detention, our mental health services provide linkage and referrals to participants who may have or need to be evaluated for mental health concerns. Case managers provide screening and assessment, treatment referrals, ongoing coordination, and linkages to family therapy and psycho-educational groups for both young people and family members.



March 26, 2019

**Testimony to the City Council Committee on Mental Health, Disability and Addiction
Submitted by Sarita Daftary, Senior Organizer, JLUSA**

Dear Council Member Ayala and Committee Members,

Thank you for the opportunity to testify today. I'm an organizer with JustLeadershipUSA. You most likely know us for our work on the #CLOSErikers campaign. I'm here to today to talk about divesting from law enforcement as a way to create safety, and instead investing in the types of community resources - like *mental health resources* libraries and cultural centers - that can create safety by strengthening and stabilizing communities. Starting last summer, we worked with over 60 partners and advisors from more than 30 partner organizations, and hosted conversations with more than 200 individuals from communities worst impacted by incarceration. We asked them about how they would like to see the money saved from closing Rikers reinvested, what kinds of investments would create true safety in their communities, and shaped these into our #buildCOMMUNITIES platform which I'll touch on today. In those conversations, a recurring theme was the great need for further investments in services to address mental health and substance dependency needs, which were included in our #buildCOMMUNITIES platform.

supportive One particular need that I want to highlight today was that for further and faster development of *affordable* housing. Specifically our platform asks that the City

- Prioritize long-term Supportive Housing for people with mental health needs and substance dependencies,
 - Develop all Supportive Housing using a Housing First approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements.
 - Allocate funding to accelerate the development of units under the 15/15 Supportive Housing Initiative¹ to at least 1,500 per year
 - Fund at least 1,000 Justice-Involved Supportive Housing Units², which, through the use of City funds, will not be subject to the homelessness chronicity⁴ requirements of units funded by Department of Housing and Urban Development. For this funding to be most effective, the City must increase funding levels for scatter-site housing, or provide for central-site housing, as the current vouchers are insufficient to find housing in the private market

¹ <https://www1.nyc.gov/site/hra/help/15-15-initiative.page>

- Expand housing options for runaway and abandoned youth, by allocating funding to accelerate the development of the 1,700 supportive housing units for youth through the 15/15 Supportive Housing Initiative.
- Allocate increased funding to expand training for staff to use harm reduction, trauma-informed and motivational interviewing approaches in supportive housing residences, so that providers do not screen out higher-needs individuals in the interview stage, and also increase oversight of the interview and screening process for supportive housing clients.
- Allocate increased funding to attract and retain staff in supportive housing residences.
- Provide funding and training for 24-hour crisis-response staff at supportive housing sites to prevent unnecessary calls to 911 and involvement of police. We must invest in facilities with the capacity to serve clients refusing to take medication and actively demonstrating aggressive and violent behaviors.
- Include childcare and income supports as part of supportive housing arrangements.

We know that your committee would probably like to fund all of this. And that New York City could. We have the resources, but they are disproportionately given to law enforcement - over \$7.3 billion dollars annually into the New York City Police Department, the Department of Corrections, the New York City Department of Probation, and District Attorneys. When we do this, we task these agencies with solving problems they will never be equipped to address. And in doing so, our City applies law enforcement solutions to problems of public health, poverty, and inequality. It hasn't worked. It will never work.

We need you, the Council members who understand the importance of resourcing other priorities, to urge the Mayor to make the boldest step he can towards a safer, fairer, and more progressive City. He can do that by shifting money away from law enforcement, starting with the NYPD budget and the DOC operations budget, and investing it in the kind of community resources, like supportive housing, that create true safety.

Sincerely,

Sarita Daftary
JustLeadershipUSA



#buildCOMMUNITIES PLATFORM

JANUARY 2019

##CLOSERikers
BUILD COMMUNITIES



justleadershipusa.org

Vision

For the members of JustLeadershipUSA and our partners, our demand to #CLOSErikers has always been tied to a vision for shifting funds to investments that will build communities. We reject the reliance on a race- and poverty-based system of policing and punishment that characterizes the current failed approach to 'safety' on a city, state, and national level. We know that true safety is fostered in well-resourced communities, and that New York City is undoubtedly capable of providing that support to our communities. New York City is often touted - by the Mayor and others - as services- and resource-rich. It is true that resources exist, but the struggles of too many New Yorkers show us clearly that what we have now is still not enough. Certainly, services and resources at the community level have never been funded at the levels that law enforcement agencies are (and long have been).

Here, we have drawn on the work and vision of over 60 partners and advisors from more than 30 partner organizations and groups, along with more than 200 individuals representing families and communities worst impacted by incarceration. Our conversations about these investments started with thinking about the money that will be saved by closing Rikers -- \$540 million per year, as estimated by the [Lippman Commission](#). However, we quickly recognized that it is not only the Department of Corrections that is over-resourced, but all elements of law enforcement, including the New York City Police Department, the New York City Department of Probation, and our courts. Our City pumps over \$7.3 billion dollars¹ annually into these agencies and charges them with solving problems they will never be equipped to address. And in doing so, our City applies law enforcement solutions to problems of public health, poverty, and inequality. It is a square peg in a round hole. It will never work. It hasn't worked.

We are proud and excited to present this #buildCOMMUNITIES platform as a roadmap for New York City to make a bold shift from the status quo to a city that lives our values of equity and justice by acknowledging the vast resources that decades of mass incarceration have extracted from Black, Brown, and poor communities, and starting *today* to address that legacy by investing in all of the things that we know work to create *true* safety.

Process

This platform was built by a collaboration of directly impacted people and communities, as well as a range of partner organizations and advisors. We are grateful to all of them for their invaluable contributions to this vision.

- From June to July 2018, over 50 members of more than 30 partner organizations (formal and informal) met in eight issue-based subcommittees (*Employment & Economic Development; Housing; Mental Health & Counseling; Substance Use; Conflict Mediation & Alternative Accountability; Education & Schools; Youth, Family & Recreational Services;*

Health, Wellness & Environmental Justice), and offered insight in additional subcommittee meetings. These partners include:

- Arab American Association of NY
- Bronx Defenders*
- Brooklyn Movement Center
- Brotherhood/Sister Sol*
- Center for Alternative Sentencing and Employment Services
- Center for Educational Equity
- Center for Health Equity, New York City Department of Health & Mental Hygiene
- Center for Justice at Columbia University
- Children's Defense Fund
- College and Community Fellowship
- Community Access
- Community Service Society of New York
- Cooperative Economic Alliance of New York City
- Corporation for Supportive Housing
- CUNY School of Public Health
- DriveChange*
- Drug Policy Alliance
- Dyslexia Plus Task Force
- Getting Out and Staying Out
- Grand Street Settlement
- Harm Reduction Coalition*
- John Jay College, From Punishment to Public Health*
- Legal Action Center
- Legal Aid Society, Prisoners Rights Project
- Naturally Occurring Cultural Districts of New York
- Neighbors in Action*
- New Economy Project
- New York City Employment and Training Coalition
- New York City Environmental Justice Alliance
- New York City Network of Worker Cooperatives
- New York Harm Reduction Educators
- New York Lawyers for the Public Interest, Disability Justice Program
- New York Lawyers for the Public Interest, Environmental Justice*
- Open Society Foundations
- Safe Horizon
- St. Ann's Corner of Harm Reduction
- Supportive Housing Network of New York
- United Community Centers
- Urban Justice Center Mental Health Project*
- VOCAL-NY
- West Side Commons*

**Indicates an organization that convened a subcommittee*

- From June to August 2018, 210 individuals joined in assemblies in eight communities most impacted by mass incarceration (*Bed-Stuy/Crown Heights, Stapleton, Jamaica, Brownsville/East New York, Hunts Point, Mott Haven, Tremont, Harlem*). Partners who hosted these assemblies include:
 - Brooklyn Movement Center
 - East Harlem Health Action Center
 - Grand Street Settlement, Unity Plaza Community Center
 - Mott Haven Reformed Church
 - Neighborhood Benches
 - New York Public Library, Stapleton Branch
 - The Point CDC

- JLUSA's membership of formerly incarcerated people and their loved ones have for years amplified the need for community reinvestment. They weighed in formally and informally with their ideas and vision throughout this process.

- In Fall 2018, a working group convened to review all of the input gathered through this process, and synthesize it into a set of clear and urgent demands for reinvestment from the City government. This working group and set of co-authors includes:
 - Ashley Viruet, The West Side Commons
 - Darren Mack, JLUSA and #CLOSErikers launching member
 - Halimah Washington, JLUSA member
 - Marco Barrios, JLUSA member
 - Marsha Jean-Charles, Brotherhood/Sister Sol
 - Megan French-Marcelin, JLUSA
 - Monica Novoa, JLUSA
 - Rosa Jaffe, Urban Justice Center Mental Health Project
 - Sarita Daftary-Steel, JLUSA
 - Shana Russell, Humanities Action Lab at Rutgers University
 - Theresa Sweeney, JLUSA and #CLOSErikers launching member
 - Vidal Guzman, JLUSA and #CLOSErikers launching member

In the following pages, we outline our demands for investments in the areas of Public Health, Housing, Employment & Economic Development, Education & Schools, Community Programs & Services, and Conflict Transformation & Alternative Accountability, as well as ways in which the Structure of Investments must be transformed.

Illustrations by [Crystal Clarity](#)



PUBLIC HEALTH

Invest in the well-being of our communities to address ill health exacerbated by systemic racism, poverty, discrimination, criminalization, and gentrification.

Our bloated criminal punishment system reflects a historical and continuing lack of investment in the health and well-being of people and communities. While our public health system and institutions are starved for resources, we use incarceration to 'treat' mental health needs, substance dependency, physical health needs, and violence. Punitive responses will never address the root causes of these issues. Punitive responses are not even effective in 'managing' or 'containing' these problems, as interaction with our dehumanizing criminal punishment system leads to further deteriorating of mental and physical health.

Demands

1. Provide free, quality, community-based mental health services that are preventative and responsive to mental health crises. Services should be provided both in brick-and-mortar centers (like community trauma or healing centers), and in ways that proactively reach the community through canvassing, training, and awareness raising. Mental health treatment and services must be provided outside of the carceral system, and should prioritize peers (people with lived experience) and local community members in paid roles².
 - a. Build the two diversion centers already planned, and provide additional funding for a minimum of two centers in each borough.
 - b. Sustain funding for peer-run mental health Crisis Respite Centers, and provide funding for at least six more centers, spread across New York City.
 - c. The City can utilize existing, vacant Department of Health buildings, or invest in existing community-based organizations, to develop the above-mentioned centers.
 - d. Include [ThriveNYC](#) funding in the baseline City budget, and increase transparency to share data on which neighborhoods are receiving these services.
 - e. Expand investment in [Mobile Crisis Teams](#), at a sufficient level to enable them to replace the police as first-responders to calls involving mental health crises.
2. Expand effective housing options for people with acute mental illness and other supportive housing needs [see 'Housing' section for more detail].
3. Support and expand prosocial programs like clubhouses with supportive employment, which do not require individuals to be in active recovery.
4. Further invest in harm reduction.
 - a. Fully fund the implementation of Local Law 225 to provide naloxone training to shelter staff and residents.
 - b. Pass and fully fund Intro 1190 to provide Medication-Assisted Treatment (MAT) in NYC shelters.
 - c. Fund mobile medical teams to provide MAT to people living on the streets.
 - d. Establish at least one safer injection site in each borough, and limit law enforcement interaction around them.
 - e. Continue and expand support for community education campaigns to de-stigmatize substance use, people who use substances, treatment, and harm reduction services. Include education across a spectrum of safer use, managed use, and abstinence. Also include education on the details of the [911 Good Samaritan Law](#).
 - f. Create funding streams to promote focus groups and one-on-one interviews with participants/clients of harm reduction and treatment programs (and other people

- who use drugs), to learn what they need in order to avoid law enforcement interaction and build trust with community members and providers.
- g. Create funding streams specific to harm reduction programs, including funding that allows for the hiring and professional development of directly impacted people.
 - h. Expand funding to harm reduction services (including health hubs), on-demand treatment services, and community healthcare clinics.
 - i. Expand, improve, and destigmatize methadone clinics and reduce law enforcement interaction around them. Support initiatives that help methadone clinics to be seen as clinical providers, such as including them in referral networks and health-resource directories.
5. Invest in workforce development to appropriately staff all supportive or treatment facilities, including recruiting Black and brown leaders in the healthcare industry.
 - a. Negotiate with payers (State Medicaid and insurance companies) to reimburse for the work of community health workers at a higher rate.
 - b. Support initiatives to provide Black and brown leaders with the necessary education and training to attain leadership positions in the healthcare industry.
 6. Provide access to low- or no-cost healthcare at a community level, offering a holistic range of services including mental health, sexual health, dental health, wellness (including mindfulness and meditation), and preventative services.
 - a. Expand [Neighborhood Health Action Centers](#), including the three pending (in Central Harlem, Morrisania, and Bedford-Stuyvesant), and establish one each in Queens and Staten Island as well.
 - b. Expand school-based wellness centers.
 - c. Invest in mobile health clinics, and more & improved hospitals throughout the City.
 7. Remove and address environmental burdens.
 - a. Redesign the water treatment system so the South Bronx plant can be relocated on Rikers Island.
 - b. Invest money to build a large anaerobic digester to work in tandem with water treatment plant, expanding City's capacity to process organic waste without burdening any community. No other waste-to-energy facility should be sited at Rikers Island other than the anaerobic digester.
 - c. Build a marine transfer station at Rikers, and modernize Hunts Point Marine Transfer Station, so barges can bring organic waste directly from Hunts Point market, and from other municipal marine transfer stations, to Rikers Island without use of trucks.
 - d. Expand existing composting on Rikers Island.
 - e. Build a solar farm on Rikers Island.
 - f. Where land in the South Bronx is made available by closing The Boat and relocating its water treatment plant, invest in developing this land as parks or green space that adds to physical activity opportunities and overall wellness.
 - g. In all living wage green jobs created by these initiatives, prioritize hiring residents of communities most impacted by mass incarceration and most excluded from employment.
 8. Better access to fresh food, water, and health promoting resources.
 - a. Further invest in community gardens by halting all sales of gardens for private development, expanding supports available through the New York City Parks Department's [Green Thumb Program](#) (infrastructure, supplies, and technical assistance), and establishing a land trust to purchase land for active gardens that are operating on privately owned land.
 - b. Expand economic assistance and incentive programs for bodegas and family

owned stores to offer healthier options, such as establishing a subsidized delivery service to help small stores source healthier options.

What's Working

The Arab American Association of NY's Mental Health Services program is operated in collaboration with Connections to Care (C2C) Program. C2C, part of ThriveNYC, partners with community-based organizations to provide culturally and linguistically sensitive mental health services. All AAANY staff are trained on Mental Health First Aid, Screening, Motivational Interviewing, Psychoeducation, Trauma Informed Care, and paired with a trained mental health provider at NYU Langone to address mental health needs beyond the capacity of staff.

Thanks to this program, AAANY has been able to add a full-time on-site Arabic speaking social worker who offers free individual counseling services, crisis intervention, and an ongoing youth psychoeducation group. The mental health team at AAANY has provided mental health 101 workshops in Arabic to community members participating in ESL classes, Trauma Informed Care training to staff, and individual and group counseling services to community members.

VOCAL-NY's Care Coordination services connect people who use drugs to health and wellness services that they need and deserve. They offer referrals to trustworthy, respectful providers for services: HIV, STI and hepatitis C testing and treatment, housing placement and assistance, insurance enrollment, food pantries and soup kitchens, drug treatment including methadone and suboxone, medical services, mental health services, and legal services. By providing caring, individualized support from a team of people with training and lived experience (including staff, social workers, peers, and partners in medical institutions) VOCAL has helped many people lead more stable lives and avoid contact with the criminal legal system. It has meant that they have the ability to accompany people to court and advocate for programs that would actually benefit them; to walk people through the process of applying for NYC's housing lottery; and when someone is taken into Department of Corrections custody, to contact Correctional Health Services and advocate for them. With more funding, they could expand their team to ensure that case managers work with no more than 30 clients, and to bring on team members who specialize in helping people access specific services.



HOUSING

Invest in safe, stable, and dignified housing as a human right for all New Yorkers.

Stable housing is a critical pillar of a stable life, yet in New York City, it is increasingly out of reach. Discrimination and skyrocketing housing costs have combined to make it nearly impossible to find housing in the private market, while lack of investment and oversight at all levels of government have made subsidized or regulated housing increasingly hard to secure and to live in comfortably. Worse yet, the working class people of color who endured decades of disinvestment, abandonment, and extraction of human and financial resources through mass criminalization and incarceration, are now being priced out of their neighborhoods as inequitable development projects accelerate across the City. This has produced the worst homelessness crisis since the Great Depression. In addition to being dehumanizing, homelessness is incredibly expensive. We must commit to making the kinds of proactive investments in *true* affordable housing that will enable all New Yorkers to find stable homes and stay in them.

Demands

1. Create, preserve, and maintain true affordable housing.
 - a. Invest in crucial improvements in NYCHA, including fixing elevators and lighting, upgrading heating equipment, and addressing lead contamination.
 - b. Double the number of permanent affordable housing units set aside for homeless New Yorkers in the Mayor's [Housing New York 2.0 Plan](#), from 15,000 to 30,000, with 24,000 of these units created through new construction. This plan set forth in the [House Our Future NY](#) campaign will require the City to build roughly 2,500 new units of homeless housing each year between now and 2026.
 - c. Expand construction of housing which is not owned by for-profit entities, and without restrictions that exclude people with prior convictions.
 - i. Fund the Community Land Trust Citywide Budget Initiative, to provide start-up funding to a group of organizations to establish and manage community land trusts.
 - ii. Create a housing trust fund with a dedicated revenue stream to support the creation and preservation of permanently affordable housing for the lowest income New Yorkers. This fund could be supported by a dedicated revenue stream generated by increasing the property taxes on vacant and luxury properties.
 - d. Affordability levels should reflect the Area Median Income of the neighborhood in which the buildings exist (not the City as a whole or the NY metro area).
 - e. Develop programs to restore vacant properties to active uses that contribute to the supply of affordable housing for low-income New Yorkers, as called for in the [Housing Not Warehousing Act](#).
 - f. Every development, new or renovated, regardless of subsidies, should have a portion of low-income housing available
2. Expand and improve services that help people to stay in their homes, such as representation in housing court, rental assistance and arrears programs, and programs to help property owners make repairs & prevent foreclosure
3. For people with mental health needs and substance dependencies, prioritize long-term Supportive Housing
 - a. Develop all Supportive Housing using a Housing First approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements.

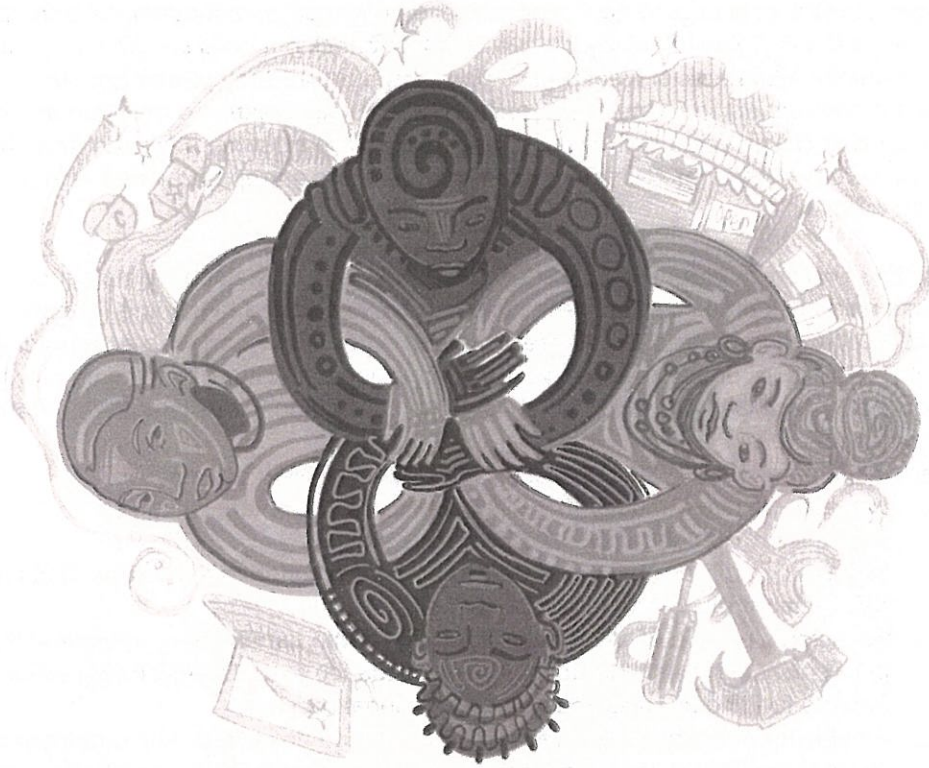
- b. Allocate funding to accelerate the development of units under the [15/15 Supportive Housing Initiative](#) to at least 1,500 per year
- c. Fund at least 1,000 [Justice-Involved Supportive Housing Units](#)³, which, through the use of City funds, will not be subject to the homelessness chronicity⁴ requirements of units funded by Department of Housing and Urban Development. For this funding to be most effective, the City must increase funding levels for scatter-site housing, or provide for central-site housing, as the current vouchers are insufficient to find housing in the private market
- d. Expand housing options for runaway and abandoned youth, by allocating funding to accelerate the development of the 1,700 supportive housing units for youth through the 15/15 Supportive Housing Initiative.
- e. Allocate increased funding to expand training for staff to use harm reduction, trauma-informed and motivational interviewing approaches in supportive housing residences, so that providers do not screen out higher-needs individuals in the interview stage, and also increase oversight of the interview and screening process for supportive housing clients.
- f. Allocate increased funding to attract and retain staff in supportive housing residences.
- g. Provide funding and training for 24-hour crisis-response staff at supportive housing sites to prevent unnecessary calls to 911 and involvement of police. We must invest in facilities with the capacity to serve clients refusing to take medication and actively demonstrating aggressive and violent behaviors.
- h. Include childcare and income supports as part of supportive housing arrangements.

What's Working

Through their [integrated housing model](#), [Community Access](#) provides permanent supportive housing that mixes families with low income and people with mental health concerns. The model they pioneered brings together different populations, including individuals with psychiatric disabilities, families with low income, veterans, and youth aging out of foster care. The supportive services provided, like counseling, and a range of wellness resources - such as urban farming, exercise and cooking classes, discounted bike-share, and pet adoption - are available to all residents of the building. Community Access currently has units in 21 buildings, with three more in development. Together, there will be 1,732 total tenants; of that 1,140 are tenants with a mental health diagnosis. Eventually, seven properties will have a mix of singles and families, including all the properties currently in their development pipeline. The buildings operate on a Housing First model, and do not require that applicants meet requirements like being substance-free, or taking medications. Their oldest integrated housing project, in the East Village, provides an example of the personal and community stability. Of the original 28 families that moved in in 1993, 17 are still there. Community Access maintains a robust tenant advisory group that advises senior staff and creates tenant-led initiatives.

The **Mutual Housing Association of New York (MHANY)**⁵ program began as a response to squatters that occupied vacant, city-owned sites in the East New York neighborhood of Brooklyn, where the community was confronting an epidemic of landlord abandonment, withdrawal of city services, and illegal evictions by landlords. The Department of Housing Preservation and Development created the program to dispossess abandoned buildings and turn illegal squatters into legal homesteaders. Through negotiations with the squatter population, the city created a separate entity called MHANY and sold the properties to it. MHANY retained land titles to

existing sites, and had the legal right to transfer ownership to homesteaders that had worked on the rehabilitation of buildings they occupied. Under HPD rules, homesteaders that chose to sell their property received a limited portion of the resale price. To encourage long-term affordability, MHANY has the first option to purchase the unit and then resell it to a household on the waiting list at a restricted sale price. In addition to the vacant buildings, HPD provided technical assistance, permanent financing, and a portion of construction financing to MHANY cooperatives.



EMPLOYMENT & ECONOMIC DEVELOPMENT

Invest in programs that support people to achieve economic independence and stability, especially for the people who have been most excluded from opportunities to generate income and build wealth.

In neighborhoods subject to racist policing practices and mass criminalization, vast numbers of people are unemployed, underemployed, and not in the workforce at all. Research has shown that at least 27 percent of formerly incarcerated people are persistently unemployed as a result of structural barriers such as occupational licensing restrictions as well as pervasive racial discrimination. Where Black and brown communities are concerned, levels of unemployment for people with criminal convictions is closer to 40 percent. Communities ravaged by mass criminalization are the same communities that continue to suffer not just from higher rates of unemployment, but lack of access to apprenticeships, employment with meaningful benefits, and wages that ensure the capacity to not simply live check-to-check but build stability within their family and community. Where racial wealth gaps persist and are in many places growing, communities are now subject to further disinvestment and displacement. To maintain and build healthy communities, neighborhoods that have historically been most marginalized from the economy must have pathways into living wage employment and entrepreneurship with real opportunity for mobility.

1. Help New Yorkers to enter skilled trades and living wage, sustainable employment through paid workforce development, including but not limited to training for new roles as mental health workers, credible messengers and other roles needed to expand critical social services and reduce reliance on the criminal justice system; and training for jobs in tech, in healthcare, and green jobs that could be created on Rikers [see Public Health recommendations].
 - a. Implement and fully fund [Career Pathways](#) for all New Yorkers
 - b. Embed workforce training into all economic development initiatives
 - c. Streamline oversight of the workforce system
 - d. Make tax credits to new industries contingent on offering set-asides of at least 15% for members of the local community.
 - e. Set aside a portion of all City jobs for people with barriers to employment like a prior conviction, unstable housing, or attendance at underperforming schools.
 - f. Provide funding to cover fees for occupational licenses.
 - g. Provide all workplaces with resource guides and posters to help employees connect to services they may need to be consistent in their jobs, like reduced-price MetroCards, free mental and physical health services, applications for HousingConnect, and more.
2. Establish a Universal Summer Internships and Youth Jobs program⁶, to expand summer job opportunities to accommodate all young people who want to work, while improving the structure and effectiveness of the program.
3. Expand supports for small businesses, particularly focused on historically excluded people and communities in particular.
 - a. Increase funding for the Worker Cooperative Business Development Initiative. Additionally, provide specific funding for a targeted approach to support formerly incarcerated people to start and join cooperatives.
 - b. Support small businesses by paying 30% of their employment taxes.
 - c. Help people with barriers to employment to attain business permits and licensing, including providing workshops and grants for associated fees.

What's Working

The **Worker Cooperative Business Development Initiative**, established with support from City Council in 2014, offers innovative ways to address economic and social inequality in New York City. Worker cooperatives are businesses that are run and operated by the people who work in them (worker-owners). Worker cooperatives allow New Yorkers to build businesses together, therefore allowing all the workers to gain access to upward mobility and better working conditions. The initiative funds a network of more than a dozen organizations to help New Yorkers to start cooperatives, to grow and sustain existing cooperatives, to convert existing businesses to cooperatives, to access financing support, and to navigate their legal needs. This initiative, most recently funded at approximately \$3.5 million per year, has helped to triple the number of jobs in cooperatively owned businesses, many of them owned by women of color.

GOSOWorks, is a program of Getting Out and Staying Out, and helps young men with a history or risk of justice-system involvement to connect to meaningful employment, while also assessing the individuals' capacities and strengths, and addressing their developmental needs and emotional well-being. GOSOWorks has established partnerships with a number of business and institutions, which benefit not only GOSOWorks participants, but also their families and their communities. They also can greatly benefit employer partners. Because GOSO prepares participants well for the workplace, provides them with continued support after they are employed, and encourages them to continue to pursue their education and training, they become outstanding employees, ready to grow with the challenges of the job. GOSOWorks' staffing solutions free, but our Internship-to-Employment (I2E) program can subsidize participants' employment for up to 240 hours. GOSOWorks currently partner with a range of employers including restaurants and bakeries, like Ovenly, Maman, Dos Toros, and The Ravioli Store; non-profits like CAMBA, CDSC, Hour Children, and The Horticultural Society of New York; and businesses like Intersection, ERH Contracting, and ABC Worldwide Stone.



EDUCATION & SCHOOLS

Invest in schools as spaces for students, families, and the broader community to access education for success and for liberation, to connect to the resources they need, and as places where transformative and restorative justice is taught and practiced.

One of the most direct ways to reinvest in our communities is to reinvest in our schools and education. Only in so doing may we restore to directly impacted neighborhoods and families the preparation, supports, and access needed to secure their futures. History has shown that both educational achievement and college completion are critical to ending cycles of oppression negatively impacting our communities. Rather than expecting marginalized students to successfully navigate a biased education system and cheering the few that miraculously do, we must make schools places where *all* youth learn in their varied ways *and* get the supports they need to thrive. In doing so, we have the opportunity to change the primary institution of socialization - our schools. Failure to reinvest in education and schools is a choice to continue to harm those directly impacted by criminalization, incarceration, and dehumanization.

Demands

1. Enhance structural supports and connections to key services.
 - a. Increase the ratio of social workers to students to at least 1:250, while assessing ways to provide a higher ratio in schools with large high-needs populations such as students with disabilities, homeless students, or English Language Learners⁷.
 - b. Increase staffing ratios for therapists, career advisors, mentors, resource liaisons, health services, and attorneys.
2. Implement and resource transformative and restorative justice initiatives to replace punitive justice, with a focus on processes informed by students.
 - a. Commit \$70 million annually (equivalent to only 18% of the NYPD school safety budget) to implement transformative and restorative practices in schools with particularly high suspension rates⁸.
3. Revamp school curriculum.
 - a. Implement culturally responsive curriculum (culture and gender affirming, Rites of Passage), and recruit and train teachers who can relate to and address needs of students. This could be achieved with a \$60 million initial investment⁹.
 - b. Expand and improve curriculum to support preparation for meaningful and living wage careers including trades education, access to technology and tech careers, and college preparation. The city should invest \$15 million to support existing Student Success Centers, to establish these centers in 40 new high school campuses and to implement year-round College Bridge programs¹⁰.
 - c. Integrate more non-traditional education, including out-of-classroom learning experiences up through high school.
4. Draw on City resources (in addition to State reforms) to make equitable resources available to all NYC schools.
 - a. Provide essential school supplies for all students.
 - b. Renovate school buildings to be structures that are welcoming and nurturing.
 - c. Increase the number of teachers in classrooms and create smaller classroom sizes.
5. Support additional enrichment programming.
 - a. Allocate increased funding to support extended hours programming including access to libraries and librarians; arts programming; financial literacy; sports; and student-led programs in which youth support each other to avoid and manage risk and conflict.
6. Expand investments to provide free, public, quality higher education at CUNY
 - a. Work with the state to allocate the \$812 million needed to make CUNY free for all

students¹¹.

7. Make reparative investments for justice-impacted youth and families.
 - a. Ensure what is provided for students in schools is also provided for youth who are incarcerated or out-of-school.
 - b. Fund scholarships for children of incarcerated parents.
8. Create more opportunities for students and families to have a meaningful voice in their schools.

What's Working

The [Center for Court Innovation's Restorative Justice in Schools](#) initiative has implemented restorative justice programs in five New York City high schools aimed at strengthening relationships school-wide. In partnership with New York City's Department of Education, the project operates in schools with elevated suspension rates whose students overwhelmingly come from communities of color. Using restorative justice practices, the program works with school staff and students to build relationships, to address conflicts, and to reduce exclusionary discipline. A dean at one school, the Urban Action Academy, noted not just a large drop in suspensions in their first year with the program, but also a shift in the way that students interact and the respect they demonstrate for each other. Researchers from the Center for Court Innovation are currently conducting a more in-depth evaluation of the initiative's effectiveness through a randomized controlled trial, assessing whether it improves overall school climate and culture and reduces inequities.

In 2015, NYC made an investment of \$23 million in new funding for [Arts Education in schools](#). Funds were allocated to hire 120 new arts teachers at middle and high schools that are underserved, improve arts facilities across the City, and foster partnerships with some of the City's cultural institutions. The investment would increase access to arts education for thousands of students with new classes and activities in music, dance, visual arts and theater. Further funding could expand the program reach for a greater portion of NYC's 1.1 million public school students.



COMMUNITY PROGRAMS & SERVICES

Support and expand resources that all of NYC's diverse residents can access in their communities to relax, learn, thrive, and lead.

In order to best support individuals and their communities, investments must be made in accessible, wrap-around services that fulfill the needs and hopes of the specific community where those programs and services take place. Services should focus on the health and well-being of all community members inclusive of age, race, sexuality, gender, ability, education, employment status, immigration status, and other factors that are often used to exclude people, intentionally or unintentionally. To support the people in our City who have been most marginalized, not just to survive but also to thrive, we have to consider the type of investments that can improve quality of life, bring people together, and bring them joy. Investing in New Yorkers' ability to live their fullest lives and in the leadership of residents to build community together, we can support safety and stability in our neighborhoods.

Demands

1. Make public transportation accessible to everyone.
 - a. Fully fund the Fair Fares¹² reduced price Metrocard program, including single-ride and pay-as-you-go fares, and implement [fare capping](#).
 - b. Make all student metrocards unlimited, so that students can participate in after school activities beyond the current timeframe (8pm) and beyond one additional ride a day. Students who live near their schools should also get metrocards so they can participate in programming in other neighborhoods.
2. Support universal child care that works for working families.
 - a. Expand afternoon hours beyond the existing UPK and 3-K programs.
 - b. Implement salary parity for all early childhood educators, through compensation in alignment with those in the Department of Education, as called for in Resolution 0358¹³.
 - c. Provide support for parents who seek training and parenting resources.
3. Invest in public libraries to expand educational and recreational services.
 - a. Add an additional \$16 million into the baseline City expense budget to more adequately fund six-day service and programs in NYC's three library systems, and increase capital funding for urgent facility maintenance.
 - b. Expand services like ESL classes, computer skills training, TASC (formerly GED) preparation, and career counseling.
 - c. Offer expanded free resources through libraries, like meeting space and printing.
 - d. Expand the diversity of library offerings, including programs and materials in multiple languages, increasingly representative of NYC communities.
 - e. Invest in learning centers focused on activism & social justice.
4. Establish creative spaces & cultural hubs in communities for all creative disciplines.
 - a. Increase funding to expand creative spaces & cultural hubs that are accessible to the entire community, and support and sustain community institutions that serve as creative spaces & cultural hubs, such as libraries, schools, museums, small businesses, and community organizations.
5. Invest in youth leadership training, Rites of Passage/identity development (inclusive of LGBTQ and gender non-conforming youth) and other non-traditional programs that support youth to have a voice in community institutions.
 - a. For these programs to be most effective, they cannot be subject to the requirements of the Department of Youth and Community Development's current COMPASS programs¹⁴, which allocate a maximum cost-per-participant that is insufficient for running quality programs.
6. Invest in community-led community centers, recreational parks, and community spaces

- with accessible facilities for the entire community, and especially those 18-26 years old.
 - a. Provide funding for community-driven research projects to assess local neighborhood needs and strengths and for the development of neighborhood specific community centers.
 - b. Utilize and re-develop vacant or underutilized buildings for community uses.
 - c. Help non-profits to buy their own buildings and support incubators sites for the development of new non-profits.
 - d. Expand hours, diversity and quantity of programming, and locations of Parks and Recreation Centers, including expanding service in the Bronx, Brooklyn, and Queens to establish at least one center per 125,000 residents.
 - e. Expand and improve parks with facilities for young children, working public bathrooms, and upgraded sports facilities.
 - f. Create more spaces for mentoring and peer mentoring.
 - g. Support positive events to help people connect with their neighbors out in the community (block parties, street festivals, etc).
- 7. Expand access to City agencies, legal services, and civic engagement in neighborhood based facilities.
- 8. Increasing funding allocations to several of the City Council's NYC Initiatives, including Digital Inclusion, Anti-Poverty Funding, Young Women's Initiative, and Anti-Violence Youth Programs.

What's Working

Inclusive Services at Brooklyn Public Library (BPL) provides unique programs for children and teens with and without disabilities. Fostering an inclusive environment, the libraries open their doors to all children, parents, caregivers and educators. Dedicated equipment makes the library experience accessible to children with different abilities. Cube chairs, mats for floor play, positioning cushions, and adaptive toys, are available. Inclusive Services is located in five barrier-free libraries in Brooklyn, and with further funding, could be expanded to more of the BPL's 60 branches.

The Brotherhood/Sister Sol's Rites of Passage Program (ROP) is designed to empower youth through discovery and discussion of history, culture, social justice and the political forces surrounding them. In partnership with secondary schools and within the community, The Brotherhood/Sister Sol (BroSis) develops chapters, each consisting of 10 to 18 youth members and two adult Chapter Leaders. The Chapter Leaders facilitate weekly sessions and serve as mentors, supporters, confidantes, counselors, teachers, and more. They build trusting relationships and offer guidance to the chapter members as they face the challenges of young adulthood.

During the intensive four- to six-year ROP process, members learn to think critically and act ethically through workshops, cultural excursions, community service opportunities, retreats, college trips, and in engaging in the multitude of other programming at BroSis. Each chapter develops a Mission Statement and collectively defines what it means to be a sister/brother, woman/man and leader. Members also create individual Oaths of Dedication—personal testimonies to how they will live their lives with which they create pathways through which to live their lives on their own terms. The BroSis curriculum for all programming is structured around twelve curriculum focus issues, incorporating topics such as Pan African and Latinx History, Dismantling Sexism and Misogyny, LGBTQ Justice, Environmental Justice, Political Education, Sexual Education & Responsibility, and Educational Achievement and more.

The impacts of this collective work are clear. In NYC the general high school graduation rate is

70%; while research has found that the graduation rate of Black and Latino boys is 34%. Over 40% of Black men between the ages of 18-65 in New York City are unemployed. 90% of BroSis alumni have graduated from high school, 95% either graduated from high school or earned their GED and 95% are working full time or enrolled in college. Harlem's teen-aged pregnancy rate is 15% – but BroSis members have a rate of less than 2%.



CONFLICT TRANSFORMATION & ALTERNATIVE ACCOUNTABILITY

Support communities to manage conflict so that it does not escalate to harm, and when harm has happened, to intervene with models that focus on restoration rather than punishment.

We can and must do much more to prevent the kinds of conflict and harm that we *can* prevent through investments in all of the areas we have named above. We must also recognize that conflict and harm will still occur, and we must develop models for responding that do not rely on violence and punishment (which continue the cycle of trauma and harm), but rather on interventions that aim to address and make amends for the harm that was caused, involving all parties in creating a solution. While this may be a more compassionate way to deal with people who have caused harm, that is not main reason to pursue it. We need to invest in all levels of alternative programs (diversion, alternatives to incarceration, violence interruption, mediation, and restorative justice) because they work. On the contrary, our system of punishment - with the deprivation it relies on, and the trauma it fosters - has not made us safer.

Demands

1. Invest in the capacity of communities to respond to conflict, prevent violence and harm, and to address and heal from it in sustainable ways.
 - a. Support or develop community mediation, trauma and healing centers in all of the neighborhoods most impacted by mass incarceration, with a particular attention to needs of youth, use of arts-based therapy, and engagement of peers in providing programming. Integrate within these centers restorative justice initiatives. To be truly safe community spaces, these centers must have no affiliation with the police.
 - b. Create paid opportunities for community members to learn and apply skills related to social-emotional support and civic engagement, such as conflict de-escalation techniques for themselves, their family and their neighbors.
 - c. Increase programming for trauma-informed healing work for those who have been violent or have been affected by violence.
 - d. Increase funding for the Anti-Gun Violence Youth Employment Program and increase support for mentorship of young people¹⁵.
2. Invest in the capacity of government agencies and workers to better respond to harm and violence, and promote healing.
 - a. Provide trainings for government workers and government funded programs in trauma-informed care.
 - b. Train employees throughout the ranks of government agencies in restorative justice philosophies and practices. This work requires a paradigm shift, so training is important at all levels of government.
3. Expand investment in diversion and alternatives to incarceration (ATI). The Lippman Commission has recommended a \$270 million annual investment in diversion and ATI programs.
 - a. Sufficiently expand investment in diversion and ATI programs to eliminate all City sentences (sentences of less than 1 year).
 - b. Include programs for those with domestic violence charges, focused on addressing root causes of intimate partner violence.
 - c. Prioritize programs which use a trauma-informed approach and are proven to provide those involved not just with an alternative sentence, but with skills and resources to lead more stable lives.
4. Support alternative models of responding to community violence and fostering safety
 - a. Expand funding for Cure Violence¹⁶ programming to include civic engagement, mobilization, political education, and creation of youth public health workers. Each

- site should be funded at 1.5 million for services, not including the cost of space.
- b. To be trusted and effective in their communities, these programs must have no affiliation with the police.

What's Working

The Women's Prison Association's JusticeHome is a trauma-informed, gender-responsive, community and home-based alternative to incarceration program for women of all experiences. It is designed for women who have been charged with a felony and are facing a minimum of six months' incarceration, and aims to support them so they can stay in their communities rather than serve time in jail or prison. The JusticeHome team works with participants to enhance stability and overall well-being by addressing specific needs that may have contributed to criminal justice involvement. JusticeHome strongly believes in honoring each participant's resilience, strengths, and voice. The program team works collaboratively with every participant to create an individualized change plan to help identify needs and achieve goals. The programs has led to increased stability for approximately 100 women and their families, and costs much less than incarceration, at \$10k-\$20K per participant per year. in the lifetime of the program, 90% of our graduates have remained free of future involvement with the legal system. The program is currently in the process of expanding to also serve women with misdemeanor charges.

Make It Happen (MIH) is a program of Neighbors in Action, and is part a program funded by the Office of Victims of Crime and run in partnership with the Center for Court Innovation's Domestic Violence department. Its mission is to give young men between the ages of 16 and 24 who have experienced violence, the tools necessary to overcome traumatic experiences, and enable them to succeed in spite of those experiences. Make It Happen is a trauma-informed and culturally competent program that provides mentorship, intensive case management, clinical interventions and supportive workshops. Participants are challenged to think about how their definition of manhood is intertwined in trauma and gender roles. Through group workshops and client-driven individual sessions, people are able to recognize and process their own trauma. Make It Happen also works to engage traditional victim service providers on the needs of male crime victims, with the goal of making victim services compensation available to young men of color who have been victims of crime. Since the program's inception in 2012, Make It Happen has served close to 400 young men in and around Brooklyn. Within the past two years, MIH has developed a peer mentor program called CHAMPS (Community Healers And Mentors for Personal Success). To date, Make It Happen has 16 CHAMPS that provide informal supportive services to middle school students. Participants have said that the program helps them to better understand and express their feelings.



STRUCTURE OF INVESTMENTS

Restructure the methods by which funds are distributed in order to better support grassroots groups and avoid replicating systems of oppression.

Grassroots groups constitute the social fabric of local communities in NYC. They know best how to meet the needs of people who the City and larger organizations are often less effective in reaching, and they reflect the culture and ideals of the neighborhoods they work in and with. Yet the mechanisms of City investment have for decades put these groups at a disadvantage. Future investments must be made in a way that recognizes and supports the brilliance of these groups, reflects a belief in the knowledge and wisdom that communities and residents have about their own needs and solutions, and demonstrates commitment to meet people where they are at.

Demands

1. Establish a staffed and funded oversight committee or committee to decentralize funding decisions, improve inclusion in City services, address structural racism in City agencies, and improve accountability. The committee(s) would be tasked to
 - a. Oversee how justice reinvestment funds are spent.
 - b. Ensure that funds better reach grassroots organizations and community leaders, including through organizations led by and accountable to the people they exist to serve: Black and brown people, women, NYCHA residents, youth, elderly, non-native English speakers, the differently-abled, mental health recipients, people who use drugs, and LGBTQ people.
 - c. Advise the City on structure of Request for Proposals to remove potential barriers for grassroots organizations.
 - d. Support small organizations to build capacity.
 - e. Develop a plan for all executive and leadership-level staff at City agencies and publicly funded social service agencies to participate in anti-racism and racial justice training.
 - f. Assess the City's cut taken from State funds to identify opportunities to direct more resources to the groups delivering programming.
 - g. Institute real enforceable consequences to deter City agencies from late payment of contracts that strain small organizations and harm communities.
 - h. Recommend ways to make City agencies more flexible in the way they provide services, for example, offering video appointments.
2. Improve flexibility and effectiveness of funding.
 - a. Funding structures should support quality not quantity. Cost per participant models must be completely revamped to account for the full cost of providing quality services, and with consideration for what types or program structures best serve communities and the specific people & groups organizations serve.
 - b. Eliminate the delays in payment for City contracts faced by many non-profits that serve the most marginalized New Yorkers. Assign a specific timeframe to each City agency with a role in contract oversight for their contract review work, and create a public-facing tracking system to allow vendors to monitor the progress of their contract through each stage of the contract process¹⁷.
 - c. Provide sufficient funding and technical assistance to help grantees implement language justice principles and effectively serve undocumented people.
 - d. Establish mechanisms for groups without 501c3 status to apply for and receive funds.
3. Make funds and services more accessible to the people and communities that have been most criminalized, most marginalized and most divested from. Pay [reparations](#) to entire impacted communities, in addition to individuals. Work to document and address the legacy of Rikers Island, such as the [Rikers Public Memory Project](#), should also be

encouraged and supported.

What's Working

Participatory Budgeting is a democratic process in which community members directly decide how to spend part of a public budget. It's based on the idea that the people who live in a community best know its needs. Through Participatory Budgeting in NYC (PBNYC), community members directly decide how to spend at least \$1,000,000 of the public budget in participating Council Districts (currently, 32 districts). Community members can propose and vote on projects like improvements to schools, parks, libraries, public housing, and other public or community spaces. After ideas are submitted, community volunteers, called Budget Delegates, work to turn ideas into real proposals for a ballot, with input from city agencies. Through a public vote, residents then decide which proposals to fund. People can vote for projects if they live in the district and are at least 11 years old or are in 6th Grade (immigration status is not considered). There's a PBNYC Citywide Committee — made up of individuals, community organizations, and Council Members — which helps guide the process and supports PB across the city. The Committee proposes rules for the process each year, which are formalized into a Rule Book adopted by the City Council. For the time being, PBNYC only deals with capital money, and a fairly limited portion of the total City budget.

The **Colorado Criminal Justice Reform Coalition** (CCJRC) has made major strides in securing investments for the communities that have been most criminalized, and also charting a new path for *how* those investments will be made to best support those communities and their own leaders and institutions. In 2013, the tragic murder of Tom Clements, the executive director of the Colorado Department of Corrections, represented a crucial turning point. Executive Director Clements had come to Colorado from Missouri to implement a reform agenda in corrections policy. Colorado leadership and legislators initially contemplated reactive and punitive measures to reduce the likelihood of a similar tragedy, but CCJRC and several community reentry organizations saw an opportunity to continue the reform work started by Executive Director Clements. CCJRC worked to highlight the importance and impact of community-led public safety strategies and to ensure budget priorities aligned. Since 2014, CCJRC has passed three bills that will invest over \$50m in communities for new community-led, community-centric safety strategies. Furthermore, each grant program is being run by an intermediary — not a government agency. The Latino Coalition for Community Leadership, two community foundations, and two Community Development Financial Institutions are managing the various grant programs created through these investments. Through this model, Colorado's justice reinvestment strategy has prioritized using existing infrastructure in the communities and driving the money much deeper into community ownership.

Endnotes

1. From <http://budget.council.nyc>, Budget Explorer. Accessed January 15, 2019. Budgets included in this figure, Expense budgets for: Department of Corrections - \$1,414,245,650, NYPD - \$5,507,748,709, Department of Probation - \$101,019,182, District Attorneys - \$337,247,752.
2. One such a program is Howie the Harp, a peer-run program that trains people with mental health recovery experience to work in Human Services. Since 1995, HTH has been led by people of color who ensure that cultural competence is maintained among staff and participants. <https://www.communityaccess.org/our-work/education/jobreadiness/howie-the-harp>
3. Currently 267 Justice-Involved Supportive Housing (JISH) units have been promised - only 120 of which have been funded
4. HUD chronicity exclusions force all individuals returning to the community from jail or in-patient hospital stays of more than 90 days to wait another 12 months in the shelter system until they are eligible for the higher level of services available through supportive housing.
5. From NYU Furman Center, Directory of NYC Housing Programs, <http://furmancenter.org/coredata/directory/entry/mutual-housing-association-of-new-york>
6. As recommended by the Community Services Society's report, "Extending the High School Year through Universal Summer Jobs for New York City Youth," February 2016, <http://lghhttp.58547.nexcesscdn.net/803F44A/images/nycss/images/uploads/pubs/Summer%20jobs%20web%203.pdf>
7. As called for by the Urban Youth Collaborative in their report, "The \$746 Million a Year School-to-Prison Pipeline," April 2017, http://populardemocracy.org/sites/default/files/STPP_layout_web_final.pdf
8. As called for by the Urban Youth Collaborative in "The \$746 Million a Year School-to-Prison Pipeline"
9. As called for by the Urban Youth Collaborative in "The \$746 Million a Year School-to-Prison Pipeline"
10. As called for by the Urban Youth Collaborative in "The \$746 Million a Year School-to-Prison Pipeline"
11. As called for by Make CUNY Free Again, Accessed Jan 15, 2019 <http://www.free-cuny.org/the-case-for-a-free-cuny/>
12. As called for by Riders' Alliance and the Community Service Society, Accessed January 15, 2019 <http://www.cssny.org/campaigns/entry/transit4all>
13. <https://legistar.council.nyc.gov/LegislationDetail.aspx?ID=3509896&GUID=56E3F2BC-A88E-4E99-921A-265203357BB7&Options=&Search=>
14. <https://www1.nyc.gov/site/dycd/services/after-school/comprehensive-after-school-system-of-new-york-city-compass.page>
15. <https://www1.nyc.gov/site/peacenyc/interventions/crisis-management.page>
16. http://home2.nyc.gov/html/ceo/html/initiatives/ymi_violence.shtml
17. Following the recommendations of City Comptroller Scott Stringer's report, "Running Late: An Analysis of NYC Agency Contracts," May 2018, <https://comptroller.nyc.gov/reports/running-late-an-analysis-of-nyc-agency-contracts/>



Testimony of

Alice Bufkin
Director of Policy for Child and Adolescent Health
Citizens' Committee for Children

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

Oversight:
New York City Fiscal Year 2020 Preliminary Budget: Mental Health, Disabilities, and Addiction

March 26, 2019

Good afternoon. My name is Alice Bufkin and I am the Director of Policy for Child and Adolescent Health at Citizens' Committee for Children of New York, Inc. CCC is a 74-year-old independent, multi-issue child advocacy organization dedicated to ensuring that every New York child is healthy, housed, educated, and safe.

I would like to thank Chair Ayala and all the members of the Committee on Mental Health, Disabilities, and Addiction for holding today's hearing on the City Fiscal Year 2020 Preliminary Budget. CCC appreciates this opportunity to testify.

CCC has analyzed the impact that the FY20 Preliminary Budget proposals would have on New York's children and families (a full analysis is available here: <https://www.cccnewyork.org/data-and-reports/publications/cfy20-prelimsummary/>). On the positive side, the Preliminary Budget proposes investments in Fair Fares reduced-price Metrocards; 3-K expansion; strategies to reduce and address childhood exposure to lead; healthcare expansions for NYC residents; investments in implicit bias training for city agency workers; and funding for the Summer Youth Employment Program. These are positive and needed investments.

Sadly, however, the City's FY20 Preliminary Budget once again fails to fund summer programs for over 34,000 middle school students; does not address salary parity for teachers and staff in community-based early childhood programs; would eliminate Bridging the Gap, a program that has added MSWs to schools with high rates of homeless students; and fails to fund a wide range of City Council initiatives that have historically provided community-based services for addressing health and mental health disparities, housing instability, food and income insecurity, school climate and youth development needs, and the needs of immigrants and poor New Yorkers needing legal assistance.

Moreover, the Mayor has required every city agency (except for the public housing authority) to identify budget savings that will collectively add up to \$750 million, and a detailed plan for these savings will be included in the City's Executive Budget when it is released in April.

In these challenging times, our testimony seeks to draw attention to the needs of children and youth and to identify priorities that the City administration and City Council should champion as you move into the budget negotiation process.

1) Restore and expand City Council initiatives to improve children's access to mental health services.

CCC is grateful to the City Council for your ongoing commitment to advancing initiatives that support the mental health needs of children and families. Unfortunately, the Preliminary Budget did not include funding for City Council Mental Health initiatives related to children's behavioral health. We believe it is important not only to restore these initiatives, but to expand their ability to serve more children and families.

For years, these programs have used non-traditional, community-based settings to help identify children and families in need and offer developmentally appropriate services and support. We join other mental health advocates in recommending additional investments in the following programs:

- The **Mental Health Services for Children under Five Initiative (CU5)** provides early childhood mental health services to young children and families. It allows organizations to work with children to develop psychosocial and educational skills, as well as cope with trauma

resulting from witnessing or experiencing domestic violence, sexual abuse, or physical or mental abuse. CU5 has provided screening and psychotherapy to thousands of families, as well as mental health consultation services to numerous pediatricians, preschool teachers, and child welfare workers.

As the Council is aware, this funding represents the only dedicated funding in New York City to provide this level and type of expertise to young children and families in need. Neither Early Intervention, nor outpatient mental health clinics offer appropriate supports to sufficiently serve this special population.

CCC urges the Administration to restore \$1.002 million for Children Under Five, and to add an additional \$998,000 to the program for a total of \$2.0 million. With this funding, providers will be able to strengthen referrals, add additional staff to serve more children, increase training on trauma-informed care, and expand programs to new community partners.

- **The Court-Involved Youth Initiative** supports programs that utilize risk assessment tools to identify juveniles in the arrest process who require mental health services and that provide family counseling and respite services to families of court-involved youth. The initiative also supports efforts to connect community-based providers working with court-involved youth to other non-governmental organizations familiar with the Courts, the Administration for Children's Services (ACS), the Department of Correction (DOC), and other relevant City and State agencies.

CCC urges the Administration to restore \$2.85 million for Court-Involved Youth, and to add an additional \$175,000 to the program for a total of \$3.025 million. Additional funding will enable additional trainings for organizations working with court-involved youth who have experienced trauma, increase collaboration and referrals between programs, and improve therapies for youth who may face challenges due to mental illness, substance abuse, and extreme poverty.

- **Autism Awareness** supports wraparound services for children with autism spectrum disorders (ASD) in after-school and summer programs and during school closings. The initiative also supports social skills programming and supportive services for families of children with ASD, such as forums or training seminars to teach coping skills to families and caregivers affected by autism. Individuals who don't have access to OPWDD services can be served with this funding

CCC urges the Administration to restore \$3.237 million for Autism Awareness, and to add an additional \$763,154 to the program for a total of \$4.0 million. Additional funding would enable providers to serve more children, expand program days, strengthen pre-vocational and vocational training programs, and increase the number of social and recreational programs and social skills groups that are available.

- **The Medicaid Redesign** initiative helps community-based organizations that provide mental health services transition from a fee-for-service model to value-based payments, as required under State Medicaid Redesign. The transition requires providers to use data and information technology platforms to measure and report value, and the initiative supports programs in upgrading their software, data tracking, analytics, and reporting capacity.

CCC urges the Administration to restore \$500,000 for Medicaid Redesign, and to add an additional \$500,000 to the program for a total of \$1.0 million. New York is in the process of transitioning children's behavioral health services to Medicaid managed care and began adding an array of new Children and Family Treatment and Support Services in January of 2019. It is critical that providers in New York City have the resources to develop technological systems that can support this transition.

In addition to the programs referenced above, we are appreciative of other mental health programs and services that the City Council funded last year, many of which the Council has a long history of supporting. We hope to see these programs restored and where appropriate baselined in the upcoming Executive Budget so that there is no need for the annual budget dance. Specifically, we urge the City Council to work with the Administration to ensure the following initiatives are restored and baselined in the FY2020 Executive Budget:

- **\$1.718 million for Mental Health Services for Vulnerable Populations, which includes the Samaritans Suicide Prevention Hotline**
- **\$1.2 million for LGBTQ Youth All-Borough Mental Health initiative**
- **\$2.255 million for Developmental, Psychological, and Behavioral Health Services**

2) Expand and support initiatives that improve school climate.

School settings can play a critical role in meeting the behavioral health needs of children and providing them with the supportive environment they need to thrive. Unfortunately, schools throughout New York City remain under-resourced, and too many children lack adequate supports both inside and outside of school. Too often, a school's response to a child's emotional disturbance is suspension, expulsion, or involvement of the NYPD or Emergency Medical Services.

We urge this Committee to collaborate with the Committee on Education and the Administration to make investments that improve school climates citywide and help combat the school-to-prison pipeline.

First, we urge the City to invest \$20 million to add 150 full-time social workers for high-needs schools, as well as supervising social workers to help bring NYC closer to recommended ratios.

Social workers play a critical role in addressing the social and behavioral health needs of students, a need that is particularly evident given inadequate mental health services available to New York City students. However, social workers in NYC deal with overwhelming caseloads, with a ratio of 769 students for every full-time social worker. In contrast, the National Association of Social Workers (NASW) recommends a ratio of one social worker per 250 students in all schools and one social worker for every 50 students in high-needs schools. Almost half (744) of all NYC schools had no full-time social worker.

In addition to new investments in high-needs schools, we believe the budget should also phase in an additional expansion of school social workers each year to bring the ratio up to at least one full-time social worker for 250 students.

We also encourage the City Council and administration to explore increasing supports for Board Certified Behavior Analysts (BCBAs). BCBAs work specifically with children with developmental or

behavioral issues, enabling them to provide a level of targeted support that not all social workers are able to provide.

Second, CCC urges the administration to add \$30 million in the Executive Budget to launch and sustain a Mental Health Support Continuum Pilot in 100 high-needs schools. This proposal is based on the Mayor's Leadership Team on School Climate and Discipline's 2016 Recommendations.¹ These recommendations included strategies to address in-school environment and student behavior to promote a safe learning setting for everyone, one that ensures students who misbehave or make a mistake are provided the supports to stay engaged in school for their academic and social well-being. CCC believes the thoughtful recommendations should be funded and implemented.

The Mayor's Leadership Team identified the best strategy to address this issue as piloting a mental health network in schools in the South Bronx and Central Brooklyn. The Mayor's Leadership Team laid out a comprehensive set of specific proposals for these pilot schools that all center on providing clinical and evidence-based mental health services to students with identified behavior problems. These programs will directly address some of the most challenging scenarios facing New York's schools in a comprehensive and positive approach that will benefit every student in those schools, provide transformative support to students who are most in need, and provide the framework for scaling the program to other schools through the pilot model.

Building on the recommendations of the Mayor's Leadership Team, we urge the City to launch and sustain a Mental Health Continuum involving school partnerships with hospital-based mental health clinics and call-in centers to assist 100 high-needs schools with students in crisis, school response teams that help students get direct mental health services, whole-school training in the evidence-based model of Collaborative Problem Solving, and program evaluation.

Third, we urge the City to invest \$30 million to expand whole-school restorative practices citywide. We commend the City Council's leadership in funding the initial restorative practices pilot program in 25 schools. Restorative practices help build healthy school communities, promoting inclusiveness, relationship-building, and problem-solving to help address student behavior and reduce harmful disciplinary practices. The successes provided this program should now be expanded citywide. We recommend the FY20 budget include and baseline \$30 million for whole-school Restorative Practices in 100 high-needs schools. This funding would increase staffing at the central DOE office and Borough Field Support Centers, as well as pay for a full-time Restorative Practices coordinator in each high-needs school.

3) Prepare for the statewide transition of children's behavioral health to Medicaid managed care and identify gaps in behavioral health services for children.

Although comprehensive publicly available data is limited, it is clear that New York City faces serious treatment capacity gaps for children and adolescents with behavioral health needs. It is therefore critical that City leadership have a comprehensive vision of what mental health services and programs are available, how they intersect with each other, and where service gaps remain.

In January of 2019, the State began rolling out new Children and Family Treatment and Support Services (CFTSS), which are one part of the larger transition of children's behavioral health services

¹ The Mayor's Leadership Team on School Climate and Discipline. "Maintaining the Momentum: A Plan for Safety and Fairness in Schools." July 2016.

to Medicaid managed care. These services seek to intervene early to prevent the need for more restrictive or higher intensity services, and to enable more children and adolescents to gain access to services that focus on recovery and resilience and support the child at home and in community settings.

Though these new services have great potential to serve more children, the rollout process has been complex, and there remains an inadequate amount of information and training about the transition and its impacts on children and families, both among community-based and city-led agencies. **We urge the City Council and the Administration to work with DOHMH, DOE, and other child-serving departments to develop an information dissemination and outreach plan to support this transition, and ultimately help connect children and families to new services.**

Thrive NYC

ThriveNYC, too, is an important part of the mental health landscape for New York's children. Initiatives include placing mental health services in community schools, creating a network of mental health consultants for schools, and training school staff in youth suicide prevention. Initiatives also focus on vulnerable youth, helping ensure that all family justice centers and runaway and homeless youth shelters have mental health services.

We hear frequently from community partners about the important role ThriveNYC funding has played in helping them initiate new services, strengthen existing work, and fill in the gaps that other programs don't meet. We support efforts to track and make more transparent ThriveNYC expenditures, service utilization, and outcomes data, as this information can help inform future investments in initiatives that meet children's behavioral health needs and improve their overall wellbeing.

Conclusion

Despite the city's investments in children's behavioral health, we are aware of the enormous inadequacy of direct mental health services citywide for children and adolescents. There is an incredible need for the City of New York to invest more in direct, targeted mental health services and behavioral supports for children and adolescents.

As you work to negotiate the Fiscal Year 2020 Budget, we hope that the administration and the City Council will work together to strengthen the mental health service delivery system for NYC's children and families.

Thank you for this opportunity to testify.



Testimony for New York City Council Budget and Oversight Hearing on The Fiscal Year 2020 Preliminary Budget

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

March 26, 2019

Thank you, Chair Diana Ayala and the Committee on Mental Health, Disabilities, and Addiction (Alicka Ampry-Samuel, Fernando Cabrera, Robert F. Holden, and James G. Van Bramer) for convening this hearing today. I am Jo Park, Clinic Director at Korean Community Services of Metropolitan New York, Inc.'s Mental Health Clinic.

KCS Mental Health Clinic is the first New York State-licensed outpatient mental health clinic operated by a Korean nonprofit organization. Our licensed professionals have been providing culturally and linguistically competent mental health services in Korean and English since November 2015.

Since November 2015, we have provided more than 9,000 services and served nearly 600 clients. According to our part-time psychiatric NP who also works at a local hospital, there has been a decrease in ER hospitalizations of Korean patients since KCS Mental Health Clinic opened our doors. For most of our older clients with severe mental illnesses, KCS Mental Health Clinic is their only option as we provide in-language psychotherapy and medication management services, and accept all clients regardless of their ability to pay for services.

There is great need for mental health services in the Korean community. Based on the Asian American Federation's 2019 ethnic profile of the community, nearly 19 percent of the 100,000 Koreans in New York City live in poverty, with particularly high rates of poverty – nearly 26 percent – among Korean seniors. Due to 70 percent being foreign-born, 50 percent of Korean New Yorkers have limited English proficiency, which means that their ability to access services in English is severely limited.

According to the Asian American Federation's 2017 report, *Overcoming Challenges to Mental Health Services for Asian New Yorkers*, overall, Asian Americans are the least likely of groups to report, seek, and receive medical help for depressive symptoms due to a lack of knowledge, cultural stigma, insurance limits, and a dearth of linguistically and culturally competent service providers (Abe-Kim et al, 2007). Moreover, the United States national mortality records show that suicide rates among Korean Americans nearly doubled from 2003 to 2012, surpassing those of all other Asian subgroups (Kung et al., 2016).

KCS Main Office Adult Daycare Afterschool Immigration ESOL Workforce Development	Corona Senior Center Korean Mutual Aid Society	Flushing Senior Center	Public Health and Research Center	Brooklyn Project	Mental Health Clinic
35-56 159th Street, Flushing, NY 11358 Tel: (718) 939-6137 Fax: (718) 886-6126	37-06 111 th Street Corona, NY 11368 Tel: (718) 651-9220 Fax: (718) 478-6055	42-15 166th Street Flushing, NY 11358 Tel: (718) 886-8203 Fax: (718) 886-8205	2 W 32nd Street, Ste. 604 New York, NY 10001 Tel: (212) 463-9685 Fax: (212) 463-8347	8710 5th Ave. 1FL Bay Ridge, NY 11209 Tel: (718) 630-0001 Fax: (718) 630-0002	42-16 162nd Street, 2FL Flushing, NY 11358 Tel: (718) 366-9540 Fax: (718) 534-4149



In addition, the Asian American Federation's 2015 report on *Analysis of City Government Funding to Social Service Organizations Serving the Asian American Community in New York City* then showed that the Asian community only received 0.2 percent of contract dollars issued by the New York City Department of Health and Mental Hygiene from 2002 to 2014. Combating the stigma around mental illness and the need for services is not unique to the Asian community -- it impacts all communities. However, the lack of investment in the Asian community impacts the nonprofit community's ability to do outreach and provide culturally competent mental health education and services that could address some of the challenges identified in AAF's report.

One of the biggest challenges that KCS is experiencing is recruiting and retaining talent with cultural and linguistic skills. Korean Community Services of Metropolitan New York, Inc. is a small community-based organization, and we are not able to compete with the competitive salaries of hospitals, larger organizations, and Thrive. We are already struggling to recruit talent with the cultural and linguistic skills in a limited pool, and we simply cannot afford to lose our current staff. Also, currently, the time and resources spent on our outreach initiatives and Mental Health First Aid (MHFA) trainings is preventing a Korean-speaking clinician from providing much-needed mental health services at our clinic, which has a long waitlist. More funding support would allow us to hire staff to better meet the demand for services.

We would welcome the opportunity to collaborate with Thrive to help address the challenges that our community is facing around the growing need for mental health services and how to build capacity and create sustainable solutions.

We look forward to working with the Committee on Mental Health, Disabilities, and Addiction to address these needs. Thank you for the opportunity to testify. I am happy to answer any questions you may have.

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Asian American Federation

Testimony for New York City Council Budget Hearings on The Fiscal Year 2020 Preliminary Budget

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

March 26, 2019

Thank you, Chair Diana Ayala and the Committee on Mental Health, Disabilities, and Addiction for convening this hearing. I am Joo Han, Deputy Director at the Asian American Federation (AAF). AAF's mission is to raise the influence and well-being of the pan-Asian American community through research, policy advocacy, public awareness, and organizational development. We represent a network of 70 member and partner agencies that support our community through their work in health & human services, education, economic development, civic participation, and social justice.

We are here today to highlight the increasingly visible mental health needs of Asian New Yorkers, who are the only racial group for which suicide was consistently one of the top 10 leading causes of death from 1997 to 2015. In New York State, suicide was the second leading cause of death for Asian Americans ages 15-24 and the third leading cause for those ages 10-14 and 25-34.

Despite these alarming statistics, there has been virtually no investment in citywide mental health services tailored for the pan-Asian American community by the City. The community is now under greater threat: according to a February 2019 report by the Office of the New York City Comptroller, Asian immigrants are being disproportionately targeted for harsh immigration enforcement. Immigrants from China, Bangladesh, and India represent less than 20 percent of non-citizens in New York City, yet comprise 40 percent of all defendants facing immigration detention and removal. Individuals and families who undergo these situations experience extreme stress, anxiety, and trauma but have little to no access to in-language, culturally appropriate mental health services.

The needs are only growing. Asians are the fastest-growing racial and ethnic group in New York City. The Asian population in the city grew by 50 percent from 2000 to 2016, now comprising 15 percent, or 1.3 million, of the city's population. Of this population, one in four Asians lives in poverty – a rate that reflects a 44 percent increase in poverty among Asian New Yorkers. The correlation between poverty and mental disorders, combined with deep cultural stigma around mental illness and the stresses of living in an increasingly xenophobic political climate, creates conditions in which Asians are at particular risk of suffering from mental health issues.

AAF's 2017 report on [*Overcoming Challenges to Mental Health Services for Asian New Yorkers*](#) identified the major challenges to accessing mental health services for the Asian community. We devoted a year to produce this report to illustrate the critical need in the community and to sound the alarm. Our overarching recommendation was this: **Addressing mental health challenges in the pan-Asian American community requires significant, increased support for Asian-led, Asian-serving organizations working to provide in-language and culturally competent mental health services to the community.**

Asian organizations need significant funding to create community education programs in order to reduce the stigma around mental health; hire linguistically and culturally competent mental health providers and train mainstream providers to develop their cultural competency; and create and sustain programming that integrates mental health services through other social services.

Thus, city-led initiatives such as Thrive NYC must move beyond the top-down, one-size-fits-all approach to mental health service delivery and instead engage and invest in organizations that understand and can overcome the deep cultural stigma in Asian communities. These organizations have, in many cases, developed and implemented unique and integrated approaches to addressing their communities' particular mental health needs.

The first step is addressing the chronic underfunding of the Asian American social services sector. From Fiscal Year 2002 to 2014, the Asian American community received a mere 1.4 percent of the total dollar value of New York City's social service contracts. In that period, the Asian American share of the total contract dollars awarded by the Department of Health and Mental Health was 0.2 percent. This rate of investment has not changed since the launch of Thrive NYC.

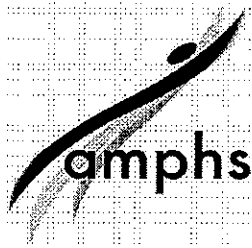
RECOMMENDATIONS

We ask the City Council to make an initial investment of \$1 million in pan-Asian American nonprofit organizations to develop community-wide capacity in mental health services. As linguistic and cultural competence increases the utilization and effectiveness of mental health services, Asian-led agencies providing services directly to Asian Americans are in the best position to use additional funding most effectively. This investment would support the following services:

- Develop a training program for Asian-led social service organizations using models of non-clinical service delivery that utilize existing services and programs.
 - Utilize models which integrate mental health concepts into existing programs or services, such as youth leadership programs, parenting skills workshops, and senior wellness activities.
 - Incorporate culturally competent mental health first aid for key touch points in the Asian communities where people seek help, such as social service front-line staff, religious leaders, primary care physicians, etc.
- Create a network of non-clinical mental health service providers serving the Asian communities of New York City in order to share resources and knowledge about best practices and available services.
- Develop a shared database of mental health service providers.
- Provide cultural competency training for mainstream mental health service providers.

AAF plans to launch a program this year to enhance mental health services in the Asian community. We will take the lead on designing and implementing programs based on our research, which will help to reduce stigma and other barriers to mental health services, increase awareness of the mental health needs of Asian American residents in New York City, and foster greater collaboration between formal service systems and community resources to reach these residents.

We look forward to working with the City on how to address the mental health service needs of Asian New Yorkers.



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Testimony on the New York City Fiscal Year 2020 Budget March 26, 2019

Mon Yuck Yu

Good Afternoon. My name is Mon Yuck Yu, Executive Vice President & Chief of Staff at the Academy of Medical & Public Health Services. I am here today to thank New York City Council Committee on Mental Health, Disabilities and Addiction; Committee on Health; Committee on Immigration; and Council Speaker Corey Johnson for their continued support of the Immigrant Health Initiative and various health and mental health initiatives across the city which has enabled organizations like ours to offer critical mental health services to our vulnerable immigrant communities.

I want to urge the City Council to expand this exciting work by increasing initiative funding for Immigrant Health Initiative and Mental Health Services for Vulnerable Populations to community-based organizations that are offering this culturally-competent work on the ground.

AMPHS is a not-for-profit healthcare organization in Sunset Park that provides free clinical screenings integrated with individualized health education and social services to the immigrant populations of New York City. Our mission is to deinstitutionalize healthcare and make it a basic human right for all New Yorkers. We provide free health access services to uninsured immigrant populations in Sunset Park, Brooklyn without discrimination of documentation status, socioeconomic status, and any other demographic factor.

Sunset Park houses nearly 130,000 residents, of which 44% are Latino. Since the 1990s, there has been an explosion in the Chinese population, today making up about one-third of the neighborhood's estimated 130,000 people. Among these groups, 47% are uninsured, 47% lack English proficiency, and 29% live in poverty.¹ Sunset Park is also home to one of NYC's highest concentration of undocumented immigrants and unaccompanied minors -- a group that suffers high risks of chronic, infectious, and behavioral health issues due to its lack of health insurance access.

¹ NYC Health, "Community Board Health Profiles 2015: Brooklyn Community District 7," (2015). Retrieved from <https://www1.nyc.gov/assets/doh/downloads/pdf/data/2015chp-bk7.pdf>

Over the past years, federal immigration threats and hate crimes have increased anxieties among immigrant communities, making mental health risk factors for this population more prevalent than ever. Fears of deportation and family separation permeate the community, contributing to aggravated mental health statuses for a population that is already victim to the trauma of violence and discrimination. Many immigrants suffer from post-migration stressors as a result of detention centers, immigration proceedings, and cultural adaptation to a new language and environment. These mental health illnesses, when left unattended, place them at risk for socialization barriers, severed relationships, and physical comorbidities.

Furthermore, New York State Child Health Plus offers health insurance to youth age 18 and under, regardless of immigration status; youth exceeding this upper age limit are left without healthcare access unless they apply for health insurance through the marketplace, their employer, parent's employer or college. Undocumented youth and families without work authorization fall through the healthcare gaps. While recipients of Deferred Action for Childhood Arrival (DACA) and Temporary Protected Status (TPS) are eligible for work authorization and Medicaid, threats to rescind DACA and terminate TPS programs will disenfranchise more members of this community from accessing healthcare, increasing the pool of uninsured individuals, leading to an unprecedented increase of immigrants seeking healthcare services through AMPHS.

Without health insurance, undocumented immigrants are unable to access critically-needed behavioral health treatment. Emergency and charity care do not cover mental health services for the uninsured. City initiatives to offer school-based counseling to youth under 18 and wellness hotlines like ThriveNYC may only be able to connect community members to institutions where many lack language-competent workers and socialization programs to serve this vulnerable population. Youth in particular may feel embarrassed or hesitant to express their feelings, especially when facing a therapist that does not speak their language.

As just one of many examples, we had a middle-age female Asian immigrant, Mrs. Chen, walk into our center speaking not a word of English. She initially came in because she wanted to check her blood pressure. Once the on-site clinicians began to talk to her and a certain level of trust was established, Mrs. Chen opened up to us. It turns out she was under a lot of stress as an undocumented, single mother raising three young boys as a new immigrant. She told us that several times, she had considered jumping off a cliff or into the ocean with her boys to take her family out of her agony. Serious conditions like mental health disorders, STDs, and HIV are so stigmatized in the immigrant populations that they are rarely discussed, but yet can be so prevalent. We find that we need to spend the time to conduct targeted public health interventions to ensure those with such conditions are properly screened for risk factors.

What initially was just a blood pressure check turned into a lifesaving intervention that day - not just for Mrs. Chen, but for three young children as well. We provided the medical screenings, initial counseling and guidance to Mrs. Chen, and acted as a pair of ears that immigrants so rarely have in healthcare. We then seamlessly coordinated her next steps and made the proper referrals to a sliding scale mental health clinic for ongoing follow up care, which unfortunately

was still unaffordable for her. Today, fortunately, Mrs. Chen is embracing life and supporting her boys through school.

There are many more Mrs. Chen's out there and not all of them are fortunate to share Mrs. Chen's story. They do not know the resources available for them, and more importantly, they do not know the detrimental effects of not seeking care when they need to. Our system also does not make mental health care mainstream or affordable -- averaging \$90 a visit even for low-income sliding scale patients.

Over the past two years, the Immigrant Health Initiative has not only helped AMPHS offer expanded health services including preventative health screenings, nutrition counseling and social assistance for community members seeking services free of charge; it has enabled us to offer free bilingual Spanish-English mental health counseling to undocumented, uninsured and underinsured community members, often lasting 10+ weeks, on Saturdays -- a service with an ongoing, extensive waitlist.

In FY20, we are aiming to expand our free mental health services to the Chinese-speaking population by hiring a bilingual therapist. Currently, there is a lack of bilingual services in Sunset Park targeted to uninsured Chinese immigrants for a condition that is all too-often stigmatized and ignored; socialization services, moreover, are only offered to this population for individuals already seeking psychiatric treatment. In the coming year, we will also offer music and group therapy for vulnerable youth, which is particularly susceptible to challenges such as bullying, discrimination and underperformance in school that affect their self-esteem and may lose health coverage after turning age 18.

We urgently need to connect immigrants to the appropriate and equitable care and empower them with the resources to seek their rights and tear down the emotional barriers they are facing. Currently, there is a dearth of funding for culturally-competent services across community-based organizations that are already doing this work. With the funding provided, we are only able to manage an ongoing caseload of approximately 60 cases per year. We need double the support from previous years to match the increased demand seen in our growing immigrant communities, as well as the demand from immigrants who will fall out of coverage due to federal policies affecting their status.

I humbly thank the City Council for funding both the Immigrant Health Initiative and Mental Health Services for Vulnerable Populations and strongly urge the Council to expand initiative funding for immigrant and mental services to community based organizations like AMPHS working on providing on-the-ground, culturally-competent mental health services. We look forward to working together to ensure that healthcare is not a privilege, but a basic human right.

TESTIMONY: UJA-FEDERATION OF NEW YORK

**New York City Council
Committee on Mental Health, Disabilities and Addiction
Preliminary Budget Hearing FY 2020
Honorable Diana Ayala, Chair**

**Submitted by:
Faith Behum, UJA-Federation of New York**

March 26th, 2019

Good Afternoon Chairperson Ayala and members of the Committee on Mental Health, Disabilities and Addiction. My name is Faith Behum and I am an Advocacy and Policy Advisor at UJA Federation of New York. On behalf of UJA-Federation, our network of nonprofit partners and those we serve, thank you for the opportunity to testify on the FY 2020 Preliminary Budget.

Established more than 100 years ago, UJA is one of the nation's largest local philanthropies. UJA's mission is to fight poverty, connect people to their communities and respond to crises both locally and around the world. UJA supports nearly 100 nonprofit organizations serving those that are the most vulnerable and in need of programs and services. UJA submits the following recommendations for the FY 2020 budget:

Supporting the Human Services Sector

New York City's human services nonprofits are in a state of emergency. Government contracts make up the majority of most nonprofit providers' budgets, but pay only 80 cents on the dollar or less of the true cost of implementation. Furthermore, 89% of city contracts for human services are late, delaying vital funding and leaving 20% of New York City's nonprofit human services institutions technically insolvent. It is vital that no cuts are made to human service programs as part of the mandated budget reductions and the chronic underfunding of the sector is rectified.

In order to address this crisis, our sector needs the following core improvements in partnership with the government:

1. Clean up the backlog of all contract action registrations and ensure a transparent and timely registration system going forward.
2. Pay providers a fair indirect rate (aligned with Federal guidance).
3. Ensure a rational rate/budget setting process for solicitations/contracts moving forward.

The nonprofit human services sector is united in asking the City Council to include in their budget response a request for the Mayor to invest **\$250 million dollars to fill the gap between provider's indirect costs and the contract reimbursement rates from the City.**

UJA-Federation is grateful to the City Council for their support of our FY 2019 requests to encourage system-wide contract review and allow providers to adjust contracts to support cost escalators for rent, insurance, supplies and utilities, and appropriately account for fringe benefits over the life of the contract. We hope you will continue to support us in our requests for FY20, including \$250 million to fully fund the "Health and Human Services Cost Policies and Procedures Manual" and standing with the sector to reject any cuts to human services funding.

Increasing Investment in Mental Health Initiatives

UJA's non-profit partners receive funding through a number of mental health initiatives including Autism Awareness, Geriatric Mental Health, Children Under Five, and Court Involved Youth Mental Health. Using this money, our non-profit partners often provide services to individuals who are not eligible for state sponsored services. UJA submits the following recommendations for the FY 2020 budget that will allow our non-profit partners to continue to serve these vulnerable populations:

- 1) Increase funding for the Autism Awareness Initiative by \$800,000 for a total of \$4 million in FY 20.**

UJA thanks the Chair of the Mental Health, Disability and Substance Use committee, Diana Ayala, for her commitment to expanding city sponsored services for people with disabilities. The Autism Awareness Initiative is an example of a current City Council Initiative that has an impact on individuals with autism living in NYC. Seven of UJA's non-profit partners receive funding through the Autism Awareness Initiative. The funding levels ranged from \$50,000 to \$147,132 in FY 2019. The Autism Awareness Initiative funding allows our non-profit partners to provide wraparound services to autistic children and youth in after-school and summer programs. It also supports trainings for parents, guardians and caregivers of children diagnosed with autism. Most importantly, these supports and trainings are offered to individuals with autism and their families who are not eligible for services through the Office of People with Developmental Disabilities. In many cases, this is one of the few supports these individuals and their families can access in the community.

The wraparound after school and summer programs provided by our non-profit partners generally focus on assisting participants to develop intellectually and socially. Many of these programs are located in community centers that promote the inclusion of people with autism and other disabilities in all their classes and events. These inclusive environments ensure individuals with autism make connections with each other as well as the broader communities in which they live. Creating inclusive environments can be costly to providers. Funds from the Autism Awareness Initiative help providers to create inclusive environments by funding additional support staff or technology to provide the assistance individuals with autism need to attend programs.

Our non-profit partners were grateful to the City Council for the funds that were restored for this initiative in FY 19. Each has indicated that additional funds could be used to expand their current programs by increasing the number of days the programs are offered and offering services to people currently on waitlists. Providers also indicated the need in their communities to expand programming for youth with autism who have graduated from high school and have limited access to adult services.

2) Increase funding for the Geriatric Mental Health Initiative (GMHI) by \$600,000 for a total of \$2.5 million in FY 20.

The GMHI supports organizations to provide individual and group counseling to older adults in non-clinical settings such as senior centers, Naturally Occurring Retirement Communities, and food pantries, while also supporting in-home services for homebound elderly. The GMHI also provides financial support for in-home services such as psychiatric evaluations and counseling, services that are often not covered by insurance companies or reimbursed poorly. By offering these services in a non-clinical setting, providers are able to adapt services to the needs of the communities without stigma.

One of our UJA non-profit partners uses GMHI funding to provide outreach services for homebound elderly, operate an outpatient mental health clinic, offer social work and psychiatric services at satellite clinics throughout Queens and provide transportation for those unable to take public transportation. This multi-faceted approach to mental healthcare allows our non-profit partner to connect older adults to mental health services and treatments they may not have been exposed to if this program did not exist. Another UJA non-profit partner focuses on providing in-home psychiatric evaluations and counseling to homebound elderly, increasing access to mental health services for the elderly in a part of the city where access is limited.

Our two non-profit partners that receive funds through the GMHI were grateful for its restoration in FY 19. Additional funding for this program in FY 20 would allow our non-profit partners to connect more homebound elder adults with the mental health services they need to live fulfilling lives in the community.

3) Increase funding for the Children Under Five Initiative (CU5) by \$1million for a total of \$2 million in FY 20.

The CU5 Initiative supports organizations that provide mental health services in clinics, early childhood classrooms, in the home, and in legal settings when families are involved with court proceedings. Through this initiative, mental health services are provided to infants, toddlers and pre-school aged children and their families. Participants develop psychosocial and educational skills and learn techniques for how to deal with trauma as a result of witnessing or experiencing domestic violence, sexual abuse, physical abuse, or mental abuse. Recipients of these funds provide screening and clinical evaluations, individual, small group and child-parent psychotherapy, consultations to pediatricians, preschool teachers and child welfare workers, and trauma-informed interventions. The CU5 Initiative providers develop and test interventions to find the most effective ways to treat this population and this information is replicated by mental health providers across the City.

One of UJA's non-profit partners receives funding through the CU5 Initiative. Additional funding for this Initiative would allow recipients to increase the number of children served and continue to develop treatments for this vulnerable population.

4) Increase funding for the Court Involved Youth Mental Health Initiative by \$175,000 for a total of \$3.025 million in FY 20.

The Court-Involved Youth and Mental Health Initiative is a citywide initiative that assesses risk for mental health concerns and connects court-involved youth with non-profits that are familiar with city and state agencies. The initiative also provides family counseling and respite services to families of court-involved youth. These services are essential for preventing entry and re-entry

into the juvenile justice system. At-risk youth often lack access to mental health services, family counseling, or other supports that will keep them from juvenile detention. This initiative addresses lack of access to these important interventions through best practices in support services and referrals.

One of UJA's non-profit partners receives funding through the Court-Involved Youth and Mental Health Initiative. Additional funding for this specific program would allow them to enhance the vocational services component of their program by offering internships to participants.

Conclusion

UJA-Federation of New York respectfully urges your consideration and support of these vital programs. Thank you for your time and if you have any questions please contact me at behumf@ujafedny.org or 212-836-1338.



**Testimony Before the NYC Council
Committee on Mental Health, Disabilities and Addiction**

March 26, 2019

Introduction

Thank you, Chairperson Ayala and members of the Committee for convening today's hearing. On behalf of The Coalition for Behavioral Health, I welcome the opportunity to testify. My name is Amy Dorin, and I am the President and CEO of The Coalition for Behavioral Health, the umbrella organization for over 100 community-based behavioral health providers.

ThriveNYC

The Coalition values its partnership with the City as we continue to move forward with enhancing ThriveNYC's impact. Many of our community providers receive THRIVE NYC funding to address gaps in the service system, whether that be through our members' participation in the Mental Health Services Corps, NYC Well or the provision of Mental Health First Aid trainings by The Coalition itself.

As we work together to create innovative models of care and services to improve health outcomes and the client experience of care and, at the same time, strive for cost effectiveness, the community-based behavioral health sector must be sufficiently utilized

and engaged to inform policy decisions and ensure access to timely, high-quality services and supports for New Yorkers in need. It is through the “on the ground” experience of our providers, their expertise, and first hand understanding of the people they serve that can help to shape programs and maximize their impact. The Coalition stands ready to collaborate with ThriveNYC to develop mutually agreed upon and clear benchmarks for success and clarify outcomes so that we can jointly assess success or make changes in programs that might need improvement.

Medicaid Redesign Transition

The massive transformation now taking place in the Behavioral Health arena both for adults, and, more recently, for children is unprecedented and with significant challenges. The system is moving from a volume-based method of payment under Medicaid, where more is better, to a value –based system in which payors- the Managed Care plans- will reimburse providers based on positive outcomes they achieve in serving their clients. Therefore, now, more than ever, data and technology are key if providers are to demonstrate value. The need for collecting data, tracking data, analyzing data is a must; and then, agencies must learn to take action on the data they are collecting. While very worthwhile, certainly, it is expensive to acquire new and upgraded technology systems and software platforms. And leaders must help their workforces to understand the changes and adapt to them. As you know, culture change takes time, is never easy and is often uneven.

Further, the recent thrust- that behavioral health services take place in the community, rather than in the office- is occurring for adults and for children. These are called HCBS (home and community –based services); we need higher rates so that organizations can

get and retain a workforce that is learning how to provide services in the home or community, rather than in the office setting.

Supporting a Healthy Life Cycle from Children to Aging Adults

Starting in January of 2019, New York State began to implement a broad reform of the children's behavioral health system after 8 years of discussions on design and development. This transition involves the addition of 6 new children's mental health services to the Medicaid state plan, intended to improve access for children and their families, streamlining the evaluation and diagnosis process, so that more children and families can get the services they need, at the right time, before their needs escalate. It also includes moving exempt Medicaid services and populations to Medicaid managed care, consolidating 5 different children's Home and Community Based Waiver Programs into a single Home and Community Based Service (HCBS) program with a uniform array of 11 services, and transitioning care coordination that was previously included as an HCBS services to the Health Home Serving Children care management program. The Coalition's Children's Committee provides a forum for discussion of these complex issues.

We can also work together to close gaps on the other end of the life spectrum, where the system of care and services needs to adapt to meet the needs of older adults who are living longer and with less family caregiver support available. While the challenges of aging exist for the entire population, aging, coupled with mental illness and/or substance has its own special challenges for those experiencing them directly and for those agencies providing the services. Unfortunately, too many behavioral health services for older adults are tied to place and time, with not enough capacity for

outreach, in-home services, access to services outside of standard office hours and adequate responsiveness to crisis episodes. In addition, funding models need to be adapted to all for greater use of home and community-based services. Dually eligible adults (Medicaid and Medicare) are excluded from many programs and services, such as in their own home services or even telepsychiatry, simply because a reimbursement mechanism does not exist for individuals that are dually eligible for Medicaid and Medicare.

Medicaid does not pay for home visits, but Medicare does. Though Medicaid will begin paying for telepsychiatry services, dually eligible seniors will not be able to access them, because Medicare does not cover this service. We urge the city to work with the state and federal government if necessary to find a mechanism to break through these type of payment barriers that exclude people in need from accessing services in the community. The Coalition's Healthy Aging Committee is tackling some of these issues.

In addition to the need to change funding models to fit older adult service needs, consumers need to be provided with the tools necessary to seek out care and services in the community that are better alternatives to costly emergency room services. There is currently a reliance on primary care physicians and medication, and too little use of coordinated care management in primary care and too few clinically, culturally and generationally competent mental health professionals. Structural changes are required to the behavioral health system to better address needs like chronic physical and behavioral health conditions, isolation and inactivity. The Coalition is committed to supporting and facilitating a system of integrated care.

Promote Workforce Recruitment and Retention

Behavioral health providers continue to face workforce recruitment and retention challenges, including high turnover rates. While ThriveNYC's Mental Health Service Corps places staff at community-based providers, resource constraints, professional licensing and scope of practice issues prevent providers from hiring the necessary senior supervisory staff to oversee the Corps practitioners. Furthermore, the problem of long-term workforce sustainability still needs to be solved for the not for profit sector providing critical services to people living with mental health issues and substance disorders. Providers also face issues from non-competitive wages and staff who move on to better paying jobs at hospitals, insurance and managed care companies, or through city government. According to a study performed by a group of statewide behavioral health provider associations, which included The Coalition, New York City reported a 42% workforce turnover rate and a 20% vacancy rate among community behavioral health providers.

The Coalition's training department, funded through NYSOMH, DOHMH, and OASAS trains the behavioral health workforce on key clinical best practices to ensure the provision of high-quality services. The training department provides over 100 multiagency trainings annually on a wide range of topics and also provides targeted technical assistance to help the workforce at the program site implement best practices in rehabilitation and recovery programs throughout NYC.

Conclusion

With behavioral health care needs growing across the entire spectrum of life,

greater treatment and care, preferably integrated care, will be required to meet the physical and behavioral health needs of individuals receiving services, particularly those with multiple chronic conditions. We look forward to continuing our partnership with ThriveNYC and all NYC agencies to ensure that the Behavioral Health of all New Yorkers is a priority.

Respectfully submitted,

Amy Dorin, President & CEO
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About The Coalition

The Coalition is the umbrella nonprofit, (501)(c)(3), association and public policy advocacy organization of New York's behavioral health providers, representing over 100 non-profit behavioral health agencies. Taken together, these agencies serve approximately 400,000 adults and children and deliver the entire continuum of behavioral health care in every neighborhood of a diverse New York City and surrounding areas.

Founded in 1972, the mission of The Coalition is to coordinate the efforts of government and the private sector toward efficient delivery of quality behavioral health services to children, adults and families. The Coalition promotes policies and practices that support the development and provision of community-based housing, treatment, rehabilitation, and support services to all people with mental illness and addictions disorders. Our members serve a diverse group of recipients, including older adults, people who are homeless, those who living with HIV/AIDS and other co-occurring health conditions, violence and other special needs. Coalition members help people with mental health conditions and substance use disorders to recover and lead productive lives in their communities.

The Coalition provides quality learning opportunities, technical assistance and training to staff and leadership of its member agencies and to the professional community on important issues related to rehabilitation and recovery, organizational development, best practices, quality of care, billing and regulations/contract compliance, technology and finance.



SUPPORT COMMUNITY BEHAVIORAL HEALTH SERVICES

WE URGE THE CITY COUNCIL TO RESTORE AND INCREASE BEHAVIORAL HEALTH FUNDS IN FY 2020 TO \$19,798,493

MENTAL HEALTH SERVICES FOR VULNERABLE POPULATIONS: \$1,718,000

CBOs and advocacy organizations provide mental health programs, services, and referrals to difficult-to-serve populations and offer clinical and practice management trainings to providers. This initiative was funded at \$1,718,000 in FY2019.

MEDICAID REDESIGN TRANSITION: \$1,000,000

Assists CBOs that provide mental health services transition from a fee-for-service system to a managed-care model under New York State's Medicaid redesign. This initiative was funded at \$500,000 in FY2019.

COURT-INVOLVED YOUTH MENTAL HEALTH INITIATIVE: \$3,025,000

Assesses risk for mental health concerns and connects court-involved youth with CBOs familiar with City and State Agencies. This initiative was funded at \$2,850,000 in FY2019.

LGBTQ YOUTH MENTAL HEALTH: \$1,200,000

This allocation supports comprehensive mental health services for vulnerable LGBTQ youth, focusing particularly on youth of color, youth in immigrant families, homeless youth, and youth who are court-involved. This initiative was funded at \$1,200,000 in FY 2019.

CHILDREN UNDER FIVE: \$2,000,000

This allocation funds community-based outpatient mental health clinics throughout the City that provide mental health treatment to children aged five years and younger. Mental health treatment activities may include, but are not limited to: screening and clinical evaluation; individual, small group, and child-parent psychotherapy; consultation to pediatricians, preschool teachers, and child welfare workers; and trauma-informed interventions. This initiative was funded at \$1,002,000 in FY2019.

AUTISM AWARENESS: \$4,000,000

This allocation supports wraparound services for autistic children in after-school and summer programs and during school closings. The programs may also provide forums or training seminars to teach coping skills to families and caregivers affected by autism. This initiative was funded at \$3,236,846 in FY 2019.

GERIATRIC MENTAL HEALTH: \$2,500,000

This funding supports organizations that provide a range of mental health services to older adults in "non-clinical settings," such as senior centers, drop-in centers, religious institutions, social clubs, homeless prevention programs, and individual homes. This initiative was funded at \$1,905,540 in FY2019.

DEVELOPMENTAL, PSYCHOLOGICAL AND BEHAVIORAL HEALTH: \$2,255,493

This initiative targets individuals in need of mental health care, particularly those with chemical dependencies, developmental disabilities and/or serious mental illness. The funding supports a range of programs and services that address the needs of those individuals as well as the needs of their families and caregivers. This initiative was funded at \$2,255,493 in FY2019.

OPIOID PREVENTION AND TREATMENT: \$2,000,000

This funding supports neighborhood-based prevention and treatment efforts around opioid abuse. This initiative was funded at \$2,000,000 in FY 2019.

For more information, please contact Amy Dorin at 212-742-1600 x102 or adorin@coalitionny.org.



**Fountain House Testimony Before the NYC Council
Committee on Mental Health, Disabilities and Addiction
March 26, 2019**

Good afternoon Chairperson Ayala and the distinguished members of this committee. On behalf of the members and staff of Fountain House, I thank you for the opportunity to testify at today's hearing. My name is Nicholas Becerra and I am the Director of Government Relations at Fountain House.

As many of you may know, Fountain House is a community-based mental health recovery center that offers access to comprehensive services for people with severe and persistent mental illness. Through our *Community System of Care*, which combines primary and psychiatric care with social interventions, PWSMI are not only connected to treatment, but also to tangible opportunities to live and thrive in mainstream society. Importantly, our model is, and continues to be, driven by people with serious mental illness themselves.

For over 70 years, we have served a segment of the mental health community considered by most to be beyond help - individuals with schizophrenia, bipolar disorder and major depression. Once joining our program, not only have these individuals sought treatment, but they have recovered and become contributing members of society. Our comprehensive approach proves to be a cost-efficient, culturally adaptable and evidence-based solution to a growing mental health crisis in our City. According to a recent research study by NYU, high-utilizers of Medicaid services have a 21% decrease in the total cost of care after enrolling in Fountain House.

When a Mayoral administration prioritizes the issue your organization has been addressing for 70 years, it's impossible not to feel hopeful. As an organization, we are grateful there has been a coordinated effort to re-think mental health policy in our city. Public dialogue is vital as we advance our thinking about how to support those with the most serious forms of mental illness. I think it's fair to say this initiative has moved the needle by encouraging those affected by mental illness to seek help—and I am here to tell you today that we have felt that impact.

Fountain House was not a funding recipient of ThriveNYC. However, since the initiative's launch in 2016, Fountain House in Hell's Kitchen and its Bronx affiliate have experienced an 82% increase in the number of applications made to our programs. This number is significantly higher than in previous years. We believe the awareness component of ThriveNYC has been a factor that contributed to this increase. In fact, membership at Fountain House Bronx has increased so steadily over the past three years that it's poised to soon reach its maximum

capacity of 200 people. To respond to this need, Fountain House is currently in the process of developing a larger Bronx site that may include a supported housing facility, which addresses another critical need of our population—more supportive housing for those who have experienced chronic homelessness. Our work in the Bronx is a great example of what's possible if the right investments are made. Comprehensive programs like Fountain House are not only addressing the mental health needs of the community but also help to address the issues of high incarceration, homelessness, re-hospitalization and poverty among our population.

We strongly believe it is time for ThriveNYC to expand and enhance its impact by supporting, partnering and learning from community-based mental health organizations serving those with serious mental illness. With support from City government, Fountain House and its affiliates are uniquely positioned to help build capacity of services for people with SMI in high-need areas. Only then can we effectively address the seemingly intractable social problems of homelessness, incarceration and excessive hospitalization that plague City government, drain our resources and damage the quality of life in our city. I thank you for your time and attention to this important matter.

Respectfully,

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About Fountain House

Fountain House empowers people with serious mental illness to live and thrive in society. Every day, hundreds of individuals with schizophrenia, bipolar disorder and major depression come to Fountain House to contribute their talents, learn new skills, access opportunities, and build friendships. Alongside staff, they operate award-winning social interventions in the areas of employment, education, wellness, and housing and work as partners to perform the functions that keep our community going.

Founded in 1948, Fountain House is the most widely replicated evidence-based approach for people living with mental illness in the world with over 300 model programs serving over 100,000 people throughout the US and in more than 30 countries.

Fountain House is the first mental health organization to receive the Conrad N. Hilton Humanitarian Prize, the largest and most prestigious recognition of humanitarian efforts.

www.fountainhouse.org



People Get Better With Us

Testimony of
Chris Copeland
Chief Operating Officer
ICL

at the Committee on Mental Health,
Disabilities and Addiction

New York City Council

March 26, 2019

Good afternoon, my name is Chris Copeland. I am Chief Operating Officer for ICL, the Institute for Community Living, one of New York's largest health care and housing organizations, providing support and treatment services to nearly 10,000 adults, children and families living with mental illness, substance use and developmental disabilities. For more than 30 years, ICL's innovative programs have been helping New Yorkers of all backgrounds achieve greater health and independence.

HOW WE HELP

One of the highest priorities for ICL has been the development of a "whole person" approach to wellness by applying principles of integrated care that bring together physical and behavioral health treatment. We address all aspects of a person's life experience and the long-term effects of social and economic conditions, in particular the impact of trauma. We bring this view to all of our work with staff receiving intensive trauma-focused training based on understanding the serious life histories of most of our clients.

We share with you and mental health leaders across New York City a commitment to bringing critical services to those most at risk, particularly the chronically homeless who are without family or community connection. At ICL, we don't turn anyone away -- we stay with each person on their journey to recovery.

ICL works in neighborhoods across New York City in more than 100 programs that offer treatment and case management services, supportive housing, mental health shelters and special teams to reach the most hard-to-reach. Many of our programs are done in partnership with or through the support of the New York City Department of Health and Mental Health.

Last September, DOHMH joined us at our opening of a beautiful new comprehensive health and behavioral health center with our medical services partner CHN. The East New York Health Hub brings under one roof outstanding primary and mental health care and vital connections to community resources. In just six months of operation, we've begun to see improvements in care for community members for whom high quality health care was never accessible or were forced to travel to far-flung parts of the city to get care.

I want to thank Councilwoman Ayala and this committee for giving us the opportunity to testify today. The challenges facing our city have never been greater. In a recent opinion piece in The Daily News, Dr. Oxiris Barbot described a city with nearly 4% of its population living with serious mental illness and that number is far higher given the exponential effect on families and loved ones.

While there is much work still to do to improve services and expand the reach of care, we can all take pride in the significant strides that have been made to address the needs of people living with serious mental illness; many in innovative programs created or supported by the City. We are grateful to be a partner in many of these initiatives and receive city funding for a wide range of mental health services for adults and children along the spectrum of mental illness and substance use.

Since deinstitutionalization of the mentally ill in the 1980s, New York City has long been at the forefront of services that reduce hospitalization, homelessness and incarceration, making significant investments in alternative treatment and preventive programs. I want to touch on a few of the important ways ICL is working with DOHMH to better serve people with severe challenges who -- with this kind of help -- are able to live productive, independent and fulfilling lives.

SUPPORTED HOUSING

ICL was founded in 1986 in the wake of deinstitutionalization. The agency opened its first residence in downtown Brooklyn for seriously mentally ill adults and today has expanded from those first 150 beds to enable over 2000 people to live in safe and secure housing, in 11 community residences and in hundreds of scattered site apartments as well as three shelters for people with mental illness and severe traumatic experiences including Borden Residence, the city's only shelter for homeless veterans.

We are grateful to the city for their support of our housing programs, especially apartments for specialized populations like substance users, a program we recently took over for the City. We see every day how high quality supportive housing keeps people out of the hospital and the ER and connected to community, to families, to employment and to a life that matters to them.

GROWTH OF NON-TRADITIONAL SERVICES

DOHMH has led the way in developing a number of promising alternatives to traditional treatment programs to bring care to those hardest to reach. Mobile treatment services allow us to literally meet people where there are – in hospitals and residences, in community centers, in schools, even on the street. Thanks to the City's support, last year ICL put Intensive Mobile Treatment teams in place in the Bronx, Brooklyn and Staten Island. As designed, these teams are reaching people who have had frequent contact with the mental health, criminal justice and homeless systems. Thanks to these programs, incarcerations and psychiatric emergency visits are all on the decline.

And ICL has become an active partner in a number of ThriveNYC initiatives aimed at bringing mental health services to where they are most needed and to fighting stigma around getting help. We've benefited from the support of Thrive's Community Partners in Caring initiatives including hosting Mental Health First Aid training for clergy. A core component of Thrive is preparing professionals and others working with people most at risk; we've been able to expand the reach of our mental health services by being a placement site for 15 Thrive NYC Mental Health Service Corps workers at our clinics. We're continuing to work with Thrive to enhance our collaborations with clergy to provide tools to help them serve as front line responders to congregants facing mental health challenges. This is a very promising initiative.

WORKING TOGETHER TO HELP CHILDREN

While we are best known for our work with adults with mental illness, ICL has increasingly become an important provider of services to children. We understand the need to bring health and mental health care as early as possible and help children overcome emotional and educational hurdles to ensure a more promising future.

We know untreated emotional issues can lead to school problems, greater strife in the family and the community, often leading to dropping out of school, getting more physical problems and increasing psychological distress. Funded by DOHMH, our highly regarded Brooklyn Family Resource Center uses a peer support model to bring support and real life understanding to families struggling with a child with a mental illness. For more than 20 years, FRC has been helping families navigate complex service systems and get their kids the help they need when they need it most. And having moved into our East New York Health Hub, FRC can now not only better serve families in this beautiful new space, these families also have access to the other services in the Hub including our mental health clinic and the outstanding primary care of our medical services partner, Community Healthcare Network.

We need to stress that we are challenged by city contracting that forces us to have to reapply for basic operational funding and that is a lengthy and difficult process. We urge the Council to approve baseline budgets with multi-year funding to allow programs to plan for ongoing needs. For example, while we were very grateful to secure \$249,000 in City funding for critical forensic housing in the Bronx, having to reapply each year prevents us from doing long-term planning for client services. The length of time and difficulty in contracting with the City delays essential services and comes with the constant fear of delayed payments

However, we are pleased to be able to work with the City Council and DOHMH to address the complexity of needs facing New Yorkers, particularly those living with serious mental illness. We have the tools to make a difference, to help people lead their most fulfilling lives and together fight stigma and reach those hardest to reach. We look forward to our continued work together.

Testimony of Housing Works
Before
The New York City Council Mental Health, Disability, and Addiction Committee

Regarding
Oversight Hearing on The Fiscal Year 2020 Preliminary Budget
March 26, 2019

Thank you, Chairperson Ayala and members of the Mental Health, Disability, and Addiction Committee, for hearing my testimony today. My name is Jose M. Rios and I am an Overdose Prevention Coordinator at Housing Works. Founded in 1990, we are the largest community-based HIV service organization in the United States, and provide a range of integrated services for low-income New Yorkers living with or at risk for HIV/AIDS—from housing, to medical and behavioral health care, job training, and harm reduction and overdose prevention services.

I'm here today to speak about my friend Deena, who has inspired my work as an overdose prevention coordinator. Deena was the butter to my bread and she was the breath to my soul. She was a close friend. I still vividly remember when I heard that Deena died of a heroin overdose in her uncle's bathroom and her body wasn't found for more than 6 hours. She was 35 and was the mother to five children.

I knew she was using opiates in pill form, but I didn't know she was consuming it in any other fashion. Deena's father had died around the same time she got out of prison and her tolerance for opioids had dropped while she was incarcerated, but she hadn't connected to any services to help her upon release. She had many people who loved her but that wasn't enough to stop her death.

At the time of Deena's death, I decided to train to use naloxone as an overdose prevention medication. I realized I can't do anything for Deena moving forward, but every overdose prevention training I do is in her memory. I served in the Army for eleven years and during the first Gulf War, I don't leave anyone behind and I go above and beyond to answer the call of duty. I always carry naloxone with me at all times.

I strongly support piloting Overdose Prevention Centers in NYC and I have followed that they are effective in Europe and other places. We do need to have these facilities in place so that people like me can be there on-site to reverse an overdose and save lives.

Greetings. My name is Ken Robinson and I am the Executive Director of Research for a Safer New York, Inc. Research for a Safer New York is a consortium of harm reduction providers and has been established to oversee a pilot research study in the form of the operation of Overdose Prevention Centers in New York City and State.

Overdose Prevention Centers, or OPCs, are facilities that allow people to consume pre-obtained drugs under the supervision of trained staff. They are designed to reduce the health and public order issues associated with public drug consumption. OPCs are also called Supervised Consumption Sites, Safe or Supervised Injection Sites, and Drug Consumption Sites.

Overdose Prevention Centers first emerged in the Netherlands in the 1970s. Today, there are approximately 120 OPCs operating in at least ten countries around the world, but there are none in the United States. OPCs can play a vital role as part of a larger public health approach to drug policy. They provide a healthcare intervention and are intended to complement – not replace – existing prevention, harm reduction, and treatment interventions.

Some of the benefits of OPCs are:

- Successfully managing on-site overdoses and reducing drug-related overdose deaths
- Saving costs due to reduction in disease, overdose deaths, and need for emergency medical services
- Reducing public disorder and public injecting while increasing public safety
- Increasing entry into substance use treatment
- Reducing the amount and frequency that clients use drugs
- Reducing HIV and Hepatitis C risk behavior, such as syringe sharing and unsafe sex
- Increasing the delivery of life-saving medical and social services

I am here to ask for \$2 million in City Council Discretionary Funding. As you all know, we are in the throes of an opioid-induced public health emergency. Over 70,000 Americans died of opioid overdoses in 2017. This is more than car crashes, HIV, and gun deaths combined. For the same year, the NYC DOH&MH reported 1,487 overdose deaths. During the 1st quarter of 2018, according to DOHMH, there were 360 confirmed overdose deaths. If that trend continued, NYC is on-track for approximately 1,440 deaths in 2018. It should be noted that some parts of NYC have overdose death rates that are among the highest in the State.

Honorable City Council Members, I implore you to fund this vital 2-year pilot research project with \$2 million in discretionary funding. We have worked very hard to have the pilot study authorized by NY State. As a matter of fact, since I started in my new position approximately two months ago, I have spent about half my time in Albany, lobbying for the authorization of the pilot research study. We have great support in Albany in both the Assembly and Senate, and we are confident that we are on the verge of authorization. We will not start any activities that could be considered illegal until we have authorization, so there will not be an issue of city funds being used for illegal activities pursuant to federal law. It is imperative that we have funds available, once authorization is granted, to immediately start building the infrastructure for this lifesaving work. For every week, every day, and every hour that goes by without Overdose Prevention Centers, we pay the price in human lives. Ultimately, that is what this is about – saving human lives. Thank you.



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

**Preliminary Budget Hearing
March 26, 2019**

Presented by Alan Ross, Executive Director

My name is Alan Ross and on behalf of Samaritans—the community-based organization that has operated NYC’s 24-hour suicide hotline for over 35 years—I want to thank the NYC Council Committee on Mental Health, Disabilities, and Addiction, and its Chair, Diana Ayala, for the opportunity to speak today.

It is said that a society can be judged by how it responds to its most vulnerable members. Suicide is a barometer of our society. It tells us the quality of our lives, how we cope with problems and how we help those in need.

That suicide and self-harming behavior—which touch people of every age, race, culture, sexual identity and economic standing—continue to be on the rise, is a chilling fact that should alarm all of us here today.

Samaritans is part of the world’s oldest and largest suicide prevention network; the organization that created the first suicide hotline over 65 years ago and has over 400 centers in 42 countries. Over that time, a period where we have responded to tens of millions of calls, worked with the World Health Organization, the US Surgeon General, SAMHSA, NIMH and numerous government agencies, we’ve learned a few things.

First, anyone who tells you they have the answer to preventing suicide, doesn’t know what they are talking about. For no matter the research, the government programs, the education and training, suicide has continued to rise for more than 10 years in this country as well as New York.

Second, bigger is not always better, new is not always improved, and if every time there is an election we tear down what has been there before, we're never going to get very far.

Third, and most important, people in distress will seek help from someone they trust, in a manner they feel comfortable, you can't dictate their behavior.

With that in mind, Samaritans—which has answered tens of millions of calls from people in crisis from all over the world—has a few principles we live by.

- Have great respect for that which you do not know.
- When responding to a person in crisis, it's not about you.
- You don't solve other people's problems for them, it's hard enough to handle your own. You don't save another person's life; you help them get through a moment.

People who are depressed and suicidal are not problems to be solved, they are not mysteries to be unraveled. Every one of us can be faced with more than we can handle at any point in our lives, and depression and suicide can be the result.

THE US Air Force Suicide Prevention program presents us with the most effective blueprint in preventing suicide, utilizing a combination of community, clinical, faith-based and humanistic approaches to provide as many points of access for care, as possible.

The implementation of, what we refer to as this *caring community* approach, resulted in a 33% reduction in suicide, a 51% reduction in homicide, an 18% reduction in accidental death and a 54% decrease in severe family violence.

Resultingly, NYC's community-based organizations must be an essential element of our response to this city's suicide epidemic as we move forward.

But, unfortunately, when the Mayor launched *Thrive*--though he promised *to enhance all existing programs mental health programs*—many of the city's longest-running crisis

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response services working on the front lines of our diverse cultural communities saw their budgets drastically reduced.

Samaritans hotline is a good example (the *Coalition for Behavioral Health* will be happy to give you more). With the launch of *Thrive*, Samaritans DOHMH hotline budget was cut by 85%, resulting in our going from responding to 89,000 calls four years ago to just 75,000 today. And that is not because people are choosing other services, but a lack of funding and resources to keep up with demand.

We are indebted to the City Council for keeping the city's only completely confidential suicide hotline in operation. We wouldn't be here without you. Yet, even with your support, every year we fall further behind. Because, as you know, even with the \$297,000 hotline restoration, with labor, health benefits and all operating costs increasing, every year we have less to work with, and the state does not provide COLA for the funds the Council provides. This means over the past four years our costs have increased over \$75,000, while our funding remained static.

This is not strengthening the city's safety net, this is not providing *more points of access* for those seeking help—significant because SAMHSA reports as many as 60% of those who need mental health services never receive them—but less.

Please continue to provide Samaritans hotline restoration and consider our request for a \$50,000 enhancement to help us meet the increased needs of New Yorkers in distress.

Samaritans and other important community-based programs are an essential element of this city's *caring community* and we need your support.

Thank you.

Alan Ross
Executive Director

Samaritans

SUICIDE PREVENTION CENTER

Increase Access to Care for the Growing Number of New Yorkers Who Are Depressed and Suicidal and Don't Receive the Help They Need!

Support Samaritans FY20 Speaker/Citywide Suicide Prevention Hotline (#68719) Restoration of \$297,000 and \$50,000 Enhancement. *Save Lives and Save Money!*

A Real Gap Exists—In spite of major increases in government health programs (such as *Thrive*), there are still significant gaps in the kind and quality of support services available to many New Yorkers that are depressed and suicidal. This is especially true for minorities, those living in poverty, those most impacted by stigma (elderly, LGBTQ, struggling with mental illness or substance abuse, victims, immigrants), veterans and adolescents.

Providing Consumers with Options—Every year 1 in 5 New Yorkers experience a mental disorder and as many as 60% never receive care. These unaddressed mental health issues destroy lives and families and cost NYS over \$1.8 billion. Evaluations of effective prevention programs reveal more people access help when they have choices they are comfortable with, that make them feel safe/secure. Most services available in NYC operate under one government-run umbrella and are tied to a pre-determined network, which reduces consumer options.

The Need for Alternatives is Clear—Suicide has increased in NYC for the past four years, as has self-harming behavior, putting ever-increasing demands on NYC's costly clinical, medical and crisis response services. Prevention means getting to people before there is a crisis, providing support, before tragedy strikes. That's the unique role Samaritans completely confidential 24-hour suicide hotline provides to New Yorkers in need.

Benefits to the Community—Samaritans availability at any point during a person's crisis, often many times a day, helps to alleviate emotional distress and diffuse a self-destructive or violent episode. Responding to 75,000 calls a year, the hotline reduces work loss and medical costs tied to suicide and depression and the amount of times expensive clinical/emergency services are utilized, by providing consumers with support as they *transition* from in-patient to outpatient care, are discharged from ER's, need a *bridge* while seeking help or between office visits.

Saving Lives for 35 years—Since 1983 Samaritans has been providing: immediate and ongoing support to those in distress; a path to healing for those touched by suicide; effective crisis intervention trainings for health providers; an essential alternative to clinical/government-run programs for the underserved, untreated and those impacted by stigma. Over that time, we responded to 1.3 million calls from those in distress, trained 40,000 health providers and provided solace to thousands of New Yorkers who lost a loved one to suicide.

Caring Volunteers Make All the Difference—Research has shown that well-trained hotline volunteers are more effective than their clinical counterparts. Samaritans hotline is staffed by 100 volunteers from NYC's culturally diverse communities who donate over 30,000 hours of free labor a year (worth \$850,000); and are empathetic, non-judgmental, trained in active listening and respond to a caller on their own level.

Need for Enhancement—As all business costs continue to skyrocket, especially labor and health insurance, Samaritans is forced to try to meet the increased demand on the hotline with the same funding, which is becoming almost impossible. This is mostly due to an almost 100% increase in the minimum wage over the past three years (increasing our PS budget line by \$32,000) and that we only receive COLA on 14% of our hotline contract, since the \$297,000 restoration the Council has graciously provided each year *does not qualify for those increases*.

The NYC Council has been the primary funder of Samaritans Hotline since 2012. By restoring our \$297,000 hotline funding for FY 2020 and providing a much-needed \$50,000 enhancement to cover increased costs, the Council provides the resources necessary to maintain this essential safety net for New Yorkers in crisis.

NEED TO ENHANCE SUICIDE PREVENTION SERVICES IN NYC

SAMARITANS SUICIDE PREVENTION CENTER NYC

"My own research on the effect of telephone help lines concur with over 50 years of past studies that have found that in the area of suicide prevention volunteers do a better job than professionals."

Brian L. Mishara, Ph.D., Director, CRISE, Psychology Department, University of Quebec

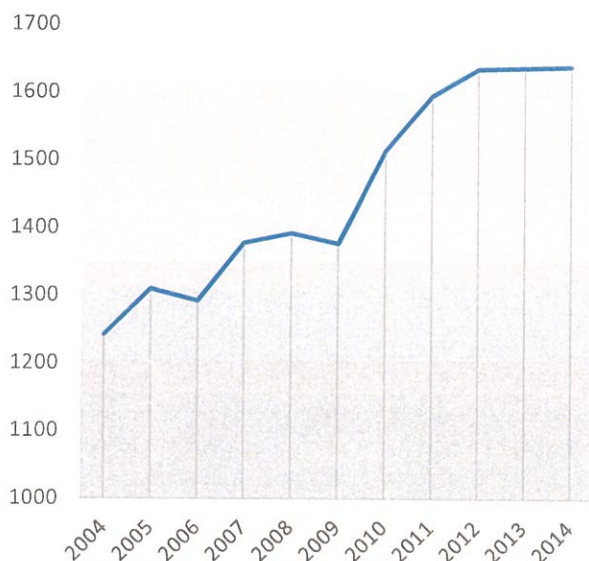
"The reality is that the Samaritans of New York is responsible for the advancement of suicide prevention at the [Department of Education] and for making it a priority for ongoing professional development and training."

Joshua Marquez, Citywide Coordinator, Child Abuse and Neglect, NYC Department of Education

"the Samaritans of New York provides a unique and unduplicated service. The hotline receives calls from individuals who, for a variety of reasons, often do not seek help from traditional mental health services."

Robert Gebbia, Executive Director, American Foundation for Suicide Prevention

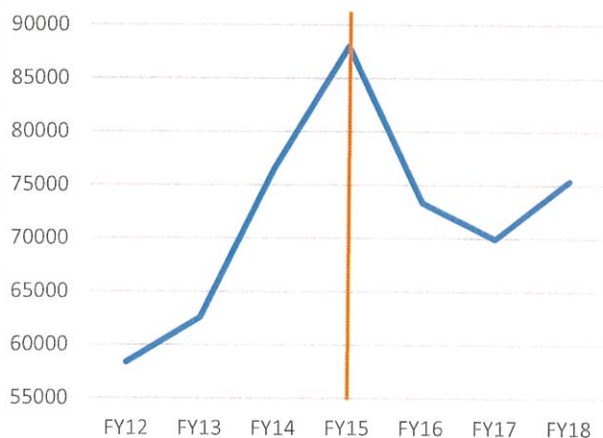
**Deaths by Suicide in NYS
2004-2014**



**2015-2016 Increases in Suicides
(NYC, Rest of NYS and Statewide)**

	2015	2016	% Increase
NYC	482	518	+7.5%
Rest of NYS	1,143	1,153	+0.9%
Statewide Total	1625	1,671	+2.8%

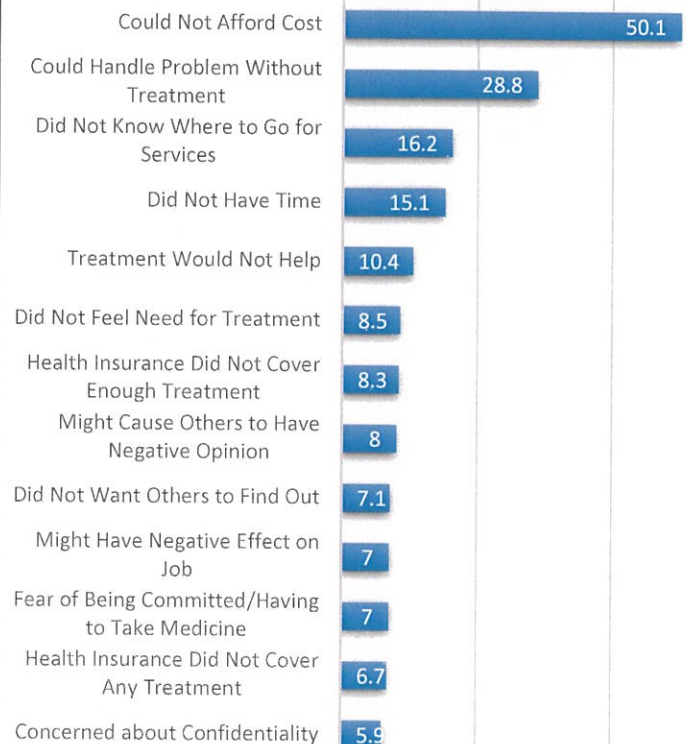
**Calls to Samaritans Hotline
by Fiscal Year**



*Line indicates 85% reduction in Samaritans funding

**Reasons for Not Receiving Mental Health
Services in the Past Year among Adults (18+)
with an Unmet Need For Mental Health Care
Who Did Not Receive Services**

Taken from SAMSHA, 2011



Percent among Adults Who Did Not
Receive Mental Health Care

The United States Air Force Suicide Prevention Program



U.S. AIR FORCE

The United States Air Force Suicide Prevention Program (AFSPP) is a population-oriented approach to reducing the risk of suicide. The Air Force implemented 11 initiatives aimed at strengthening social support, promoting development of social skills, and changing policies and norms to encourage effective help-seeking behaviors.

Multicomponent Interventions: There is no single cause for suicide. Suicide is a complex act arrived at through multiple pathways, factors and causes. Research shows that suicide prevention interventions employing multiple strategies are particularly effective in reducing suicide rates. The United States Air Forces Suicide Prevention Program, which utilizes the multicomponent intervention model, was shown to be very effective in preventing suicide in the Air Force

AFSPP's 11 initiatives include: 1) Leadership Involvement, 2) Addressing Suicide Prevention in Professional Military Education, 3) Guidelines for Commanders on Use of Mental Health Services, 4) Community Preventive Services, 5) Community Education and Training, 6) Investigative Interview Policy, 7) Trauma Stress Response, 8) Integrated Delivery System (IDS) and Community Action Information Board (CAIB), 9) Limited Privilege Suicide Prevention Program, 10) IDS Consultation Assessment Tool, and 11) Suicide Event Surveillance System

Outcomes: A cohort of active-duty U.S. Air Force personnel exposed to the intervention between 1997 and 2002 was compared to a cohort not exposed between 1990 and 1996. The intervention cohort experienced risk reductions in the following areas when compared to the control cohort (Knox, 2003):

- 33% reduction for suicide
- 51% reduction for homicide
- 18% reduction for accidental death
- 54% reduction for severe family violence
- 30% reduction for moderate family violence

A follow-up study assessed the AFSPP's impact on suicide rates from 1981 through 2008, providing 16 years of data before the program's 1997 launch and 11 years of data after launch. Implementation of program components was measured at 2 points in time: during a 2004 increase in suicide rates, and 2 years afterward. Suicide rates in the Air Force were significantly lower after the AFSPP was launched than before, except during 2004. The study determined that the program was being implemented less rigorously in 2004 (Knox et al., 2010).

For more information, go to: <https://www.airforcemedicine.af.mil/SuicidePrevention/>

Knox, K. L., Litts, D. A., Talcott, G. W., Feig, J. C., & Caine, E. D. (2003). Risk of suicide and related adverse outcomes after exposure to a suicide prevention programme in the US Air Force: cohort study. *Bmj*, 327(7428), 1376. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/14670880/>

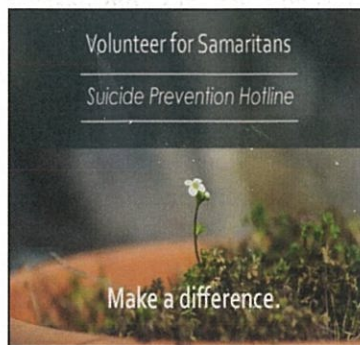
Knox, K. L., Pflanz, S., Talcott, G. W., Campise, R. L., Lavigne, J. E., Bajorska, A., ... Caine, E. D. (2010). The US Air Force Suicide Prevention Program: Implications for Public Health Policy. *American Journal of Public Health*, 100(12), 2457–2463. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2978162/>



Advancing Our Mission to Prevent Suicide & Save Lives 2018

In 2018 Samaritans made great strides in advancing our mission to alleviate suffering, prevent suicide and save lives by providing: immediate and ongoing support to those in distress; a path to healing for those touched by suicide; training in effective crisis interventions for health providers; caring, confidential alternatives to clinical/government-run programs for the underserved, untreated and those most impacted by stigma. Highlights include:

Samaritans 24-Hour Suicide Prevention Hotline Responds to 75,000 Calls



With suicide in the news so much this past year, demand on the city's only completely confidential suicide hotline—the only 24-hour crisis service in NYC staffed entirely by volunteers—continued to increase in 2018, with our caring hotline staff responding to 5,000 more calls than the previous year.

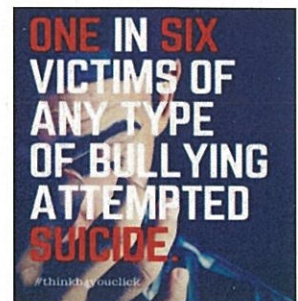
Often the first place people call when they are in distress or are concerned about a friend or loved one, Samaritans hotline continues to provide a *safe* alternative to clinical services for those who are resistant to seeking help, wish to remain anonymous and/or are hesitant to access support; while maintaining the most cost-effective service in town with our 100 volunteers donating over 30,000 hours of their time, equal to \$750,000 in free labor.

World Suicide Prevention Day: 'Suicide Prevention Is Everybody's Business'

Suicide causes more deaths worldwide than warfare, according to the World Health Organization, which is why Samaritans and the Coalition for Behavioral Health co-sponsored a rally on the steps of City Hall in honor of World Suicide Prevention Day on Monday, September 10. Emphasizing that *Suicide Prevention is Everybody's Business*, Samaritans and the Coalition were joined by NYC Councilmember Stephen Levin, National Association of Mental Illness, Gay Men's Health Crisis, Hamilton Madison House (Asian community), Comunilife (young Latinas), STOMP Out Bullying, UFT and others to bring attention to a growing public health problem that touches people of every age, race, culture, sexual identity, socioeconomic standing, religious and political belief.

Anti-Bullying Partnership for Prevention of Violence and Suicide

Samaritans was honored to join Kings County District Attorney's Office, NYPD, NYC Commission on Human Rights, Thrive NYC, Interfaith Medical Center, NYC Councilman Robert E. Cornegy, Jr. and others on *The Anti-Bullying Partnership to Prevent Violence and Suicide*, a coalition of City and nonprofit agencies working in Bedford-Stuyvesant to increase parents' awareness of the role social media plays in teen violence. Samaritans contribution included knowledge and expertise in developing successful public education, awareness and community outreach programs, suicide prevention trainings, accessing life-saving resources.

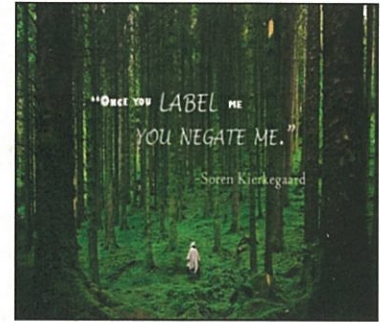


Demand for 'Postvention' and Suicide Survivor Support Increases Dramatically

The number of schools, agencies and individuals seeking "postvention" (*after a suicide*) support services increased dramatically in 2018, reflecting the ongoing increase in suicides across the country. The high-profile suicides of Kate Spade and Anthony Bourdain brought increased attention to the impact of losing a loved one to suicide on millions of people from every walk of life as well as their pressing need for support while they try to cope with their loss. Samaritans experienced record numbers of people seeking that support at our monthly *Safe Place suicide survivor* meetings, with close to 400 people (over 100 of them for the first time) in attendance. To learn more about Samaritans Safe Place suicide survivor support groups, go to: samaritansnyc.org and click on the "program" button.

Helping or Hurting? The Media's Impact in Reporting Mental Health ***with NYU Arthur L. Carter Journalism Institute and SAMHSA Action Alliance***

Research shows *certain types of media coverage can increase the likelihood of suicide in vulnerable individuals*, especially when those reports detail methodology, use graphic descriptions, romanticize or glamorize the person who died—all of which can exacerbate the self-destructive impulses in any individual experiencing psychological problems. The *Helping or Hurting?* symposium sought to enhance students and media professional awareness on the impact their writing and depiction of those experiencing mental health problems and self-destructive behavior has in advancing stigma. Experts from *Annenberg Public Policy Center, Rosalyn Carter Fellowship for Mental Health, New York Daily News, Politico, ESPN and WNYC* participated.



Samaritans Meet with School Counselors to Share Best Practices & Resources

The latest *CDC Youth Risk Behavior Survey* reports that 18% of NYC public high school students *considered suicide* during the previous year and that over 8% (approximately 25,000 students) actually attempted suicide. Recognizing the tremendous pressure this puts on school guidance counselors and social workers and how hard it is with all the demands on their time to stay current with *the literature* tied to the latest suicide prevention research, best practices and new resources (e.g., assessing risk in children; impact of opioid epidemic on family members; how to access up-to-date crisis, text and chat services, etc.), Samaritans public education associates personally visited over 200 public schools in 2018, reviewing this information with their front-line staff.

Meeting the Needs of NYC's Families Coping with Mental Health ***with NYC Department of Education and Hassenfeld Children's Hospital at NYU Langone***



Based on the feedback we received from student support personnel at the *NYC Department of Education* (1.2 million students, 1,600 schools) regarding documented increases in psychological disorders and self-harming behavior among students, Samaritans provided 850 guidance counselors, psychologists, social workers with a series of four all-day professional development trainings that addressed these concerns. *Meeting the Needs of NYC's Children & Families Mental Health* provided attendees with the latest findings on self-harming behaviors and psychological disorders in youth and strategies that have proved effective working with their families. Held citywide, in partnership with clinical staff from *Hassenfeld Children's Hospital at NYU Langone*.

Charter School Nurses Need Suicide Prevention Training Too!

Responding to a request to provide over 100 NYC Charter School nurses with the same benefits derived from attending Samaritans suicide prevention professional development trainings as their DOE public school student support personnel counterparts, Samaritans presented a specially tailored program to meet their specific needs. *Responding to People Who Are Depressed and Suicidal* provided Non-Public/Charter School Nurses with an overview of suicide as a public health problem, how stigma can cause individuals resistance to seeking help, the keys to determining risk, assessing suicide ideation and accessing important resources and community referrals.

Friends of Samaritans Gather to Fight Stigma and Make 6th Annual Walkathon a Huge Success

With the goal of countering the stigma attached to mental health, which prevents so many people who are experiencing emotional and behavioral problems from getting help, Samaritans current and former volunteers, board members, staff, survivors of suicide loss and others concerned about this issue gathered on a beautiful September day to raise over \$40,000 in needed funds in support of Samaritans hotline, public education and survivor programs.



To learn more about Samaritans programs and services go to: www.samaritansnyc.org or call 212-677-3009

STATEMENTS IN SUPPORT OF SAMARITANS SUICIDE PREVENTION SERVICES

“It's just like a miracle. It's who you are. I don't know how you people are able to do this. The difference it makes when you pick up the phone. You don't know how much it helps.”

Samaritans Hotline Caller, anonymous “thank you” note

“It was like the turmoil of an ocean inside me and my mind was dissolving into it. In the middle of the night when I didn't have anyone to talk with, you were there for me... Thank you for being the bridge in the middle of the night.”

Samaritans Hotline Caller, anonymous “thank you” note

“It is essential that distressed individuals have access to immediate support the moment they call a hotline, 24 hours a day, seven days a week. Samaritans provides this service to callers who are actively in distress and may be suicidal. Furthermore, the hotline provides a caring, non-judgmental volunteer from the community who is trained in active listening and suicide risk assessments, two best practices in suicide prevention which are crucial to saving lives.

“In these tough times, the need for a broad-based humanistic safety net for all New Yorkers, especially one that has proved as effective as Samaritans is not something the City can or should do without.”

Monica M. Matthieu, Ph.D., LCSW, Washington University, St. Louis VA Medical Center

“For many, calling a hotline is how they get through tough times. When the office of a therapist or counselor is closed and a crisis occurs, having access to trained volunteers is a vital link for those in need. For those without health insurance, the services of a hotline are critical. Knowing what is available in the community, how to navigate complicated systems and having a caring listener to help pass crisis moments is what hotlines are all about.

“The services Samaritans of NYC volunteers provide meet the vital needs of callers and are in no way duplicative. They are in fact quite unique. The availability, compassion and expertise provided by the volunteers at any time of day for those in crisis are what this organization is all about. ...No matter where you travel around the world, a name held in high regard is the name of Samaritans.”

Jerry Reed, Ph.D., MSW, Director, Suicide Prevention Resource Center, SAMHSA

“I must stress my dismay at the complete removal of funding from the Samaritans confidential crisis hotline. Should this funding be withdrawn, you will remove a safety net that serves people who are trying to cope with every kind of physical illness, mental illness, personal problem, social stigma, cultural bias and job-related fear that makes most people who need help during their time of distress even more hesitant to seek help.”

New York State Assemblyman Felix Ortiz, Chair of Mental Health, Assembly District 51

“My own research on the effect of telephone help lines concur with over 50 years of past studies that have found that in the area of suicide prevention volunteers do a better job than professionals. ...[If] people are no longer able to contact Samaritans, they will use other more costly services such as hospital emergency room visits and, since a great many are contemplating suicide, they will receive expensive services from the trauma response and rescue teams, ambulances and hospital visits.”

Brian L. Mishara, Ph.D., Director, CRISE, Psychology Department, University of Quebec

“The reality is that the Samaritans of New York is responsible for the advancement of suicide prevention at the [Department of Education] and for making it a priority for ongoing professional development and training. ... It is not an exaggeration, not an embellishment to say that your work has helped save the lives NYC students and prevented difficult situations with at risk youth from escalating.”

Joshua Marquez, Citywide Coordinator, Child Abuse and Neglect, NYC Department of Education

"In the nine years the department has been working with Samaritans, you have made great strides in addressing the needs of those New Yorkers at risk of suicide. Samaritans works around the clock to maintain the city's only 24-hour suicide prevention hotline... a life-saving link for our citizens who are struggling with pain and despair."

Luis R. Marcos, M.D., (former) Commissioner, NYC Department of Mental Health

"During my tenure as Chairman of the State Senate Mental Hygiene & Addiction Control Committee, I became acutely aware of the need for suicide prevention and crisis intervention services across a wide range of age groups. he Samaritans provide these services in a cost-effective and efficient manner. It is a massive undertaking and provides a vitally needed service to the residents of New York City."

Frank Padavan, New York State Senator, 11th District

"...the Samaritans of New York provides a unique and unduplicated service.... he hotline is staffed by highly trained and dedicated volunteers and receives calls from, individuals who, for a variety of reasons, often do not seek help from traditional mental health services...."

Robert Gebbia, Executive Director, American Foundation for Suicide Prevention

"People of color are the least likely to seek professional help for mental disorders and are less likely to stay in treatment because of the general attitude that mental illness is a sign of weakness. here is a large number of untreated mental illness among minorities and having access to a crisis hotline will help neutralize suicidal crises that generally develop from untreated mental illnesses."

Donna Barnes, Ph.D., President, National Organization for People of Color Against Suicide

" he Samaritans phone number is regularly given out to clients of social service agencies and mental health sites as the number to call if clients need someone to talk with in the middle of the night, over holidays, on weekends—the times when professional offices are closed."

Risa Breckman, LCSW, Gerontology Program, Weill College of Medicine, Cornell University

" he services that Samaritans provide are helpful to agencies like GMHC because they give us useful expert knowledge that improves the quality of many New Yorkers who are struggling with mental health issues. Additionally, the 24-hour helpline at he Samaritans is a critical resource for clients in need of assistance/support during hours when the agency is closed or when clinicians are out of the office."

Larry Woodland, LCSW, Associate Director, Gay Men's Health Crisis

" heir services are so necessary. hey are known around the world for their hotline work and the emotional support services they provide. In addition to helping New Yorkers who are suicidal, they help organizations like ours learn the keys to effective crisis response, prevention and training."

Ross Ellis, Founder and Chief Executive Officer, Love Our Children USA, STOMP Out Bullying

"Your training--"Suicide in the Elderly: Risk, Response and Agency Protocols" for case management directors and supervisors--has significantly expanded the Department for the Aging's suicide prevention education capacity. ...In addition to the training, the Samaritans have helped the Department develop a more comprehensive approach and response to suicide prevention education and intervention by assisting in the development of agency protocols and procedures in response to suicide."

Lilliam Barrios-Paoli, Commissioner, NYC Department for the Aging

"Your assembly this morning was terrific.... Early adolescents are a hard group to make contact with on such a sensitive topic, but you eased them toward it with a nice mixture of authority and informality. he number and kind of the questions... indicated that they took seriously the subject of distress and how to keep it from being self-destructive."

Kingsley Ervin, Headmaster, Grace Church School

"...a very special thanks and gratitude to [Samaritans] who have helped me navigate my way through the shock, grief and powerful sadness surrounding my brother's suicide. I can't even begin to explain how much your listening, guidance and level of commitment, no matter what, has meant to me. Safe Place continues to be the single most healing place for me to be when the grief or sadness over my brother's death unexpectedly returns. I will forever be grateful for that."

Safe Place Suicide Survivor Group Participant



Working Towards a Caring Community

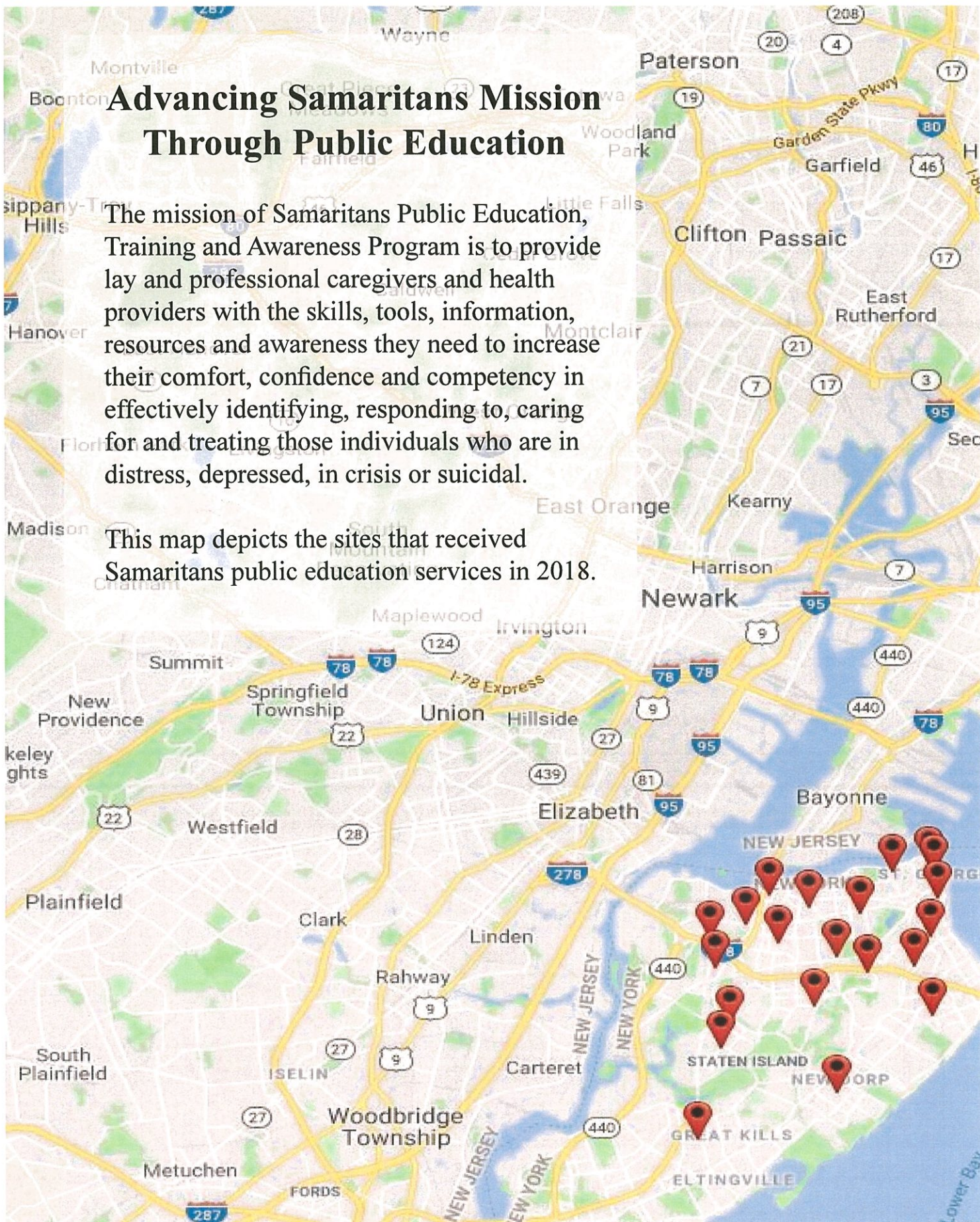
**Suicide Prevention & Awareness
Public Education Project**

**Borough & District Sites
New York City Council FY2018**

Advancing Samaritans Mission Through Public Education

The mission of Samaritans Public Education, Training and Awareness Program is to provide lay and professional caregivers and health providers with the skills, tools, information, resources and awareness they need to increase their comfort, confidence and competency in effectively identifying, responding to, caring for and treating those individuals who are in distress, depressed, in crisis or suicidal.

This map depicts the sites that received Samaritans public education services in 2018.





Samaritans Role in Preventing Suicide

Samaritans Suicide Prevention Center operates the NYC-Metropolitan area's longest-running suicide prevention public education and awareness program; providing education and training for those who care for, respond to and treat individuals who are experiencing depression, distress, trauma, substance abuse, self-harming and suicidal behavior.

For over 35 years, Samaritans prevention and awareness presentations, workshops, conferences, professional development trainings and technical support consultations have provided lay and professional health care providers working on the front lines and behind the scenes with the skills, tools, information and resources they need to effectively identify, respond to, care for, and treat at-risk individuals and populations from NYC's diverse communities.

Samaritans utilizes the knowledge and expertise of noted educators, clinical researchers, epidemiologists, practitioners and others in the development and implementation of our workshops and training programs, including those from the NYC Department of Education, Ackerman Institute for the Family, Hamilton Madison House, NDRI-USA's Training Institute, Anita Saltz Institute for Anxiety & Mood Disorders, Hassenfeld Children's Hospital at NYU Langone, NYS Psychiatric Institute Center for Practice Innovations and others.



*Helping New Yorkers
in distress,
and saving lives,
one at a time.*

“Caring Community” Suicide Prevention & Awareness Public Education Project

This project provided suicide prevention and awareness education, training, coalition-building and technical support for schools, non-profit organizations, government agencies and neighborhood groups that serve at-risk populations in NYC’s multi-cultural communities.

Target Population of Services Provided:

The project served students, parents, teachers, social workers, guidance counselors, psychologists, case managers and other lay and professional health care providers and advocates working in NYC schools, government, non-profit and other community settings as well as students and professionals working in communications, journalism and social media involved in reporting of issues tied to mental health.

Overview of Program Outcomes:

Samaritans provided suicide prevention and awareness education, training, and coalition-building to 1,731 individuals including:

1,263 *teachers, social workers, guidance counselors, psychologists, case managers and other lay and professional health care providers trained*

712 *unique New York City schools served*

351 *health care providers, advocates, as well as professionals working in communications, journalism and social media, and members of the public trained*

132 *community based organizations, government agencies, universities and other entities served*

117 *students from NYC schools, colleges and universities educated*

Program Components

Suicide Prevention Planning, Best Practices and Resource Site Consultations

28 individual on-site consultations with a key school or agency staff member addressing the issues and challenges that each site faced in responding to (mostly) at-risk youth, including examples of current research, best practices, guidelines and how to access needed resources.

Community Suicide Prevention and Awareness Trainings and Presentations

Workshops and presentations adapted to audience/site (student health classes, faculty meetings, parent groups, etc.) provided an overview of the keys to suicide prevention, understanding the impact of stigma, identifying risk factors, assessing suicide ideation, accessing resources, responding to the aftermath of a suicide.

Meeting the Needs of NYC's Children & Families Mental Health & Emotional Support

Suicide prevention professional development conferences in all five boroughs training DOE student support personnel and other health providers in identifying, treating and responding to self-harming and suicidal behavior, accessing resources and working with family members of those who are at-risk.

The Anti-Bullying Partnership for Prevention of Violence & Suicide

Ongoing collaboration with City Council, community and government bodies with Samaritans providing knowledge and experience in developing community outreach programs, suicide prevention education, accessing resources, etc.

Helping or Hurting? The Media's Impact in Reporting Mental Health

A citywide symposium attended by students of media and professionals working in print, broadcast, social media, etc. examining how media reports and depictions of suicide and individuals with mental health problems can affect those at-risk and enhance stigma. This symposium included research into the positive and negative impact of media coverage and utilizing “best practices”.

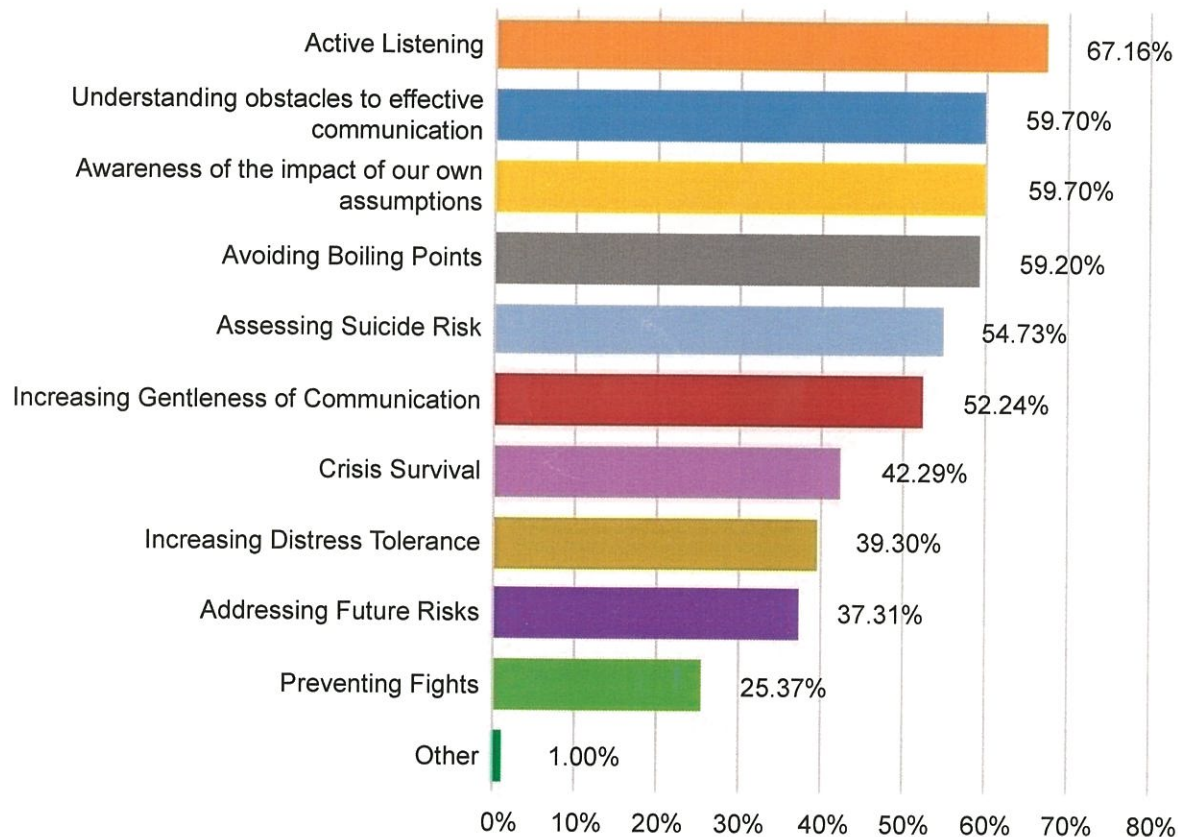
Non-Public/Charter School Nurses Suicide Prevention Training

A citywide training for NYC Office of School Health staff who had not participated in Samaritans previous NYC DOE trainings. This training provided key elements of the “Meeting the Needs of NYC’s Children and Families Mental and Emotional Support” workshop (identifying health and behavioral disorders, understanding self-harming behavior, etc.) as well as an overview of stigma, risk factors, assessing suicide ideation, accessing resources, etc.

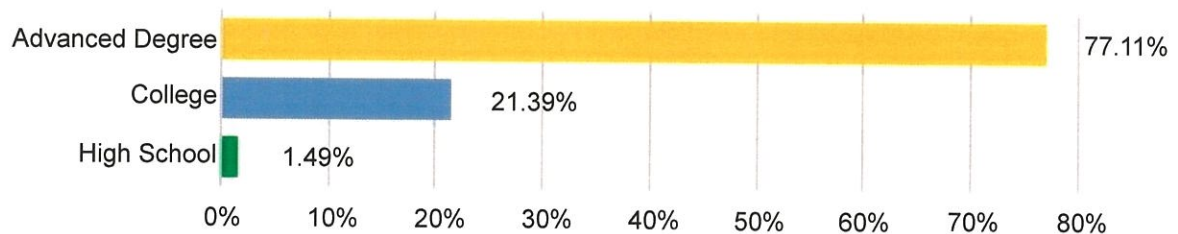
Meeting the Needs of NYC's Children & Families Mental Health & Emotional Support Survey, 2018

A survey of 205 participants who attended Samaritans' "Meeting the Needs of NYC's Children & Families Mental Health & Emotional Support" workshop, an all-day professional development training demonstrates the importance of providing suicide prevention training to community-based caregivers and health providers. 77% of participants hold an advanced degree, and still report valuable gains in key skills required for effective crisis management.

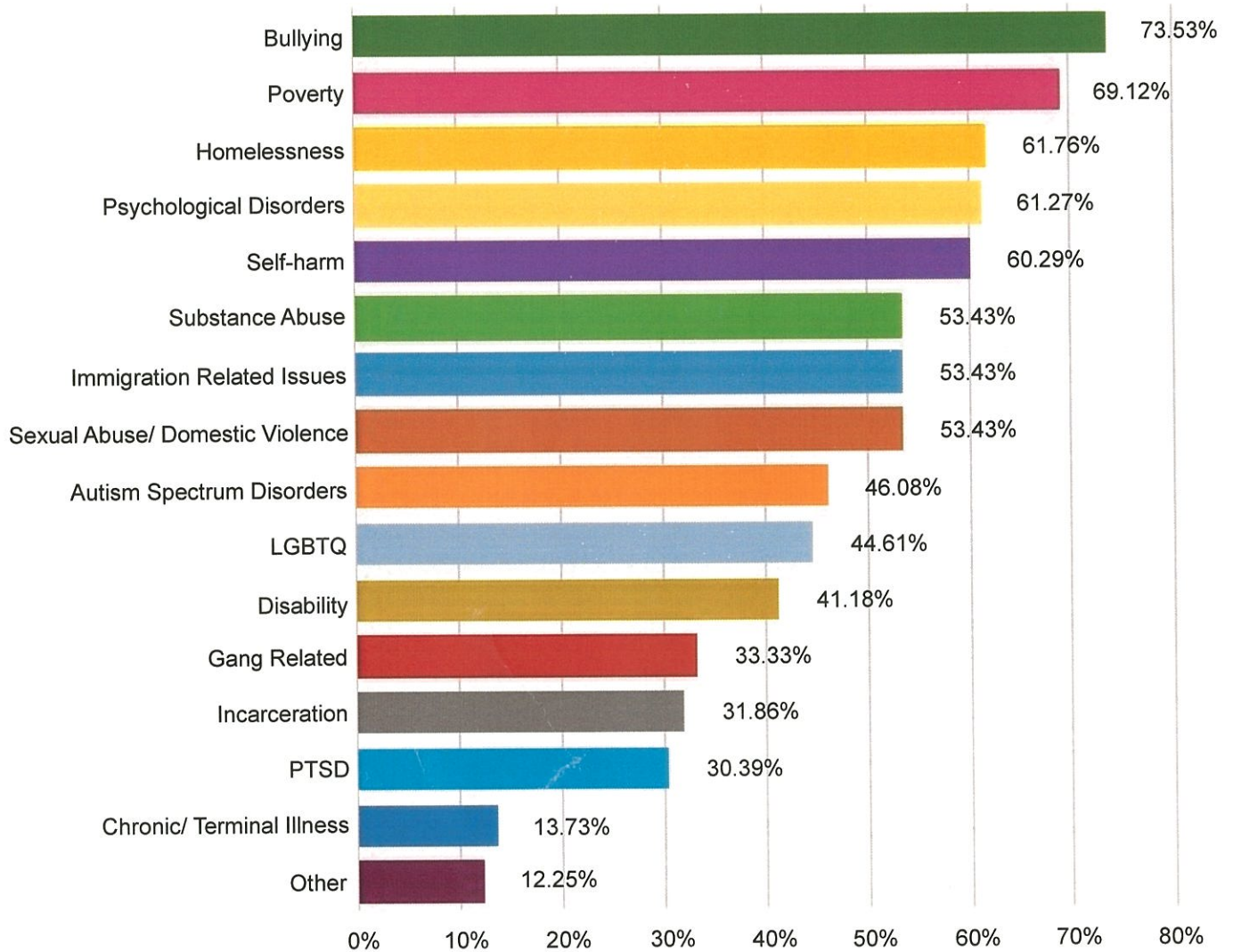
Participants reported increase in understanding of brief interventions and skills



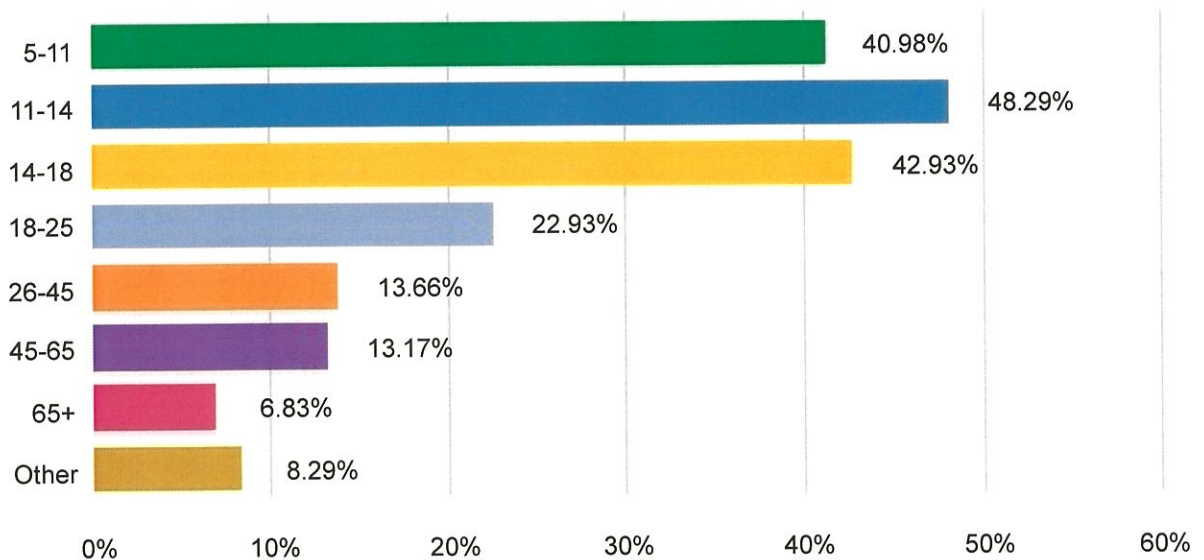
Participants Level of Education



Areas of concern for the populations served by participants



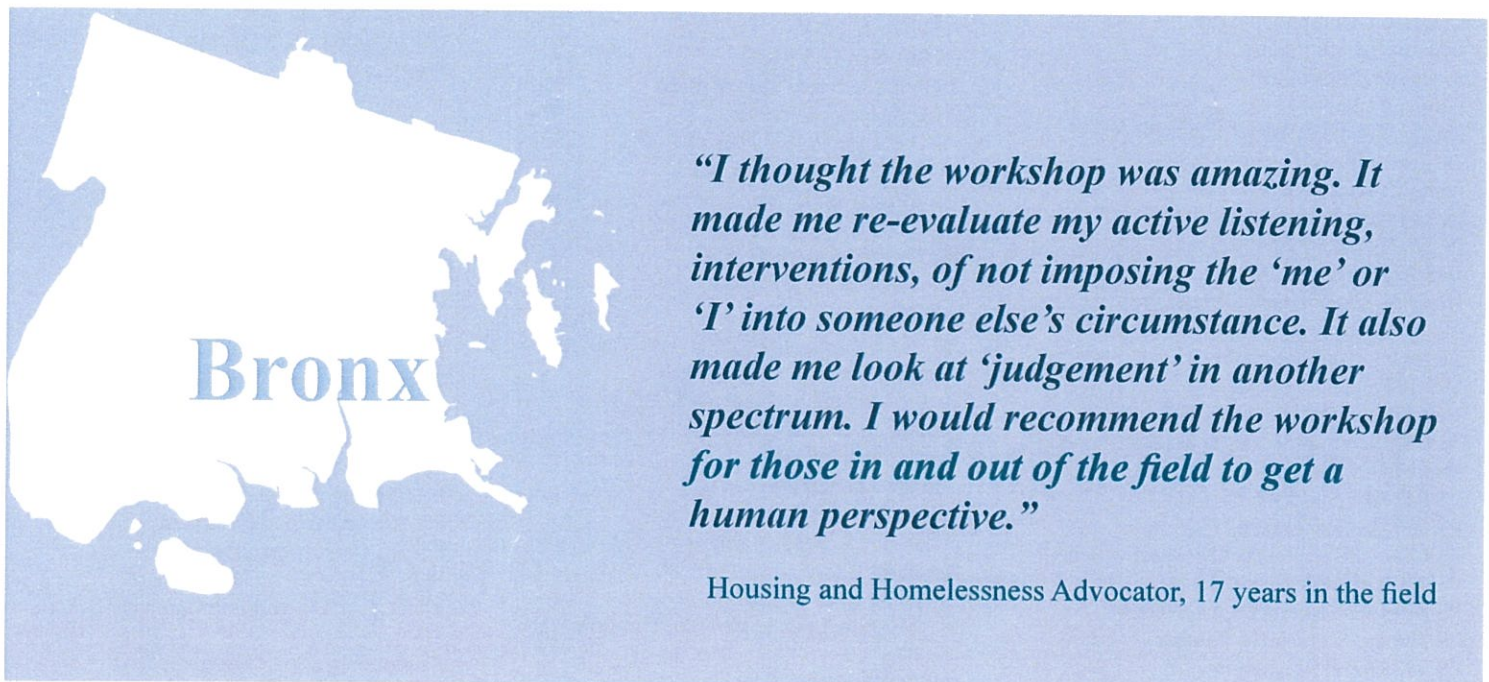
Age range of population served by participants



Schools and CBOs Served by NYC Council Member

The following list provides an overview by borough of the New York City schools, community-based organizations, non-profit and government agencies that were recipients of Samaritans suicide prevention public education program, projects and initiatives in FY 2018.

Bronx Schools and CBOs Served (160 Schools, 19 CBOs)



Fernando Cabrera **District 14**

Schools

Bronx Alternative Learning Center, PS 6
IS 117 Joseph H. Wade
IS 206 Ann Mersereau
Luisa Pineiro Fuentes School of Science & Discovery
MS 327 Comprehensive Model School
Project Passages Academy
PS 033 Timothy Dwight
PS 109 Sedgwick
PS 170
PS 204 Morris Heights
PS 226
PS 236 Langston Hughes
PS 279 Captain Manuel Rivera, Jr.

Community Based Organizations

Administration for Children's Services, Grand Concourse
Bronx Helpers, New Settlement Apartments
BronxWorks
Kingsbridge Heights Community Center
Lincoln Hospital
Morris Heights Health Center

Andrew Cohen **District 11**

Schools

Ampark Neighborhood School
Bronx Collab. HS
Bronx Dance Academy School
Dewitt Clinton HS
JHS 080 The Mosholu Parkway

Kingsbridge International HS

PS 008 Issac Varian
PS 016 Wakefield
PS 019 Judith K. Weiss
PS 024 Spuyten Duyvil
PS 037 Multiple Intelligence School
PS 056 Norwood Heights
PS 094 Kings College School
PS 340

Ruben Diaz, Sr. **District 18**

Schools

Antonia Pantoja Prep. Academy
Bronx Guild
Bronx Mathematics Prep. Academy
HS of World Culture

JHS 125 Henry Hudson
 JHS 127 The Castle Hill
 Linden Tree Elementary School
 Millennium Art Academy
 Mott Hall V
 PS 047 John Randolph
 PS 107
 PS 138 Samuel Randall
 PS 182
 PS 196

Vanessa L. Gibson **District 16**

Schools

Bronx Career & College Prep. HS
 Bronx Expeditionary Learning
 Bronx HS for Medical Science
 Bronx HS of Business
 Bronx School for Law, Gov., & Justice
 Bronx Writing Academy
 Claremont International HS
 Dreamyard Prep. School
 Eximius College Prep.
 Family School
 Harriet Tubman Charter School
 HS for Violin & Dance
 Icahn Charter School
 IS 219 New Venture School
 IS 229 Roland Patterson
 JHS 022 Jordan L. Mott
 KAPPA, Knowledge & Power Prep. Academy
 Lucero Elementary School
 Mott Hall Charter School
 MS 301 Paul L. Dunbar
 New Directions Secondary School
 New Millennium Business Academy
 PS 011 Highbridge
 PS 042 Claremont
 PS 053 Basheer Quisim
 PS 088 S. Silverstein Little Sparrow School
 PS 110 Theodore Schoenfeld
 PS 114 Luis Llorens Torres School
 PS 126 Dr. Marjorie H. Dunbar
 PS 132 Garret A. Morgan
 PS 146 Edward Collins
 PS 186X Walter J. Damrosch School
 PS 199 Shakespeare School
 PS/IS 218 R. Hernandez Dual Language
 Sheridan Academy for Young Leaders
 The New American Academy at Roberto
 Clemente State Park
 Walton Avenue School

Community Based Organizations

Bronx District Attorney's Office
 Catholic Charities, Bronx
 Claremont Neighborhood Center Inc.
 Gotham Health, Morrisania Diagnostic &
 Treatment Center
 Sheltering Arms Children & Family Services
 Volunteers of America
 Women's Housing & Economic
 Development Corp.

Mark Gjonaj **District 13**

Schools

Bronx Park MS
 Bronx River HS
 NYC DOE Committee on Special Education
 Creative Resolutions to Conflict, Spring
 Valley HS
 Icahn Charter School 3
 Mott Hall Community School
 PS 010X
 Westchester Square Academy

Andy King **District 12**

Schools

Academy for Scholarship & Entrepreneurship
 Bronx Aerospace HS
 Harry S. Truman HS
 MS 180 Daniel Hale Williams
 New World HS
 PS 041 Gun Hill Road
 PS 076 The Bennington School
 PS 103 Hector Fontanez
 PS 111 Seton Falls
 PS 178 Dr. Selman Waxman
 The Bronxwood Prep. Academy

Rafael Salamanca Jr. **District 17**

Schools

Alternative Learning Center, PAL Longwood
 Alfred E. Smith Career & Tech.
 Bronx Leadership Academy II HS
 Bronx Lighthouse Charter School
 Bronx Regional HS
 Entrada Academy
 Fairmont Neighborhood School
 Holcombe L. Rucker School of Community
 Research
 IS 190
 IS 318 Math, Science & Tech. Through Arts
 IS 584
 JHS 098 Hermanridder
 JHS 151 Lou Gehrig
 MS 302 Luisa Dessus Cruz
 New Explorers HS

PS 001 Courtlandt School
 PS 006 West Farms
 PS 044 David C. Farragut
 PS 048 Joseph R. Drake
 PS 066 School of Higher Expectations
 PS 067 Mohegan School
 PS 075
 PS 152 Evergreen
 PS 17X
 PS 211
 PS 212
 PS 333 The Museum School
 Samara Community School
 South Bronx Academy for Applied Media
 South Bronx Early College Academy Charter
 School
 The Felisa Rincon De Gautier Institute for
 Law & Public Policy
 The Hunts Point School

Community Based Organizations

Bronx Legal Services
 Urban Health Plan (Women, Infants, Children
 Program)

Ritchie J. Torres **District 15**

Schools

Bronx Academy for Software Engineering
 Bronx Leadership Academy HS
 IS 254
 Jonas Bronck Academy
 MS 391
 PS 023 The New Children's School
 PS 028 Mount Hope
 PS 032 Belmont
 PS 058
 PS 059 The Community School of Tech.
 PS 163 Arthur A. Schomburg
 PS/MS 004 Crotona Park West
 Ryer Avenue Elementary School
 Theatre Arts Production Company School

Community Based Organizations

NYC Department of Education administration
 NYC DOE Students in Temporary Housing
 (SITH)



Brooklyn Schools and CBOs Served (247 schools, 33 CBOs)

Alicka Ampry-Samuel **District 41**

Schools

Brooklyn Excelsior Charter School
Eagle Academy for Young Men II
IS 392
Mott Hall Bridges Academy
MS of Marketing & Legal Studies
New Heights MS
PS 156 Waverly
PS 178 St. Clair McKelway
PS 189 The Bilingual Center
PS 235 Lenox
PS 327 Dr. Rose B. English
Teachers Prep. HS

Community Based Organizations

81st Precinct, NYPD

Inez Barron **District 42**

Schools

Achievement First East NY Charter School
Cultural Arts Academy Charter School at
Spring Creek
East NY MS of Excellence
Hyde Leadership Charter School Brooklyn
Imagine Me Leadership Charter School
JHS 218 James P. Sinnott
Metropolitan Diploma Plus HS
PS 004K Special Education School 4
PS 036K
PS 149 Danny Kaye
PS 190 Sheffield
PS 213 New Lots
PS 306 Ethan Allen
PS 328 Phyllis Wheatley
Riverdale Avenue MS
Spring Creek Community School
Van Siclen Community MS

Community Based Organizations

NY Psychotherapy & Counseling Center

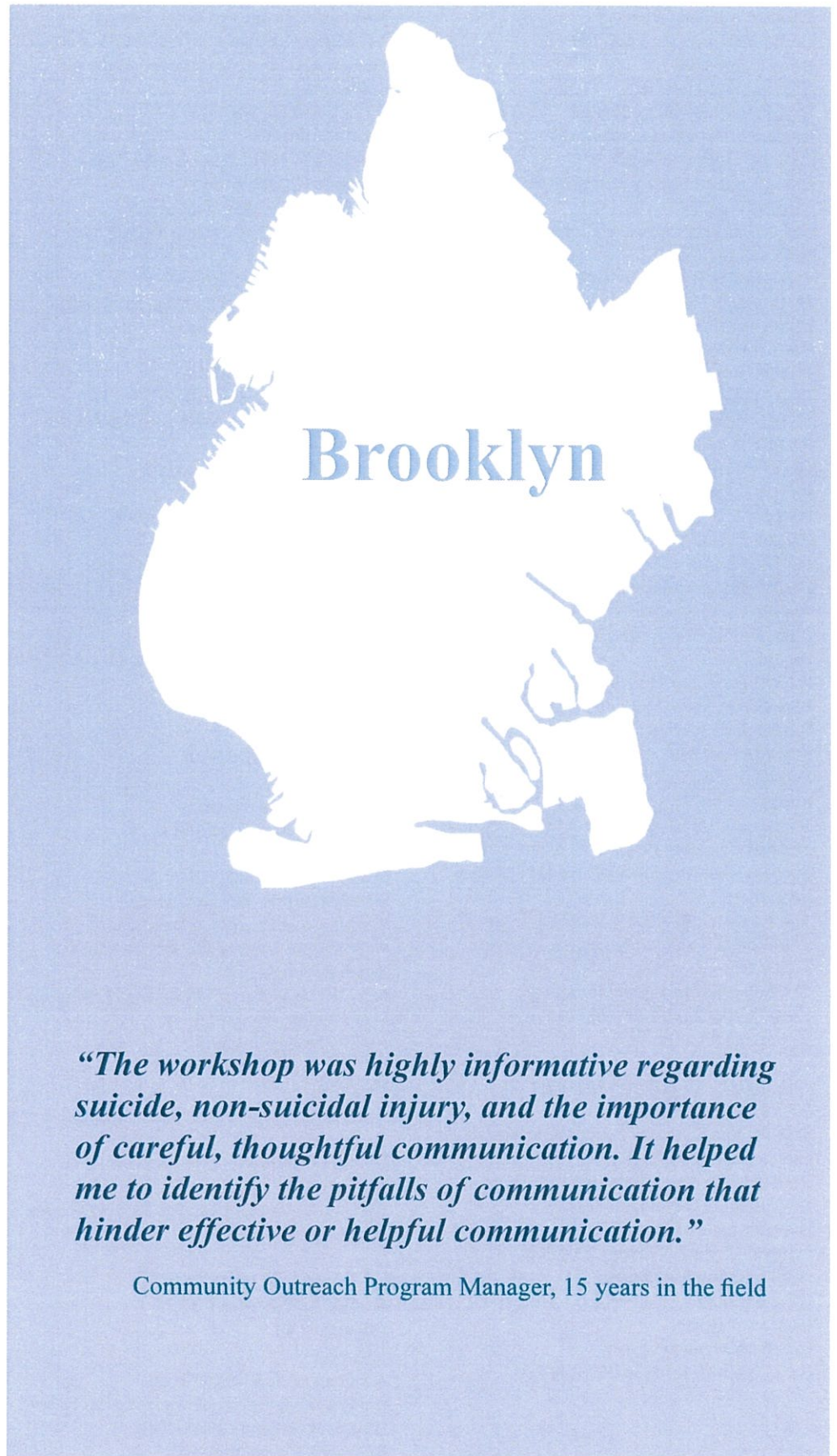
Justin Brannan **District 43**

Schools

Fort Hamilton HS
IS 030 Mary White Ovington
New Utrecht HS
P.S. 748 Brooklyn School for Global Scholars
PS 200 Benson School
PS 204 Vince Lombardi
PS 229 Dyker

Community Based Organizations

NYC DOE Family Support Center, Brooklyn
NYC DOE Family Welcome Center, Brooklyn



“The workshop was highly informative regarding suicide, non-suicidal injury, and the importance of careful, thoughtful communication. It helped me to identify the pitfalls of communication that hinder effective or helpful communication.”

Community Outreach Program Manager, 15 years in the field

Robert E. Cornegy Jr.
District 36

Schools

Academy for Health Careers
Bedford Academy HS
Bedford Stuyvesant Prep. HS
Boys & Girls HS
Brooklyn Academy HS
Brooklyn Brownstone School
Frederick Douglass Academy IV
JHS 057 Whitelaw Reid
Launch Expeditionary Learning Charter School
Madiba Prep. MS
MS 267 Math, Science & Tech.
Nelson Mandela HS
Pathways in Tech. Early College HS
PS 003 The Bedford Village
PS 023 Carter C. Woodson
PS 025 Eubie Blake School
PS 035 Stephen Decatur
PS 044 Marcus Garvey
PS 059 William Floyd
PS 081 Thaddeus Stevens
PS 138 Brooklyn
PS 138K Annex
PS 140
PS 262 El Hajj Malik Shabazz
PS 289 George V. Brower
PS 297 Abraham Stockton
PS 308 Clara Cardwell
PS 335 Granville T. Woods
PS 368
PS 373 Brooklyn Transition Center
PS/MS 394 Mary McLeod Bethune Academy
Research & Service HS
Satellite East MS
School of Business, Finance &
Entrepreneurship
Success Academy Bed Stuy 2 Charter School
Success Academy Bed Stuy 3 Charter School
Success Academy Prospect Heights Charter
School
The Brooklyn Academy of Global Finance
The Ethical Community Charter School
(TECCS)
The School of Integrated Learning
Unity Prep. Charter School
Upper School at PS 25

Community Based Organizations

79th Precinct, NYPD
81st Precinct Clergy Council (Pentecostal
Church of Jesus Christ)
Bedford Stuyvesant Restoration Corp.
Bridge Street Development Corp.
Brownstoners of Bed Stuy
Council Member Cornegy's Office,
Anti-Bullying Partnership
Dingle Luther
Garden of Hope
Interfaith Medical Center
Restoration Corp. Jobs Plus North

Laurie A. Cumbo
District 35

Schools

Achievement First Endeavor Charter School
Alternative Learning Center Albany
Alternative Learning Center W.E.B. Dubois
Brooklyn Academy of Science & the
Environment
Brooklyn Tech. HS
Clara Barton HS
Community Partnership Charter School
Compass Charter School
Ebbets Field Middle School
International HS at Prospect Heights
IS 340
Medgar Evers Prep. School
MS 113 Ronald Edmonds Learning Center
PS 009 Teunis G. Bergen
PS 011 Purvis J. Behan
PS 046 Edward C. Blum
PS 270 Johann Dekalb
Success Academy Crown Heights Charter
School
W.E.B. Dubois Academic HS

Community Based Organizations

Baltic Street AEH, Inc.
Medgar Evers College Counseling &
Psychological Services
NYC DOE, District Office of Special
Education
NYC Dept. of Health & Mental Hygiene district
ThriveNYC

Chaim M. Deutsch
District 48

Brighton Beach Academy
Division of Early Childhood
James Madison HS
JHS 014 Shell Bank
JHS 234 Arthur W. Cunningham
Kingsborough Early College School
New Visions Charter HS for Advanced
Math & Science III
New Visions Charter HS for the Humanities III
PS 052 Sheepshead Bay
PS 206 Joseph F. Lamb
PS 225 The Eileen E. Zaglin
PS 771K
William E. Grady Career & Tech. Education HS

Community Based Organizations

Visiting Nurse Service of NY, Brooklyn
NYC DOE district Office of Safety & Youth
Development

Rafel L. Espinal Jr.
District 37

Schools

Academy of Innovative Tech.
Achievement First Bushwick Charter School
Bushwick Ascend Charter School
Bushwick Community HS

Franklin K Lane HS
JHS 291 Roland Hayes
Liberty Avenue MS
PS 086 The Irvington
PS 106 Edward Everett Hale
PS 116 Elizabeth L. Farrell
PS 158 Warwick
PS 377 Alejandrina B. Degautier
W. H. Maxwell Career & Tech.
Young Adult Borough Center at Franklin K.
Lane Campus

Mathieu Eugene
District 40

Schools

Fahari Academy Charter School
HS for Public Service
IS 246 Walt Whitman
MS 061 Gladstone H. Atwell
Science, Tech. & Research

Community Based Organizations

Bridging Access to Care
Flatbush Development Corp.
SUNY Downstate Medical Center Brooklyn
NY

Brad Lander
District 39

Schools

Brooklyn Secondary School for Collab.
Studies
M.S. 839
Millennium Brooklyn HS
PS 029 John M. Harrigan
PS 032 Samuels Mills Sproule
PS 039 Henry Bristow
PS 124 Silas B. Dutcher
PS 131 Brooklyn
PS 133 William A. Butler
PS 179 Kensington
PS 282 Park Slope

Community Based Organizations

Imani House at PS / MS 282 Park Slope

Stephen T. Levin
District 33

Schools

Automotive HS
Brooklyn Community HS
Brooklyn Frontiers HS
Brooklyn HS for Leadership & Community
Service
Brooklyn HS of the Arts
Brooklyn International HS
Brooklyn LAB Charter School
Brooklyn Prep. HS
Brooklyn School for Global Studies
City Polytechnic HS of Engineering &
Architecture
Cobble Hill School of America

El Puente Academy for Peace & Justice
 George Westinghouse Career & Technical
 Ed. HS
 IS 318 Eugenio Maria De Hostos
 JHS 126 John Ericsson
 Juan Morel Campos Secondary School
 Khalil Gibran International Academy
 New Dawn Charter HS
 Northside Charter School
 PS K815
 PS 008 Robert Fulton
 PS 016 Leonard Dunkly
 PS 054 Samuel C. Barnes
 PS 110 The Monitor
 PS 157 Benjamin Franklin
 PS 307 Daniel Hale Williams
 PS 369 Coy L. Cox School
 Satellite West MS
 School for International Studies
 Science Skills Center HS
 The International Charter School of NY
 The Math & Science Exploratory School
 Urban Assembly Institute of Math & Science
 for Young Women
 Urban Assembly School for Law & Justice
 Urban Assembly School of Music & Art
 Williamsburg HS for Architecture & Design
 Williamsburg Prep. School

Community Based Organizations

Gay Men of African Descent
 NYC Department of Education
 administration
 NYC Department of Health & Mental
 Hygiene, Office of School Health
 NYC DOE Brooklyn North Prevention &
 Intervention
 St. Francis College
 The Brooklyn District Attorney's Office,
 Anti Bullying Partnership
 The HOPE Program

**Alan N. Maisel
 District 46**

Schools

Brooklyn Generation School
 Explore Excel Charter School

HS for Medical Professions
 IS 211 John Wilson
 JHS 078 Roy H. Mann
 JHS 278 Marine Park
 PS 114 Ryder Elementary
 PS 203 Floyd Bennett
 PS 312 Bergen Beach
 Victory Collegiate HS

Community Based Organizations

District 18 DOE Substance Abuse Abuse,
 Prevention & Intervention (SAPIS)

**Carlos Menchaca
 District 38**

Schools

IS 187
 JHS 088 Peter Rouget
 JHS 220 John J. Pershing
 JHS 227 Edward B. Shallow
 Magnet School of Math, Science & Design
 Tech.
 PS 015 Patrick F. Daly
 PS 024
 Red Hook Neighborhood School
 School of Math, Science, & Healthy Living
 Summit Academy Charter School
 Sunset Park Prep.
 The School For Future Leaders

Community Based Organizations

Diocese of Brooklyn, Program for the
 Development of Human Potential
 Red Hook Initiative

**Antonio Reynoso
 District 34**

Brooklyn Schools

Brooklyn Arbor Elementary School
 Bushwick Leaders HS
 IS 347 School of Humanities
 IS 349 Math, Science & Technology
 JHS 050 John D. Wells
 PS 018 Edward Bush
 PS 075 Mayda Cortiella
 PS 120 Carlos Tapia
 PS 299 Thomas Warren Field

Queens Schools

Learner & Leaders
 PS 239

Community Based Organizations

Grand St. Settlement, Brooklyn
 Program for the Development of Human
 Potential
 Safe Horizon, Brooklyn

**Mark Treyger
 District 47**

Abraham Lincoln HS
 IS 281 Joseph B. Cavallaro
 IS 303 Herbert S. Eisenberg
 Mark Twain IS 239 for the Gifted &
 Talented
 PS 128 Bensonhurst
 PS 186 Dr. Irving A. Gladstone
 PS 205 Clarion
 PS 247 Brooklyn
 PS 288 The Shirley Tanyhill

**Jumaane D. Williams
 District 45**

Schools

Andries Hudde
 Brooklyn Science & Engineering Academy
 Cultural Academy for the Arts & Sciences
 IS 285 Meyer Levin
 IS 381
 It Takes a Village Academy
 Kurt Hahn Expeditionary Learning School
 Midwood HS
 PS 109
 PS 119 Amersfort
 PS 181
 PS 198 Brooklyn
 PS 326

Community Based Organizations

Brooklyn College
 Global Kids, Inc
 JCCA
 Utica Avenue Dialysis Center

**Kalman Yeger
 District 44**

Schools

Edward R. Murrow HS
 Franklin Delano Roosevelt HS
 IS 096 Seth Low
 JHS 223 The Montauk
 PS 121 Nelson A Rockefeller
 PS 180 Homewood
 PS 192 Brooklyn
 PS 238 Anne Sullivan

Community Based Organizations

Lutheran Social Services
 NYC Housing Authority (NYCHA Brooklyn)
 The Jewish Board (JBFC) (Brooklyn)



Manhattan Schools and CBOs Served (136 schools, 50 CBOs)

Diana Ayala District 8

Manhattan Schools

Esperanza Prep. Academy
Global Tech. Prep.
James Weldon Johnson
Manhattan Center for Science
PS 050 Vito Marcantonio
PS 102 Jacques Cartier
PS 108 Assmblyman Angelo Del Toro
Educational Complex
PS 146 Ann M. Short
PS 155 William Paca
PS 206 Jose Celso Babosa

Bronx Schools

American Dream Charter School
Bronx Academy of Letters
Bronx Charter School for Children
J. M. Rapport School Career Development
Metropolitan Lighthouse Charter School
MS 203
PS 025 Bilingual School
PS 030 Wilton
PS 043 Jonas Bronck
PS 062 Inocensio Casanova
PS 065 Mother Hale Academy
PS 179
PS 277
PS/IS 224
Success Academy Bronx 1 Charter School

Manhattan Community Based Organizations

Mount Sinai Hospital
Union Settlement Association

Bronx Community Based Organizations

Abraham House
BOOM!Health
Violence Intervention Program
Sheltering Arms Children & Family Services

Margaret S. Chin District 1

Schools

Alternative Learning Center Battery Park
Battery Park City School
Orchard Collegiate Academy
PS 042 Benjamin Altman
PS 126 Jacob August Riis
PS 130 Hernando De Soto
PS 134 Henrietta Szold
PS 142 Amalia Castro
PS 184 Shuang Wen
The Urban Assembly NY Harbor School
The Urban Assembly School for Emergency Management

Community Based Organizations

Apex for Youth
Creative Resolutions to Conflict
Goldman Sachs
Gouverneur Hospital, NYC Health & Hospitals Corp.
Inwood House
Lower Eastside Service Center
NYC Department of Education District Administration
NYC Human Resources Administration
NYC DOE Division of Early Childhood
Safe Horizon
Select Equity Group, L.P.
The Coalition for Behavioral Health
University Settlement Society of NY
WOMANKIND

Corey Johnson District 3

Schools

City-As-School HS
Humanities Prep. Academy
NYC Lab School for Collab. Studies
P.S. 051 Elias Howe
PS 111 Adolph S. Ochs
The James Baldwin School: A School for Expeditionary Learning
Urban Assembly School of Design & Construction

Community Based Organizations

Center for Human Development & Family Services
Eugene Lang College of Liberal Arts
Latino Commission on AIDS
Sheltering Arms Children & Family Services
The NY Times

Ben Kallos District 5

Yorkville Community School

“This workshop is not only important but it addresses issues that are relevant to many of our children at home and in our personal lives. I’m very pleased I attended this workshop and I really learned valuable information!”

Parent Coordinator, 9 years in the field

Community Based Organizations

Catholic Charities, Manhattan
Mount Sinai Hospital, Adolescent Health Center

Mark Levine

District 7

Schools

Academy of Social Action, a College Board School
Columbia Secondary School for Math, Science & Engineering
Community Health Academy of the Heights
Hamilton Grange MS
KIPP STAR Harlem College Prep. Elementary School
Mott Hall II
New Design MS
PS 036 Margaret Douglas
PS 125 Ralph Bunche
PS 145 The Bloomingdale School
PS 165 Robert E. Simon
Teachers College Community School
Twenty First Century Academy for Community Leadership

Bill Perkins

District 9

Schools

Choir Academy of Harlem
Democracy Prep. Charter HS
Democracy Prep. Endurance Charter School
Democracy Prep. Harlem Charter School
Global Community Charter School
Harlem Children's Zone Promise Academy I Charter School
Harlem Children's Zone Promise Academy II Charter School
Harlem Hebrew Language Charter School
Harlem Renaissance HS
Harlem Village Academy Charter School
HS for Mathematics, Science, & Engineering at City College
Manhattan Alternative Learning Center, Choir Academy
Neighborhood Charter School of Harlem
PS 076 A. Philip Randolph
PS 092 Mary Mcleod Bethune
PS 123 Mahalia Jackson
PS 149 Sojourner Truth
PS 154 Harriet Tubman
PS 161 Pedro Albizu Campos
PS 175 Henry H. Garnet
PS 180 Hugo Newman
PS 194 Countee Cullen
PS 208 Alain L. Locke
St. Hope Leadership Academy Charter School
Success Academy Charter School
Success Academy Harlem 5 Charter School
The Urban Assembly School for Global Commerce

Community Based Organizations

Harlem Hospital Center
The Children's Village

Keith Powers

District 4

Schools

Art & Design HS
Jacqueline Kennedy Onassis HS
JHS 167 Robert F. Wagner
PS 006 Lillie D. Blake
PS 059 Beekman Hill International
PS 267 East Side Elementary School
Repertory Company HS
The River School

Community Based Organizations

A Caring Hand
Blainton Peale Institute
Community Service Society of NY
Hunter College
Jaycee Consulting & Psychotherapy Associates
Visiting Nurse Service of NY

Carlina Rivera

District 2

Schools

Ballet Tech, The NYC Public School for Dance
Bard HS Early College
Baruch College Campus HS
Earth School
Girls Prep. Charter School for NY
Grace Church School
Harvey Milk HS
HS for Health Professionals
JHS 104 Simon Baruch
Manhattan Academy for Arts & Language
MS 255 Salk School of Science
New Explorations into Science, Tech. & Math HS
PS 034 Franklin D. Roosevelt
PS 040 Augustus Saint Gaudens
PS 064 Robert Simon
PS 116 Mary Lindley Murray
PS 188 The Island School
Tech, Arts, & Science
The Children's Workshop School
The Clinton School
The East Village Community School
Unity Center for Urban Tech.

Community Based Organizations

NYU College Prep. Academy, The Aspire Program
NYC DOE Students in Temporary Housing (SITH) district staff

Ydanis Rodriguez

District 10

Schools

Alternative Learning Center Cloisters & Washington Heights
Amistad Dual Language School
Bronx Engineering & Tech. Academy
City College Academy of the Arts
Gregorio Luperon HS
Harbor Heights

HS for Excellence & Innovation

HS for Health Career

HS for International Business & Finance

HS for Law & Public Service

HS for Media & Communications

Inwood Early College for Health & Information Tech.

IS 218 Salome Ukena

IS 528 Bea Fuller Rodgers School

JHS 052 Inwood

JHS 143 Eleanor Roosevelt

MS 319 Maria Teresa

MS 322

MS 324 Patria Mirabal

PS 018 Park Terrace

PS 098 Shorac Kappock

PS 173

PS 187 Hudson Cliffs

PS/IS 278

Washington Heights Academy

Washington Heights Expeditionary Learning School

Community Based Organizations

Broadway Housing Communities
CAS School Based Clinic
Dominican Women's Development Center
Fresh Youth Initiatives
Isabella Adult Day Health Program
Manhattan Community Board 12
NY Psychiatric Institute Inwood Mental Health
STAR Senior Center
Washington Heights & Inwood Development Corp.
Washington heights CORNER Project
YM/YWHA of Washington Heights/Inwood
Young Men's Clinic

Helen Rosenthal

District 6

MS 250 West Side Collab. MS

MS 256 Academic & Athletic Excellence

PS 075 Emily Dickinson

PS 084 Lillian Weber

PS 191 Amsterdam

PS 333 Manhattan School for Children

PS 811 Mickey Mantle School

Urban Assembly School for Green Careers

West End Secondary School

Community Based Organizations

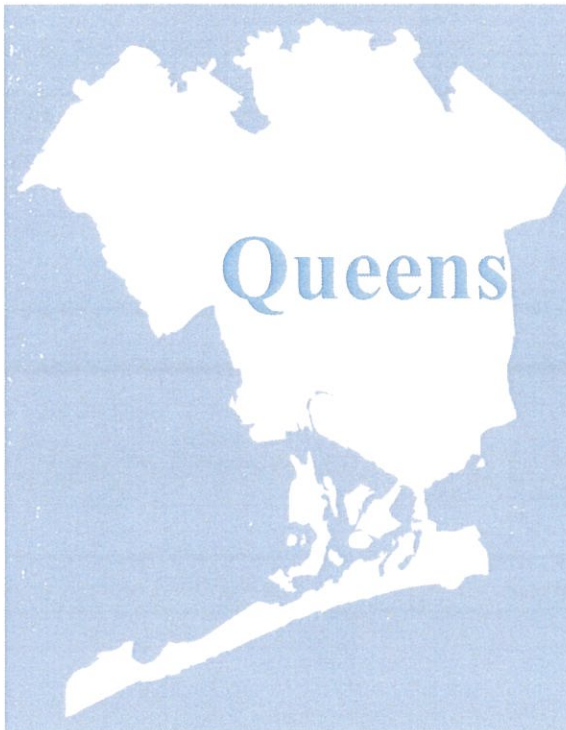
American Musical & Dramatic Academy
Bankoff Collaborative, LLC
Escalera Head Start Program Child Center of NY

Borough of Manhattan

Community Based Organizations

American Journal of Nursing
City of New York Law Department
Dynamic Neural Retraining System
International Council for Caring Communications

Queens Schools and CBOs Served (167 schools, 11 CBOs)



“The workshop has been very informative and educational. I have learned how to use effective approaches to situations and how to help someone who is in distress. I have applied everything that I learned and look forward to learning what is best practice within the field of dealing with human emotions.”

Teacher, 18 years in the field

Adrienne E. Adams District 28

Schools

Alternative Learning Center August Martin HS
Epic HS North
Epic HS South
Hawtree Creek MS
HS for Construction
HS for Law Enforcement
JHS 072 Catherine & Count Basie
JHS 226 Virgil I. Grissom
PS 040 Samuel Huntington
PS 045 Clarence Witherspoon
PS 048 William Wordsworth
PS 050 Talfourd Lawn Elementary
PS 055 Maure
PS 062 Chester Park
PS 080 Thurgood Marshall Magnet
PS 100 Glen Morris
PS 108 Captain Vincent G. Fowler
PS 121
PS 123
PS 124 Osmond A. Church
PS 155
PS 160 Walter Francis Bishop
PS 161 Arthur Ashe School
PS 223 Lyndon B. Johnson
Queens Transition Center
Redwood MS
Richmond Hill HS
Success Academy South Jamaica Charter School
Voyages Prep. HS South Queens

Costa Constantinides District 22

Schools

Albert Shanker School for Visual & Performing Arts
Alternative Learning Center, IS 126
Alternative Learning Center, RF Wagner HS
East River Academy (Rikers Island)
Long Island City HS
PS 084 Steinway
The 30th Avenue School, G&T Citywide

Community Based Organizations

The Child Center of NY, Astoria
NYC DOE LaGuardia Family Residence (Students in Temporary Housing)
NYC DOE Citywide Students in Temporary Housing

Daniel Dromm District 25

Schools

51 Avenue Academy (The Path to Academic Excellence)
IS 145 Joseph Pulitzer
IS 230
IS 5 The Waltercrowley Intermediate School
Newtown HS
PS 069 Jackson Heights
PS 089 Elmhurst
PS 102 Bayview
PS 212

Barry Grodenchik District 23

Benjamin N. Cardozo HS
Business Tech. Early College HS
Irwin Altman MS 17
Martin Van Buren HS
PS 018 Winchester
PS 026 Rufus King
PS 033 Edward M. Funk
PS 046 Alley Pond
PS 115 Glen Oaks
PS 133
PS 186 Castlewood
PS 188 Kingsbury
PS 191 Mayflower
PS 203 Oakland Gardens
PS 205 Alexander Graham Bell
PS 213 The Carl Ullman School
PS 221 North Hills
PS 993Q
PS Q004
The Bellaire School

Robert Holden District 30

Grover Cleveland HS
IS 093 Ridgewood
IS 119 The Glendale
IS 73 The Frank Sansivieri Intermediate School
Maspeth HS
PS 009
PS 049 Dorothy Bonawit Kole

PS 068 Cambridge
 PS 071 Forest
 PS 087 Middle Village
 PS 088 The Seneca School
 PS 091 Richard Arkwright
 PS 113 Isaac Chauncey
 PS 128 Juniper Valley
 PS 153 Maspeth Elem
 PS 229 Emanuel Kaplan
 PS 58 School of Heroes

Community Based Organizations
 NYC Department of Education district office

Peter Koo **District 20**

Schools
 East West School of International Studies
 Flushing HS
 Francis Lewis HS
 IS 237
 PS 020 John Bowne
 PS 022 Thomas Jefferson
 PS 024 Andrew Jackson
 PS 120
 PS 162 John Golden
 PS 163 Flushing Heights
 PS 214 Cadwallader Colden
 PS 242 Leonard P. Stavisky Early Childhood
 The Active Learning Elementary School

Community Based Organizations
 Downtown Flushing Transit Hub

Karen Koslowitz **District 29**

Schools
 PS 233Q

Community Based Organizations
 NY Medical & Health

Rory I. Lancman **District 24**

Schools
 Alternative Learning Center, Royal Academy
 Suspension Site
 Alternative Learning Center, Jamaica Academy
 Alternative Learning Center, Sutphin HS
 Growing Up Green Charter School II
 Hillcrest HS
 JHS 217 Roberta Van Wyck

John Bowne HS
 Pathways to Graduation at Jamaica Learning
 Center
 PS 082 Hammond
 PS 131 Abigail Adams
 PS 173 Fresh Meadows
 The Mary Louis Academy
 Thomas A. Edison Career & Tech. Education
 HS

I. Daneek Miller **District 27**

Schools
 IS 238 Susan B. Anthony
 PS 095 Eastwood
 PS 116 William C. Hughley
 PS 140 Edward K. Ellington
 Rochdale Early Advantage Charter School
 York Early College Academy

Community Based Organizations
 Southern Queens Park Association,
 Families In Need Preventive Services

Francisco Moya **District 21**

Schools
 Corona Arts & Science Academy
 East Elmhurst Community School
 Elm Tree Elementary School
 HS for Arts & Business
 IS 061 Leonardo Davinci
 PS 014 Fairview
 PS 019 Marino Jeantet
 PS 092 Harry T. Stewart Sr.
 PS 110
 PS 127 Aerospace Science Magnet School
 PS 143 Louis Armstrong
 PS 228 Early Childhood Magnet School For
 The Arts
 PS 28 The Thomas Emanuel Early Childhood
 Center
 PS 307 Pioneer Academy
 PS 330

Community Based Organizations
 Abbott House

Donovan J. Richards **District 31**

Schools
 Frederick Douglass Academy V

Eric A. Ulrich **District 32**

Schools
 Alternative Learning Center MS53
 NYC Academy for Discovery
 PS 056 Harry Eichler

Community Based Organizations
 Queens South Field Support Center

Paul Vallone **District 19**

Schools
 Bayside HS
 Bell Academy
 IS 025 Adrien Block
 PS 021 Edward Hart
 PS 029
 PS 031 Bayside
 PS 032 State Street
 PS 041 Crocheron
 PS 094 David D. Porter
 PS 098 The Douglaston School
 PS 107 Thomas A. Dooley
 PS 129 Patricia Larkin
 PS 130
 PS 159
 PS 169 Bay Terrace
 PS 184 Flushing Manor
 PS 193 Alfred J. Kennedy
 PS 209 Clearview Gardens

Community Based Organizations
 NYPD Police Academy College Point
 Queens Tribune

Jimmy Van Bramer **District 26**

Schools
 Energy Tech. HS
 Frank Sinatra School of the Arts
 IS 125 Thom J. Mccann Woodside
 IS 204 Oliver W. Holmes
 PS 012 James B. Colgate
 PS 111 Jacob Blackwell
 PS 150Q Sunnyside
 PS 199 Maurice A. Fitzgerald
 PS/IS 78Q The Robert F. Wagner Jr. School

Community Based Organizations
 Hour Children

Borough of Queens
Community Based Organizations
 Brain Food Garden Project



Staten Island Schools and CBOs Served (20 schools, 1 CBOs)

Joseph C. Borelli **District 51**

Schools

PS 042 Eltingville
PS 069 Daniel D. Tompkins
Space Shuttle Columbia School

Steven Matteo **District 50**

Michael J. Petrides HS
PS 029 Bardwell
PS 046 Albert V. Maniscalco
PS 060 Alice Austen
Staten Island Tech. HS
Susan E. Wagner HS

Community Based Organizations

NYC DOE Staten Island Field Support Center

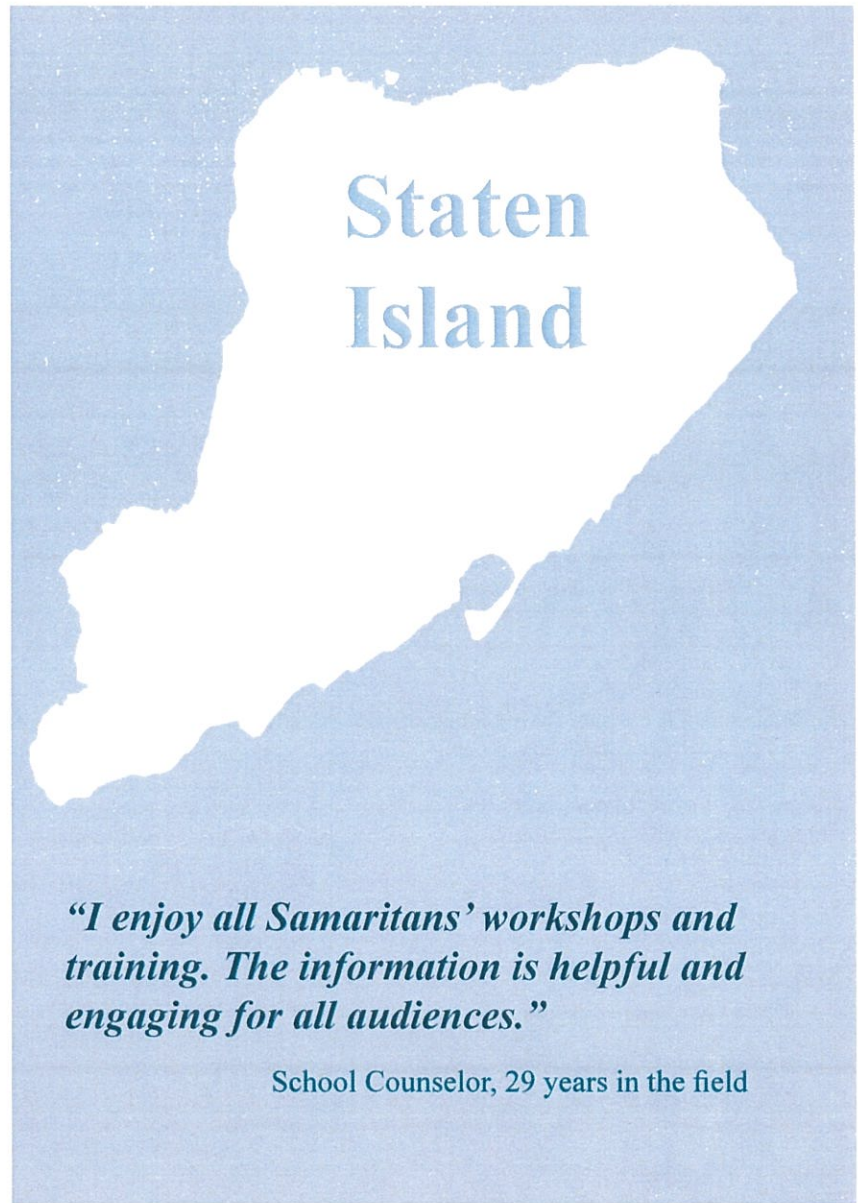
Deborah Rose **District 49**

Schools

Concord HS
Curtis HS
IS 49 Berta A. Dreyfus
Port Richmond HS
PS 019 The Curtis School
PS 022 Graniteville
PS 045 John Tyler
PS 65 The Academy of Innovative Learning
Ralph R. McKee Career & Tech. HS
Staten Island School of Civic Leadership

Community Based Organizations

NYC Housing Authority (NYCHA SI)



NYC Department of Education *Student Support Personnel* **Talk about Samaritans Professional Development Training**

Quite simply, Samaritans helps save lives.

LCSW working for the DOE, 11 years in the field

The Samaritans is the most reliable resource that I have found regarding suicide and related topics, helping to make informed decisions.

Betty D. Robles, Bilingual School Guidance Counselor, Master's Degree, 25 years in field

This training should be taken by every educator regardless of the level of school they are in. The information given and the resources provided were invaluable.

Lauren Prettitore, School Guidance Counselor, Master's Degree, 13 years in the field

The trainings were exceptionally good. They provided insights into the various warning signs to look for as well as possible interventions.

Carol Graham, Social Worker, Master's Degree, 25+ years in the field

Samaritans helps opening windows to the inner lives of kids in trouble, helps people who work with them to develop empathy and understanding of their issues and feelings. It guides professionals to find ways to help these children cope.

Ana Medina, PhD Course Work Counselor, 18 years in the field

I have received lots of resources from Samaritans workshops, which are not available to me at work. The information and outreach services change all the time and through Samaritans workshops I am kept informed and connected.

Lillian Hernandez, School Counselor, Master's Degree, 10 years in the field

Working collegially, considering how to make a positive plan, talking with family members more comfortably, have all been positively impacted by the training by Samaritans, I think it is one of the best training offered in NYC for school personnel.

Valerie Preston, Social Worker, Master's Degree, 45 years in the field

This was the best workshop I have attended in regards to the topic on suicide. I value the real life stories and factual information given and the seriousness of the topic.

Julie McCullough, School Counselor, Master's Degree, 18 years in the field

Samaritans thanks the following New York City Council Members for their support in making this program possible

Adrienne E. Adams
Robert E. Cornegy, Jr.
Vanessa L. Gibson
Barry Grodenchik
Robert Holden
Peter Koo
Stephen T. Levin
Keith Powers
Carlina Rivera
Paul Vallone
Jumaane D. Williams

In collaboration with



HASSENFELD
CHILDREN'S
HOSPITAL
AT NYU LANGONE



Samaritans wishes to thank the NYC Council Members who funded our FY 2018 *Caring Community Suicide Prevention & Awareness Public Education Project*, the NYC Department of Education and all of those who provided their support and assistance.

Email as at: education@samaritansnyc.org or go to Samaritans website at: samaritansnyc.org



HEALTH PEOPLE

Community Preventive Health Institute

I am Chris Norwood, Executive Director of Health People. an entirely peer-educator facilitated chronic disease and AIDS prevention and self-care education community group in the South Bronx.

Recent intensive surveillance by the New York City Department of Health shows that 16% of all NYC adults age 20 and older now have diabetes, with especially high rates among Latino, Black, and, increasingly Asian populations.

The trouble with saying this is that we've now known for 20 years that diabetes is raging out of control---and at the same time that rates are so high in low-income neighborhoods, that it has injured and changed everything---including mental health.

We are aware of the rates of terrible complications---especially foot ulcers and amputations, retinopathy and blindness and kidney disease and dialysis that have shattered lives, families and communities. Diabetes-related lower-limb amputations alone have increased 55% in New York City since 2009.

But, there is less understanding of the disease's mental health impact. It is not just that diabetes is accompanied by enormous rates of depression and anxiety---from 25% to 40% of diabetics in most studies---but that it causes a special, relentless condition now often called diabetes distress. This is the daily distress of having a disease that clouds your future and that scares you----a disease whose management requires that the disease is **what** you think about daily and constantly . We have to think what it means for communities where more than one in eight residents live in this distress---and that their families and friends live in it with them.

In addition, of course there is the increase in classic depression and anxiety; and diabetes raises the risk for dementia and Alzheimer's by at least 40%. We have to ask---how can communities---and people---function at all in this constant stress and care?

Yet, the New York City Department of Health and Mental Hygiene refuses to do anything. The Health Commissioner last week testified for an hour before the Health Committee on the department's upcoming plans for the year, did not mention the word diabetes once, and presented an \$1.6 billion budget which didn't have one dedicated budget line for evidence-based diabetes prevention and self-care education which have been shown to slash both caseloads and complications. As the clearest preventable cause of depression, targeted diabetes prevention is not even included in Thrive.

We have to depend on the Council. Last year, the Council asked for \$1 million for evidence-based diabetes education---and got nothing. This year, ask for \$3 million and we can start training community groups across the city to provide education that really works---that slashes depression, amputations, dialysis , Alzheimer's and blindness---but that most of all, slashes the relentless distress which the Department of Health has allowed for years---but which should be unacceptable.

Testimony provided by Joe DeGenova of CUCS
To the New York City Council
On March 26, 2019

My name is Joe DeGenova and I am the Associate Executive Director of CUCS. I am here because CUCS was one of the first organizations to operate an Intensive Mobile Treatment Team, a Thrive funded program, and to help with the development of the model. CUCS has two Intensive Mobile Treatment Teams.

Our experience has prepared us to operate Intensive Mobile Treatment Teams. CUCS helps people rise from poverty, exit homelessness, and be healthy. To that end we are responsible for all of the DHS funded street outreach services in Manhattan, which have helped 4300 individuals move from the streets into housing since 2007. We operate three shelters for mentally ill, homeless people that help 200 people a year access housing; we provide supportive services in over 2300 units of supportive housing; we have psychiatrists and primary care providers providing services to homeless and formerly homeless people in over 70 locations in the city; and we provide training to over 14,000 people a year, including Crisis Intervention Training for 4,000 NYPD officers a year.

Intensive Mobile Treatment, or IMT, was established by the Department of Health and Mental Hygiene to serve adults 18 or older with recent and frequent contact with the mental health, substance use, criminal justice, and homeless services systems. It is an interdisciplinary team designed to provide easy access to care, sustained engagement, and continuity of care to its participants as they move across these systems. We believe that it is a very effective model for serving those whose needs have not been met by the traditional service system.

Each of CUCS's IMT teams work with a maximum of 27 individuals. The individuals referred by DOHMH have complex needs that have not been met in the traditional service system. The 1:3 staff to client ratio allows the team to work intensively with people to help them achieve a new life trajectory.

Two outcomes that we are particularly proud of are:

- To date we've helped 27 people to exit homelessness by obtaining housing,
- And we've helped 40 people who had serious and chronic untreated mental health symptoms receive regular psychiatric care, including psychotropic medication, improving their lives and helping them become more stable members of the community.

I would like to give you one case example that is representative of our work:

When we first met Ms. R, she had been in the shelter system for over 20 years struggling to get her life together. Diagnosed with schizophrenia and epilepsy and very explosive, she was frequently transferred from one shelter to another following physical altercations with shelter

staff and residents, making life miserable for herself and difficult for those around her. Because she attributed all of her symptoms to her seizure disorder, she refused treatment for her mental illness, and because her mental illness contributed to her explosiveness and her shelter transfers, it was hard to get her seizure disorder under control. Many times during her 20 years of homelessness, she was hospitalized, received summonses for disorderly conduct and assault, and became separated from those charged with helping her.

Today I am happy to say that Ms. R. is living in supportive housing, taking anti-seizure and antipsychotic medication, not behaving in an explosive manner, and reconnecting with family. Our IMT team has been successful with her, because they can follow her wherever she goes, and because they have the time, flexibility, and expertise to engage her in a productive working relationship.

At first the team spent countless hours working with her to build a relationship and figure out, with her, how to help her move her life forward. Early on they helped her get a full neurological work up and the optimal anti-seizure medications, which took some of the edge off of her irritability. Feeling her concerns about her seizure disorder were validated by the team, she became more open to treatment for her schizophrenia. Eventually she began receiving long-acting anti-psychotic medication by injection and her explosive behaviors ceased. Her quality of life is much improved and she is no longer making things difficult for others.

IMT teams work with individuals who have experienced trauma, other mental illnesses, oppression, incarceration, estrangement from family and friends, and repeated separations from helping professionals. As a result, many become aggressive, carry weapons, experience paranoia, struggle with alcohol and other substances, and have trouble connecting with the mainstream service system to improve their lives. The IMT model addresses that by giving staff the time, flexibility, and resources to engage, follow, and work with people to recover from these challenges and improve their lives.

Thank you for holding this hearing and giving me the opportunity to present to you on behalf of CUCS.

**TESTIMONY ON BEHALF OF LOCAL 372, NYC BOARD OF EDUCATION
EMPLOYEES
DISTRICT COUNCIL 37 | AFSCME
TO THE PRELIMINARY BUDGET HEARING ON
MENTAL HEALTH, DISABILITIES AND ADDICTION
MARCH 26, 2019**

Mental Health, Disabilities and Addiction Committee Chairwoman Diana Ayala, and distinguished members of the committee, it is the honor of Local 372 - NYC Board of Education Employees, District Council 37 - AFSCME to present testimony on behalf of the approximately 300 Substance Abuse Prevention and Intervention Specialists (SAPIS) we represent, under the leadership of President, Shaun D. Francois I.

SAPIS provide essential prevention and intervention services for 1.2 million public school students. Their work is an essential component in school programming, and provides many students as well as families a safety net of services which include: leadership classes, clubs dedicated to mental health awareness, peer mediation training, classroom presentations, counseling services (at-risk, crisis, individual, and group) drug and gang intervention, and a host of additional mental health services for a variety of conditions. These counselors help children keep their focus on remaining learning-ready through the use of coordinated and collaborative proven methodologies to cope with the myriad of societal pressures that detract daily from healthy academic, social, and home environments. SAPIS counselors are responsible for monitoring behavior, as well as offering resources and services to support students when they find themselves struggling and/or struggling to improve.

In 2006, there were 502 SAPIS working throughout the five boroughs. Today, there are less than 300 SAPIS spread across 1,700 schools – a distribution of more than 5,000 students per SAPIS counselor. There are simply not enough SAPIS to address the needs of all of these children and their families. In reality, each SAPIS provides direct classroom lessons and counseling services to an average of 500 students each, with services available in only a fraction of over 1,700 schools.

The loss of more than 200 SAPIS counselors since 2006, has been devastating. The pivotal work that SAPIS perform in our schools is supported by data that indicates a correlative link between the laying off of the SAPIS and a steep rise of drug use and violence occurring in schools. This robs students of the opportunity to a quality competitive education, and ultimately, their futures. The adverse consequences from bullying, gang-affiliation, drug use, drinking, and peer pressure strain relationships, not only in the schools, but across a societal planes. Achieving a sufficient number of SAPIS counselors in the public schools system decreases the negative health, social, and educational consequences that influence behavior in and outside the classroom.

Today's youth are more vulnerable than ever before due to the growing drug abuse epidemic. The Center for Disease Control (CDC) reported that heroin use has more than doubled among young adults ages 18-25, over the past decade. According to a 2013, Youth Risk Behavior Survey from the NYC Department of Health and Mental Hygiene, 8.0% of NYC public high school students in grades 9-12 reported lifetime use of an illicit drug (cocaine, heroin, ecstasy, or methamphetamine). Students are not only using drugs and consuming alcohol, but we are

witnessing a rise of prescription drug use amongst high school children, especially in Manhattan and Staten Island. Youth who live in Staten Island reporting at the highest proportion (12.8%), followed by youth who live in Manhattan (11.0%). A core mission of SAPIS is to reduce the prevalence of substance abuse among youth, delay the initiation of substance abuse behavior among youth, decrease the negative health, social, and educational consequences associated with substance abuse and prevent the escalation of substance abuse behaviors to levels requiring treatment.

Local 372 SAPIS employees seek to bring resources and solution driven methodologies to all NYC schools students, in all 32 school districts from K-12, including special education. SAPIS staff are also trained to implement the most effective evidence based programs available. In addition, SAPIS are used to support schools during crisis and are trained and deployed to respond to serious events that affect school communities, such as death of a student or staff member. A specific example of this would be: of the 139 high level crisis situations from September 2014 – March 2015, SAPIS were deployed to assist in 76 of the incidents.

Our message is a simple one: the more support and resources we can offer to our at-risk youth, the more productive they will be in their future. That is why we have set a goal to reach one SAPIS in every school. We also support efforts in the state legislature to help meet this goal, such as legislation sponsored by Assemblyman Michael Miller and Senator James Sanders, Jr. (A.1116/S.2885), as well as a total of \$3 million in funding proposed in the Assembly's and Senate's one-house budgets.

It costs approximately \$71,723 (\$50,100 salary plus \$21,623 fringe) to hire a single SAPIS. After two years of service, the cost per SAPIS is \$82,483 (\$57,616 salary plus \$24,867 fringe). In each of the previous four fiscal years, Mayor de Blasio's office added \$2 million to the city budget towards the goal of fund one SAPIS in every Renewal School. The \$2 million in additional funding was used to add or retain a net 24 full-time SAPIS positions who assist in reaching an additional 12,000 at-risk students and their families who would otherwise not have the support they need. If this funding stream is not renewed, it will result in the net loss of these positions and the progress we have made. Today we ask for your continued commitment to our students by providing a total of \$4 million in next year's budget for SAPIS: a renewal of the original \$2 million allocation, to maintain the current staffing levels, and an additional increase of another \$2 million, to hire an additional 24 SAPIS counselors to reach thousands more children in need.

We recognize there are not enough resources to address every issue and service required throughout the city, and that tough decisions must be made over how to allocate limited funds. In 2017, the Mayor proposed spending upwards of \$38 million a year in response to the growing scourge of drug addiction and overdose ravaging our communities; we ask you consider that SAPIS counselors' role is to work with our youth to prevent them from succumbing to these devastating pressures in the first place. Investing in SAPIS counselors today will save taxpayer money by preventing drug use in our youth now, thus reducing addictions and overdoses in the long run.

More importantly, every one of our youth – each a unique individual with his or her own hopes, dreams, and aspirations – who might succumb to bullying, peer pressure, drinking and drugs, or

gang affiliation absent the support of a SAPIS counselor, but with SAPIS support can instead strive forward to chase those aspirations, is priceless. We at Local 372 thank you for the opportunity to provide this testimony, and we will answer any questions you may have.



KLIMB 2 AUTISM SERVICES INC.
Climbing Upwards Together

Mission: To fill a need in the underserved community for services for people with developmental disabilities and their families that includes but is not limited to; activities for people with developmental disabilities that promote social and physical development, bilingual training sessions for parents, bilingual parent advocacy for school meetings, afterschool respite and support for small private schools.

The corporation is formed to provide services to underserved and immigrant developmentally disabled individuals and their families. These services include activities for people with Autism that promote social and physical development, bilingual training sessions for parents, bilingual parent advocacy for school meetings, after school respite and support for small private schools. Much of the literature written for parents is at a high reading level and creates a disadvantage for bilingual parents. Bilingual parents have more difficult understanding and accessing the IEP process.

Executive Director: Salma Malik, Occupational Therapist R/L

Salma graduated from New York University with a Master's Degree in Occupational Therapy in 2012 and has since been working with special needs children, many of whom fall into the Autism spectrum and/or are developmentally disabled. She has worked with different minority populations and contracted in District 75 schools. Her experience has encouraged her to form this non-profit in order to extend beyond school practice and provide help and support within the community environment.

Chief Financial Officer: Danielle Sitnick

Master's in Business Administration. Head of Audit/Finance Committee

Danielle graduated with a Master's in Business Administration from Hofstra in 2006 with a BBA in Accounting. She has worked with large non-profits such as the ASPCA for many years. She currently works for the National Multiple Sclerosis Society and teaches courses in Accounting for Quinnipiac University.

Volunteers

This organization has a strong network of Volunteers from College Students, Sensory Gym Owners, and Therapists to Special Educators.



KLIMB 2 AUTISM SERVICES INC.
Climbing Upwards Together

Monthly: Group Parent Training/ Support Group

- What does my child's diagnosis mean?
- Common Signs and Symptoms
- School Support (Understanding the IEP process, the difference between OT, PT, Speech, Counseling) (what is addressed in school setting and what is not?)
- ADLs (Activities of Daily Living) Bathing, Self-Feeding, Dressing
- Sensory Issues Addressed, Making Sense of Sensory Issues

Individual Parent Training

- Confidential and Private Parent Training
- Call/email for an appointment

Monthly: Activities/Trips/Social Skills Groups for children with Autism/Developmental Disabilities

- Trips with their families to parks, zoos, sensory friendly play areas and movies, museums etc.
- Social Skills training groups (project or theme based: model plane building, playground time, craft project, using money with a group (trip for ice cream))
- Sensory fun groups (sensory play; movement. sand, water, paint)

Other languages: Arabic, Bengali, Urdu/Hindi, Spanish, Chinese, Haitian Creole, French, Korean, Polish, Russian

Contact Salma Malik (347) 927-2847

Klimb2info@gmail.com

<https://klimb2info.wixsite.com/website>



The Needs for Mental Health for the Asian Community

Committee on Mental Health, Disabilities, & Addiction's Hearing

Joy Luangphaxay, LMSW

Assistant Executive Director of Behavioral Health

March 26, 2019

Good Afternoon- my name is Joy Luangphaxay. I am the Assistant Executive Director at Hamilton-Madison House. We are a non-profit settlement house located in the Lower East Side. We are also the largest outpatient behavioral health provider for Asian Americans on the East coast. Currently, we operate five mental health clinics, a Personalized Recovery Oriented Services program, and a Supportive Housing program for individuals with severe mental health issues in two locations, in Manhattan and Queens. Our staff are all bilingual and we provide services for the Chinese, Korean, Japanese, Cambodian, and Vietnamese community.

In the last decade, Asian Americans continued to be the one of the fastest growing population in the New York metropolitan area. We at HMH have worked tirelessly to increase the capacity to this underserved population through active education, prevention projects, and providing culturally specific services.

In New York City, there are few Asian psychiatric units in the public hospitals and fewer than a dozen mental health clinics that provide linguistically services to meet the needs of the growing Asian community. In a recent study on suicide attempters among Chinese immigrants, local PCPs were the most common providers in which the suicide attempters sought consultation for their mental health. And yet most of the providers failed to provide psycho-education and referral services. Asians are often the most difficult to engage in services due to the stigma associated with seeking help and lack of culturally competent providers. Many admit to having thoughts of suicide or have attempted suicide in the past. This is a crisis that cannot be ignored.

Currently, in Hamilton-Madison House's mental health programs, 20 % of our client population have severe symptoms with high risk factors, many with passive suicide ideations and often require psychiatric interventions. Currently, due to the lack of clinicians and the financial resources to fund positions we are on a waiting for patients to be seen. Our wait list is averaging 3-4 weeks to be seen by a treating prescriber and clinician. We have not been funded by any NYC Thrive initiative or have been consulted on regarding the mental health needs of the Asian-American population. By providing vital services for these underserved population, Hamilton-Madison House is often looked upon as a mental health safety net for the Asian American community with very few finance resources to relay on and state and city agencies are looking for us to provide these services with the little resources we have. We are strongly urging the NYC's Committee on Mental Health, Disabilities, & Addictions to address these issues and allocate the appropriate funding to Asian American organizations that provide services to a growing, yet underserved and overlooked population.

March 22nd, 2019,

To whom it may concern:

As a pediatrician working in the Bronx, where the social determinants of health contribute significantly to Physical and Behavioral health issues; having a mental health clinician in my practice is a necessity and not an option. With the high level of stigmatization in the community, having an integrated primary care practice that is not a mental health clinic, where the families know and trust the staff is a necessary first step to engaging them in behavioral health services. The fact that this behavioral health clinician is co-located, can be introduced to them during a warm handoff when they are visiting their primary care doctor and can see them immediately or within days cannot be underestimated. I have seen an increase in inquiry and utilization of the behavioral health services. Consequently, we are now seeing the outcomes within our families that we wanted. Families are talking more about their behavioral health issues with the clinical staff and requesting for help. We are seeing families learn skills from the behavioral health clinician that support their families. We are seeing more compliance with psychotherapy with some adolescents opting to continue therapy sessions as they see the benefits. Children are also optimizing their learning in school with families reporting less conflicts at home as they understand the needs of their children.

As a Level 3 Patient Centered Medical Home, having a behavioral health clinician completes the medical home as we strive to ensure health as a state of complete physical, mental and social wellbeing and not just the absence of disease or infirmity. The MHSC has not only changed my practice and increased my competencies as a clinician but has been invaluable to the patients in my practice and their families.

In the last year, she has touched over 100 families, implemented Collaborative Care Management, providing care through telephonic contact, and provided short term therapy including CBT and other therapy modalities that have addressed the needs of our families.

I cannot say enough about how this much needed program has touched the lives of the families we serve.

Sincerely,

tosanoruwariye

Dr. Tosan Oruwariye, MD

Working with the Mental Health Service Corps (MHSC) and having a dedicated behavioral health clinician (BHC) provided by the MHSC, has made a tremendous impact on the care delivered at our outpatient primary care center. Our outpatient center is a National Committee for Quality Assurance (NCQA) recognized Patient Centered Medical Home (PCMH) Level III, servicing approximately 5,500 patients a year from birth through older adulthood. We have been working with MHSC for almost three years, and have made great strides in behavioral health integration initiatives in the primary care setting. Based on discussions with our providers and staff, not only are we identifying issues such as mild to moderate depression, anxiety, and even post-partum depression in our pediatric setting for new mothers, we are providing “warm hand-off’s” to patients, allowing them to meet with the BHC in that moment, helping the patient feel more comfortable and willing to follow up with treatment in the future. Having a BHC on our team has not only helped us identify and treat patients with behavioral health conditions, it has raised the level and standard of care to allow for more comprehensive, integrated treatment to all of our patients. In addition, as we provide care to an underserved population, having the BHC has been an invaluable resource to patients who may not have been provided the opportunity or education regarding identification of behavioral health conditions and potential resources for treatment or coordination of care. Ultimately, the BHC bridges the gap of care that may impact that patient’s overall well-being affecting both their mental and physical health by identifying behavioral health conditions and barriers to care, as well as providing resources and treatment as appropriate. By being involved in both the identification and treatment of behavioral health conditions, the BHC has been a true asset to our center, and we thank MHSC for providing us this opportunity and assisting us in our efforts to provide comprehensive, patient-centered care.

- Brittany Langan, MSW
Manager, Ambulatory Care Services

Testimony regarding experiences with the Mental Health Service Corps (MHSC)

March 26, 2019

My name is Dr. Jack Levine. I am a general pediatrician who has been working in Queens for over 30 years. We have had the pleasure of having Ms. Quinn co-located in our office for the past 2 ½ years after receiving a grant from the MHSC.

I am a believer in the importance of community based family centered comprehensive pediatric primary care. An important aspect of this type of care is addressing the mental health needs of our pediatric patients and their families. There is a multitude of mental health and behavioral challenges that our patients encounter including anxiety, discipline issues, sleep concerns, depression, ADHD, school issues, bullying, oppositional defiant disorder, sibling issues, postpartum depression and anxiety, a wide range of behavioral issues associated with developmental disabilities such as autism and the list goes on and on. Finding mental health services for children (and especially children on Medicaid and Child Health Plus) is and always has been a significant and concerning challenge.

The model of having a behavioral health specialist placed in the pediatric primary care setting is an evidence based and creative way to deal with the difficulty in finding mental health services. The social worker is well supervised by both a LCSW and a child psychiatrist; both of whom are willing to help the providers with difficult situations and provide educational sessions. Referrals are made by the providers after discussion with the families and patients and they are seen in a timely fashion (within one week and usually sooner). There is no charge to the families so that insurance coverage is not an issue. This is in contrast to outside referrals which can literally take months and are unavailable due to the often extremely poor insurance coverage for mental health.

Ms. Quinn will provide short term evidence based interventions for many conditions such as anxiety, oppositional defiant disorder, mild depression, school phobia. She evaluates and helps to make referrals for more severe disorders – but this is done quickly and in a patient friendly manner rather than the usual “blind” referral to a mental health center. She addresses psychosocial and family concerns, evaluates children and teens with self-injurious thoughts and helps families navigate the special education system. Additionally, she has helped with the comprehensive management of ADHD, autism and children with complex medical needs that have become an all too common aspect of primary pediatric care.

Our office screens for behavioral, psychosocial and mental health concerns from birth through young adulthood as is recommended by the American Academy of Pediatrics. When concerns arise at these visits we are able to refer to Ms. Quinn and who can often provide intervention before major problems appear.

This experience has helped our office to provide the type of primary care that addresses all aspects of the child and their family in a meaningful way that is convenient and easy. It is our hope that this will continue in a sustainable manner.

Jack Levine, MD

Kew Garden Hills Pediatrics



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March 26, 2019

To: NYC Council Committee on Mental Health, Disabilities & Addiction: Hon. Corey Johnson Speaker of the Council;
Hon. Diana Ayala Chair, Committee on Mental Health, Disabilities and Addiction

cc: Councilwoman Carlina Rivera; Councilman; Councilman Daniel Dromm; Councilwoman Helen Rosenthal;
Commissioner James O'Neill; Public Advocate J. Williams; Sebastian Macguire, Eric Boettcher, Rachel Graham Keegan

Ref: Preliminary Budget Hearing, NYC THRIVE Oversight & Failures from perspective of a person with a severe MH Diagnosis

Dear Chair Ayala, Speaker Johnson, Committee Members and Committee Counsel(s):

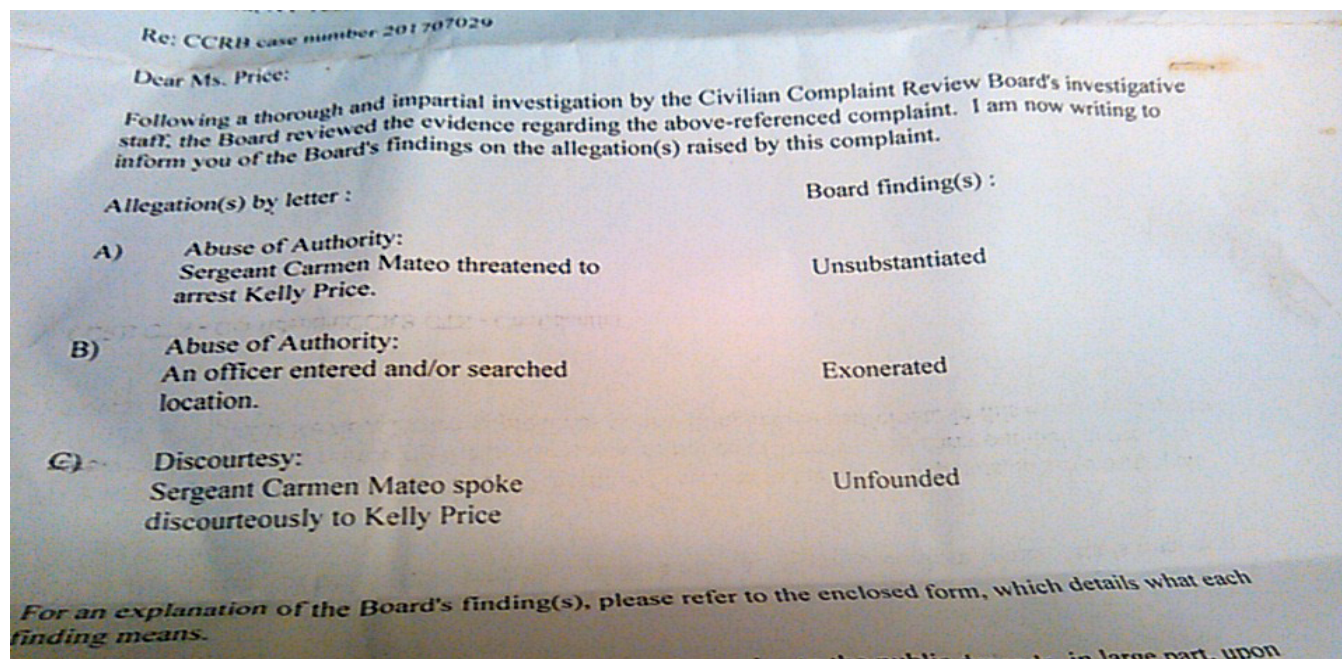
I thank you for holding this hearing and also the other members of the council and staff for allowing me to appear today and speak. I am Kelly Grace Price, co-founder of Close Rosie's (<http://www.CloseRosies.org>). I appear today to submit comment on my own personal experience as a person with a severe MH diagnosis with the "THRIVE" program. I am a survivor of the terrorist attacks on our city, my office was on the 21st floor of Tower Two of the WTC; I am a survivor of life-threatening intimate partner violence; a survivor of NYPD and Manhattan DA secondary victimization as they sent me to Rikers accused of "harassing my batterer and pimp" and fabricating my life-threatening injuries. On Rikers I was preyed-on by a member of the medical staff who tried to conscript me into a scheme of sexual servitude: that person is currently being prosecuted by the Bronx DA's office on 43 counts of rape and sexual abuse. I am a person who comes by her Mental Health Diagnosis honestly. I struggle every day to try to balance my anger and frustration at NYC policies and people who have taken everything in my life away from me that I struggled to build. Continuously each and every interaction with the NYPD has been a pejorative and derogatory one because of the way I have been demarcated in the NYPD databases as a person with an EDP history and a MH diagnosis and because of how the Manhattan DA has demarcated me as a "fabricator" in the Palantir/Cobalt/Domain Alert Awareness List databases.

I would like to share general comments about the specifics of ONE of the "THRIVE" incidents I have personally encountered:

- The "Thrive program does not help survivors of trauma/sexual violence "thrive" as we are marked in the NYPD Domain Alert Awareness System/Cobalt databases as people w MH diagnosis. Now EVERY POINT OF POLICE CONTACT sends us to the psych ward.
 - I offer the example of what happened to me when my landlord illegally changed the locks on front doors of my bldg. without distributing keys to tenants and I called 911 to report an illegal lockout (NYPD handbook procedure #117.11 requires a summons to be issued to landlord and an arrest if situation not immediately remedied.)
 - NO summons was issued to landlord; no arrest was made except of ME. I was not triggered or presenting signs of my MH diagnosis. I was sitting calmly on the porch with my former Service Dog Sofie (RIP) and we were told we would be arrested if we did not agree to go to hospital because of whatever the NYPD saw denoted about me in their database they accessed w their smartphones.
 - I was taken to the ER at Columbia Presbyterian Hospital and discharged less than twenty minutes later. The supervising doctor said to me that he was tired of the NYPD "dumping everyone with a MH diagnosis on his ER."
 - I still to this day have a bill that my Medicaid insurance carrier, HealthSouth, refuses to pay that has now gone to collections. How am I to pay this ~\$1100.00 bill on my public assistance? I get 160/mo. cash!!!!
- A. The CCRB and IAB confirmed this horror-story I shared with Susan Hermann when she visited the Downstate Coalition vs. Sexual Violence last year (I had CCRB'd the Sergeant and had that complaint SUBSTANTIATED already so IAB didn't have to work hard to investigate.)
- B. Instead of Ms. Hermann contacting me herself she had the Special Ops lieutenant from the 34th pct. email me and then he called me two weeks later, apologized and promised the NYPD sergeant would be punished w a "departmental hearing."
- C. The NYPD sergeant's (Mateo), actions were determined to be FOUNDED by the CCRB: below an excerpt from a determination letter I received in January of 2018 about the incident:

Abuse of Authority: An officer entered and/or searched location.	Substantiated (Charges)
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In early February of 2019 I received a SECOND determination letter ref the SAME incident but it is completely different and reveals a change in determination of the same charge after the departmental trial:



I have NO idea if Mateo was exonerated at trial or by the Police Commissioner or the trial board.

- D. There is still a deeper issue of people with MH diagnosis being wrongly directed/ordered to be hospitalized/forcibly taken into custody for medical care at EVERY point of contact w the NYPD- even when we are not in distress- that remains a behemoth issue for the THRIVE program to overcome.
- E. I am also very leery about people being monitored by NYPD/thrive as we move throughout the city among other things.
- F. These issues and others remain open and I hope the NYC Council have the capacity to address but please remain vigilant as Hermann and McCray move towards unveiling Phase II of Thrive.
- G.
- H. We can't allow them to sweep trauma survivors like myself under the rug in their rush to implement their new program. Thrive is a nightmare. I am happy to on pass the bill from the hospital that IS NOT covered by my Medicaid for the 20-minute hospital ER visit (doctor discharged me immediately complaining that the First Lady's new thrive pgrm was sending pp. unnecessarily to his ER all day long...)

Thank you for allowing me to speak today and thank you for considering my edits and suggestions to refine the current legislation pending before you today.

Best,

Miss Price



Srinivasa R. Adapa, M.D.

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Dear Sir/Madam:

What is mental health? According to the Webster Dictionary, "Mental health is the state of emotional and psychological well-being of an individual." Having a mental health clinician working with this office has been a tremendous help for our patients who not only need medical help, but someone to talk to. The need for Mental Health service Corp clinicians in the medical community is very important due to the variety of needs. For an individual to reach his or her full potential, their basic needs must be met, such as, housing, psychological, physical, and emotional needs. Having a sense of belonging in one's environment requires that all basic needs are met and fulfilled, so that one can thrive to their highest potential.

Having the opportunity to work with Mental Health Service corps gave me a sense of security knowing that my patients' needs are being met on every level. The patients are responding very well, and the clinician was able to match the clients to the services that they were having difficulties obtaining on their own. This program has been a cushion of support for those who suffer with anxiety and emotional scars. Therefore, I am thrilled to see this program expand to different offices, especially in primary care settings where the needs of that population are left unseen and unheard. Continuing this program will assist our clients to have a better outlook of life and obtaining their goals.

Sincerely,

Dr. Srinivasa Adapa



**Testimony of United Neighborhood Houses
Before the New York City Council**

**FY 2020 Preliminary Budget Hearing: Committee on Mental Health, Disabilities, & Addiction
Council Member Diana Ayala, Chair**

**Presented by Tara Klein, Policy Analyst
March 26, 2019**

Thank you for convening today's hearing. My name is Tara Klein, and I am a Policy Analyst at United Neighborhood Houses (UNH). UNH is a policy and social change organization representing 40 neighborhood settlement houses in New York City with two in upstate New York. We mobilize our members and their communities to advocate for good public policies, and we promote strong organizations and practices that keep neighborhoods resilient and thriving for all.

The work we do strengthens the capacity of more than 30,000 employees and volunteers working across 680 locations to continue providing necessary services for people of multiple generations with programs that provide skills, education, social services, health, arts, and connection to community and civic engagement opportunities for over 765,000 New Yorkers who visit settlement houses each year. Collectively, settlement houses provide mental health services to approximately 19,000 individuals annually, and substance abuse services to approximately 33,000 individuals annually.

In FY 2020, UNH calls on the City Council to restore and enhance funding to all nine of its Mental Health initiatives, with particular attention to the following:

- Geriatric Mental Health Initiative: \$2.5 million
- Autism Awareness: \$4 million
- Children Under Five: \$2 million
- Medicaid Redesign Transition: \$1 million

Additionally, the City must commit to **fair contracts across the human services sector** through a strong financial commitment and contract reforms.

Council Initiatives

First, UNH applauds the City Council for its long-standing support for programs that bring mental health services to vulnerable populations in their own communities, and for adding funding to many of these programs in FY 2019. Year after year, these initiatives provide crucial funding to nonprofit providers to offer mental health services in non-clinical community settings, including community centers, senior centers, and early childhood programs. We are especially thankful to the Council for continuing its support of these initiatives as new programs procured with baselined funds have proposed changing scopes of services and were structured in a way that prevented existing providers from applying.

UNH recommends that the City Council restore and enhance these mental health initiatives, to ensure the continuity of services for the children, youth, and older adults served by these programs:

Geriatric Mental Health Initiative

UNH is a long-time supporter of the Geriatric Mental Health Initiative (GMHI). GMHI funds mental health services in community spaces where older adults gather, such as senior centers, Naturally Occurring Retirement Communities (NORCs), and food pantries, and also supports in-home services for homebound seniors. GMHI increases the capacity of community-based organizations serving older adults to identify mental health needs, provide immediate mental health interventions, and refer clients for further psychiatric treatment when necessary. By placing mental health services in non-clinical settings, GMHI providers are able improve access to mental health services in the community, and providers can adapt their programs to meet the needs of the community they serve without stigma. GMHI currently supports 22 organizations, 7 of which are UNH members.

Staff within these programs are often the best resource for detecting mental health issues in seniors, as they work with seniors on a regular, even daily, basis. Symptoms of depression and anxiety in older adults frequently coincide with other illnesses and life events such as mourning the loss of loved ones, or coping with the onset of disabilities, which can cause these mental health issues to go undetected.¹ Increasing awareness and access to services within the places that seniors frequently attend ensures that people are receiving depression and substance abuse screenings, and are being connected to appropriate interventions as needed.

In FY 2020, we ask the Council to restore GMHI at \$1.9 million and enhance it by \$600,000 for a total of \$2.5 million. The initiative was funded at this higher level about a decade ago. Programs are eager to use additional funds to support their staff who face low salaries and high turnover; and several UNH members are eager for funding to hire multi-lingual program staff. Programs have also expressed a growing demand for these services, and would like to offer more assessments. Finally, programs have expressed that they would like more flexibility in the types of screening tools they are permitted to use to best support the needs of their communities. For example, one program indicated they must screen all clients for alcoholism despite only receiving positive results from less than one percent of those screened. Instead, they would like to screen for anxiety disorders and dementia, but they do not because these screenings are not reimbursable.

We are also encouraged to hear that the Administration has invested \$1.7 million in baselined funds for DFTA Geriatric Mental Health under Thrive (DGMH). The DFTA funding is meant to expand DGMH to up to 25 new sites, doubling its existing 25 sites (4 which are UNH members). DGMH partners with mental health providers to place clinicians in senior centers. The Council's GMHI funds, alternatively, support mental health programs that are staffed and run by senior centers and NORCs.

Autism Awareness

The Autism Awareness Initiative supports wraparound services for children with Autism Spectrum Disorder (ASD) at 37 organizations across New York City (including 3 UNH member organizations). Services offered include after-school programs, summer camps, social skill development, and weekend programming, as well as supportive services for families and caregivers of children with ASD. These programs often fill crucial gaps in services, such as extended support beyond State

¹ National Alliance on Mental Illness. *Depression in Older Persons Fact Sheet*. 2009.

services under the Office of People with Developmental Disabilities Services (OPWDD), weekend and summer programming, and supports for young adults who have aged out of the OPWDD system but still need support around vocational and life-skills coaching. Autism Awareness providers also offer family support and coaching, so that parents of children with ASD have resources to care for their children, and supports for themselves to prevent against caregiver burnout.

In FY 2020, we ask the Council to restore Autism Awareness at \$3.24 million and enhance it for a total of \$4 million. Additional funding will help cover program costs, which are often not fully met by Council funding. One program noted that existing Council funding is appreciated but not enough to cover the needed staff, and that “money is always a struggle.” This program indicated that their front desk receptionist will often fill in to help children with intake and other tasks outside of her regular job responsibilities, and also noted that there are outstanding multi-lingual staff needs. Additional funding would also bolster programs and services offered, such as increasing social skills groups and offering sibling supports, as well as serving additional children.

Children Under Five

The Children Under Five (CU5) initiative provides early childhood mental health services to infants, toddlers and pre-school aged children and their families in community-based settings. The program allows organizations to work with children to develop psychosocial and educational skills, as well as to cope with trauma resulting from witnessing or experiencing domestic violence, sexual abuse, or physical or mental abuse. Using a trauma-informed lens, providers are able to provide screening and clinical evaluation, individual, small group, and child-parent psychotherapy, and consultation to pediatricians, teachers, and child welfare workers. CU5 currently supports four organizations, one which is a UNH member.

For years, CU5 providers have been testing new interventions and models of providing care, greatly contributing to the City’s understanding of the most appropriate ways to treat this population. Their expertise is essential in both working on complex cases and in putting forth new treatment options. A UNH member recently said of CU5: “We’re the incubator. We do what Thrive isn’t able to do because we are smaller and more agile. Thrive has taken a lot of guidance from these programs.”

In FY 2020, we ask the Council to restore CU5 at \$1.002 million and enhance it for a total of \$2 million. This increased funding would support additional program staff, raises for staff that are in need of a cost of living adjustment, and allow programs to enhance their innovative approaches to early childhood mental health interventions.

Medicaid Redesign Transition

New York State is undergoing extensive changes to how Medicaid pays providers for mental health and substance abuse treatment. As of October 2015, behavioral health services are now covered under a managed care model instead of a fee-for-service model. This has resulted in high administrative and financial burdens for service providers. New billing and compliance requirements, as well as an emphasis on tracking program outcomes, have placed demands on staff time, and there is little financial support for these providers to plan and prepare for the managed care transition.

Additionally, the State is moving toward a value based payment (VBP) model, where services will be reimbursed only if certain outcomes are met. This will lead to providers taking on increased risk, and will require them to track outcomes and partner with managed care organizations and other service networks in new ways. The shift to VBP requires that participating healthcare providers and

Managed Care Organizations (MCO) partner with a Community Based Organization (CBO) to address at least one social determinant of health, such as neighborhood environment, economic stability, or education. However, CBOs have found themselves unprepared to partner with a healthcare organization due to lack of technical expertise, staff, data systems, etc. As such, CBOs need additional resources to ensure their successful integration into Medicaid Redesign.

A report from the Independent Budget Office on ThriveNYC highlights that the City's overall behavioral health network is facing substantial change, and that social service organizations will likely have to adapt substantial resources to adapt.² The City should provide funding for community-based mental health providers as they plan to transition their programs to operate in a managed care environment that prioritizes VBPs.

In the FY 2016 budget, the City Council began its Medicaid Redesign Initiative to support providers in this transition. Planning grants for community-based organizations are scarce, making this initiative a key source of funding. UNH members have used this funding to research and implement new business intelligence software, support staff to maintain the data systems, and work to better understand their impact and make more strategic decisions to improve outcomes. The Initiative currently supports 13 organizations, 3 of which are UNH members.

In FY 2020, we ask the Council to restore the Medicaid Redesign Transition initiative at \$500,000 and double it for a total investment of \$1 million. These funds would continue and expand support to organizations that are grappling with MRT changes.

Fair Contracts

In addition to these requests for Council Initiative funding, it is essential that the City recognize and address the larger-scale underfunding of city contracts across the nonprofit human services sector as a whole, which is calling into question the solvency of nonprofits and their ability to provide services in their communities.

The City must invest \$250 million to fill the gap between providers' indirect costs and contract reimbursement rates. The new Health and Human Services Cost Policies and Procedures Manual, which was developed alongside Deputy Mayor Palacio, lays out standardized indirect costs for the sector. However, without increased funding to address the contract gaps, this fiscal crisis will remain unaddressed. Based on numbers provided by the Office of Management and Budget, \$250 million should cover the costs to fully implement this manual's recommendations.

Finally, we urge the Council to consider a number of contracting reforms. The City must support timely contract registration and establish a transparent process for tracking contract actions. This includes considering the timeliness of Council Initiative funding, which many providers have indicated are delayed to the detriment of programs. The City must also address increased costs associated with the increase in the New York State overtime exemption level, and provide sample budgets in procurements so providers can accurately assess the feasibility and level of risk in bidding for contracts.

Thank you for your time. For questions, I can be contacted at 917-484-9326 or tklein@unhny.org.

² New York City Independent Budget Office. *Fiscal Brief: Detailing the Expansion of Behavioral Health Services: City-Funded Spending Drives New & Growing Programs Under the Mayor's ThriveNYC Initiative*. February 2017.

Public Testimony for the March 26, 2019 Committee on Mental Health. Disabilities and Addiction

Good Afternoon City Council Committee Chairs and Members and Honored Guests

I am Dr. Gerard Bryant, Director of Counseling at John Jay College of Criminal Justice, one of 25 colleges/schools, actually one of 11 senior colleges within The City University of New York system and a Hispanic Serving /Minority Serving Institution.

As a core Thrive program, otherwise known as a “Site Champion” (one of 10 Site Champions in the CUNY system) and a partner of the Mental Health Service Corps, henceforth referred to as MHSC, I am here today to share our experiences with this initiative.

We have been a Site Champion since the very beginning of this initiative back in July 2016. John Jay College has been fortunate to have the services, at various times, of a total 7 MHSC early career professionals in our Counseling Services Center, which is embedded in our Wellness Center. They have worked a combined total of 110 months, which is nearly 9 years of collective service, in our program.

During this period of 2 years and 9 months, MHSC early career professionals have amassed a total of over 5500 clinical hours. As part of those direct service hours, MHSC professionals have conducted a total of 147 intakes; provided more than 178 hours of Crisis Intervention to 164 students and provided nearly 3,000 (a total of 2,942 to be exact) sessions/hours of Personal Counseling to 237 students. MHSC providers have also led groups for our LBTGQI community and groups focusing on trauma-informed care. In addition, MHSC staff has provided hundreds of hours of non-direct clinical services such as consultation to faculty and staff on student-related matters, conducted workshops and tabling on mental health issues facing college students and collaborated with other mental health professionals on and off campus. Because of their services, I know that many of our students have been able to overcome significant emotional and psychological challenges and graduate as result of the services of the MHSC professionals. At a time where college counseling centers are seeing many more students coming forward with significant mental health issues like depression, anxiety, stress and substance abuse, we would not be able to provide this extent of mental health services to a population of nearly 13,000 undergraduate and 2,000 graduate students without the support of this program.

Numbers, however, tell only part of the story. These early career professionals came to us with impressive academic credentials, solid training and enthusiasm to work with our population.

In conclusion, MHSC clinicians have increased capacity of our Counseling Services Center and I look forward to a continued partnership with NYC Thrive/MHSC program as we continue to provide much needed mental health services to our traditional and non-traditional college population, many of whom represent underserved communities in this city.

Thank you for your time and consideration, and for this opportunity.

Gerard W. Bryant, Ph.D.

Director of Counseling Services Center, Wellness Center

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"If you learn, teach. If you get, give." Maya Angelou

****Please note:** If you find yourself in crisis outside of regular Counseling Services Center operating hours and you are on campus, contact Public Safety by dialing **x8888** from any campus phone. If you are off campus, then you should call 911 or go to the closest hospital emergency room.



Submission to the Committee on Mental Health, Disabilities and Addiction
of the New York City Council regarding
the Fiscal Year 2020 Preliminary Budget, the Preliminary Capital Plan
for Fiscal Years 2020-2023, the Preliminary 10-Year Capital Strategy for
Fiscal Years 2020-2029, the Fiscal 2019 Preliminary Mayor's Management Report,
and best practices in addressing the impact of social-emotional health initiatives
on school climate and school discipline

by the United Federation of Teachers
Michael Mulgrew, President
March 26, 2019

The United Federation of Teachers (UFT) wishes to thank Chair Diana Ayala and the Committee on Mental Health, Disabilities and Addiction for the opportunity to share our views on the Fiscal Year 2020 preliminary budget and best practices in addressing the impact of social-emotional health initiatives on school climate and school discipline.

We also want to thank Speaker Corey Johnson, Finance Committee Chair Daniel Dromm and the entire City Council for its support for public education and its advocacy on behalf of our members and students.

Too many of our children — from our earliest learners to those on the precipice of adulthood — grow and learn battling the challenges of poverty. As reported last fall by the Research Alliance, the statistics on students living in shelters or temporary housing are staggering and rising — and now stand at approximately 1 in 10 students. These challenges, including food insecurity, homelessness and lack of basic needs pose obstacles to learning and exacerbate any underlying mental health issues for our students and their families.

Further, when students are facing crisis, or in instances where a tragedy hits a school community, access to skilled professionals can keep a difficult situation from intensifying or creating chaos. Whether it's our members or the students we serve, we know the value of equipping school communities with the ability to diagnose, treat, refer and de-escalate conditions that otherwise can upend mental and emotional stability.

Our testimony narrowly focuses on the UFT's programs and initiatives that support mental health, social-emotional development and crisis intervention. In lieu of an analysis of the broad scope of the ThriveNYC budget and programs, our discussion and recommendations center on what the UFT has shown can make a real difference to our students, their families

and our members and how the City Council, ThriveNYC and the Department of Education, through the upcoming city budget, can support the union's work.

How the City Council can best support the UFT's mental health and wellness work

The UFT offered testimony earlier this month seeking the City Council's support for the Positive Learning Collaborative, the Community Learning Schools (now United Community Schools), the BRAVE anti-bullying campaign and for restoring funding for social workers, among other initiatives. While it's unnecessary to repeat our full funding request, we'd like to state upfront, these are the specific areas where the support of the Committee on Mental Health, Disabilities and Addiction will have a significant impact on expanding our union's mental health services.

- Positive Learning Collaborative — This joint venture of the UFT and the DOE is designed to change the behavior of children and adults through restorative practices.
- United Community Schools (formerly CLS) — This UFT community schools initiative addresses barriers to learning so our students, many of whom are highest-needs, achieve academic and socio-emotional success. We educate the whole child. The UFT provides six schools with social workers to deliver clinical support to at-risk students, including crisis intervention, de-escalation and support to their families. Our social workers also run staff trainings on behavioral management strategies.
- BRAVE — The UFT's BRAVE anti-bullying campaign aims to combat bullying in our schools. Short for Building Respect, Acceptance and Voice through Education, this initiative provides educators, parents and students with the tools, knowledge and support to be pro-active in confronting and stopping bullying.

How ThriveNYC can best augment the ongoing work in schools

Among the vast array of ThriveNYC-funded programs and initiatives across many of the city's agencies, the UFT believes that its Thrive in the Workplace, through the Office of Labor Relations, and Single Shepherd, through the DOE, can best augment our endeavors.

- Member Assistance Program (MAP) — In 2009, the UFT introduced MAP, which has trained professional counselors who guide our members through the problems that can put their health and job in jeopardy.

Our MAP employs three full-time and one part-time licensed mental health professionals to serve more than 150,000 union members in our 1,800 New York City public schools; these staff members are fully paid by the union. Over the past nine years we have served thousands of members, including the more than 6,000 new teachers who have joined the union in the last few years, so they can be successful educators and stay in the profession longer.

In comparison to other city unionized employees, the UFT has fewer licensed clinical mental health professionals. District Council 37 has 20 mental health professionals for its 125,000 members, while the New York Police Department has six for its 30,000

members and the New York Employee Assistance Program has 12 covering 150,000 members. The city pays for the mental health professionals for these other unionized employees, while the UFT foots the bill on its own.

Funding support for additional clinical staff through Thrive in the Workplace would enable us to better serve our members.

- ThriveNYC Single Shepherd program — The UFT supports the guiding premise of the Single Shepherd program, as it is designed for school counselors and social workers to have a small caseload of 100:1. In principle, this initiative enables our members to give more individualized attention to their students, follow up with families, and create schedules that address the needs of their caseload and the school. Further, Single Shepherd should allow for more interventions to be in place to support students and set up preventative programs that assist with social and emotional concerns.

Outside of the Single Shepherd program, school counselor caseloads are burdensome. The union reviewed the 20 schools with the highest caseload ratios per the high school and middle school divisions; the numbers are disturbing. The worst caseloads in the middle school division ranged from 580 students per counselor to more than 1,300. In the high school division the caseloads ranged from more than 425 to nearly 1,200.

While we have some concerns with respect to the DOE's supervision of Single Shepherd, which we will outline below, how much more effectively could our members serve their students if their caseload dropped to 100?

Funding support for additional clinical staff through ThriveNYC's Single Shepherd program could greatly reduce counselor workloads.

The UFT supports mental health initiatives

The UFT has a long track record of prioritizing safety and health more broadly and mental health in particular. It is why decades ago we established a safety and health department, where our staff includes licensed clinical social workers. Our safety and health department has launched several initiatives over the years that support mental health, including the Member Assistance Program (MAP), the BRAVE anti-bullying campaign and the partnership with the union's United Community Schools (UCS, formerly the Community Learning Schools Initiative), which embeds dedicated social workers in some of its schools.

In addition, the union's Welfare Fund staffs its Health and Cancer Hotline with social workers and caseworkers to help members and their families with the stress brought on by critical illness and navigating the complex healthcare process.

Further, the union's special education division has partnered with the DOE on an initiative to bring therapeutic crisis intervention into our schools — the Positive Learning Collaborative (PLC); it oversees our school psychologists and social workers, school counselors and clinical

therapist chapters, providing valuable professional learning and Continuing Teacher and Leader Education (CTLE) hours. These members, whose expertise is routinely called upon, remain connected to the pulse of what students and their teachers face daily and grasp the depth of the need for mental health services and support.

We'd like to dive more deeply into our approach to mental health support via our PLC, MAP and UCS initiatives.

Positive Learning Collaborative (PLC)

Through the joint UFT-DOE Positive Learning Collaborative, a research-based, data driven model where all adults in a school building are trained by staff members skilled in therapeutic crisis intervention (including social workers and other mental health clinicians) to cultivate strong relationships with students, to recognize when students are facing crises that could lead to behavioral problems, and in techniques that help them defuse student conflicts. This is particularly important for children who face extraordinary challenges such as homelessness or disability, and who are much more likely than their peers to be disciplined or suspended.

In New York City, the six public schools with a total of 3,400 children in the first cohort of the Positive Learning Collaborative have seen an 82 percent drop in suspensions, and a drop of more than half in the kind of violent incidents that usually lead to suspensions.

At the same time, academic gains have either kept pace with or exceeded the citywide gains in standardized test results, while both staff and parents have reported increased levels of trust among all parties and a calmer and more nurturing school environment.

One such example is PS 42 in the Bronx, a school where large numbers of children grapple with traumas such as homelessness, and where discipline had been a problem. To try to turn the school around, new Principal Lucia Orduz brought in new resources and PLC, which introduced programs to train teachers in a variety of restorative justice practices.

United Community Schools (formerly CLS)

The UFT spearheaded our community schools model, now under the banner of United Community Schools, to address barriers to learning so our students, many of whom are highest-needs, achieve academic and socio-emotional success. We educate and provide supports for the whole child. This integration of classroom instruction, health and wellness services, academic interventions and enrichment programs, together with family and community engagement — all operating seamlessly— has proven to be both challenging and successful. Each of our 31 schools provide additional mental health programming to handle the high cases of trauma-related mental health issues such as difficulties in self-regulation, problems relating to others, anxiety, depression and attention issues, to both support what mental health services already exist in the schools and provide necessary clinical and one-on-one counseling that schools

desperately need but are lacking. Additional mental health programming may be available through a school-based health or mental health clinic, a nonprofit organization focused on mental health or by hiring additional social workers focused on children's at-risk and crisis cases.

At PS/IS 184 in Brooklyn's Brownsville neighborhood, our dedicated social worker Tamika Abdullah brings her clinical care acumen to at-risk students and innovative social-emotional approaches to their teachers. She introduced the school's anti-bullying initiative, which committed both students and their teachers to an anti-bullying pledge, with accompanying poster boards designed and displayed by each class. Abdullah introduced restorative circles to the 3rd-grade Integrated Co-Teaching class. The students check in on a color-coded board to indicate their moods. She's fulfilling her goal and laying the mental health groundwork for PS/IS 184 to become, in her words, "a trauma-informed school." Our city's children would greatly benefit from a social worker in every school.

Member Assistance Program (MAP)

Our services are confidential, professional and supportive. Any UFT member may receive short term individual counseling through MAP. This is a therapeutic process through which members work one-on-one with a trained licensed mental health professional — in a safe, caring and confidential environment — to explore feelings, beliefs or behaviors, and to work through challenges toward desired change. MAP services are free and confidential.

Equally critical, our MAP counselors team up with our central Victim Support clinical counselors, school safety staff and borough safety coordinators to guide them through the process in cases where children and members experience violence, trauma or a sudden loss of a member of the school community. Our counselors also conduct group grief counseling for members, with sessions in the fall and spring.

At a recent UFT Delegate Assembly, James Cochran, the UFT chapter leader at the High School for Youth and Community Development at Erasmus Campus in Brooklyn, delivered a compelling plea for more MAP counselors after a student was shot and killed in the lobby of the teen's own apartment building. Our members and school administrators struggled with their own grief and how to best support the students. Without DOE clinical staff on the borough crisis teams to support schools, our members and the students relied on the Union Crisis Intervention psychologist and clinical social worker to guide them through the painful process.

The UFT supports greater transparency

The UFT champions transparency and data gathering to best inform policy decisions —to expand what's working and improve what's falling short of the mark. We are not in a position to analyze the budget requests before the City Council on ThriveNYC, but overall we see the possibilities for enhanced transparency and checks and balances. It is our understanding, for

instance, that many ThriveNYC Mental Health Consultants are not, in fact, mental health professionals. We believe the DOE should survey the schools in the program to assess the nature of services provided and whether the school communities found the services useful.

As it relates specifically to how the DOE supports mental health initiatives, the Single Shepherd program was to provide close supervision for members so they could implement best practices. Our counselors were also to follow their students from grade to grade. Our members deeply believe in this initiative and want it to work, but the communication has been lacking and our members are frustrated. Our counselors' directives change capriciously and constantly with little support from supervisors. Often Single Shepherd school counselors are assigned inappropriate tasks by their principals, resulting in longer working hours without additional compensation. Yet according to how the process is designed, these counselors should only receive their assignments from their Single Shepherd supervisors. Essentially, the DOE has failed in implementation.

The DOE does have crisis intervention teams in every borough. These teams of typically three or four individuals are administrators — they're not clinical social workers or psychologists. Without clinical staff on their crisis teams, the DOE cannot provide the appropriate input, based on clinical best practice, to the school in crisis. This is particularly problematic in cases like student suicide. In a recent case in the Bronx, members were told not to discuss a widely publicized tragedy — in effect, not to let the children talk. This goes against recommendations by the American Psychological Association, the National Association of Social Workers and the New York State Office of Mental Health. More checks and balances would enable the department to try to get ahead of some of these prevailing issues and secure proper staffing and supervision.

Our children, especially those at the highest risk for social and emotional problems, need and deserve counselors, therapists and clinicians. Our members also need support so they can best serve their students. We look to the City Council to support the union's initiatives, as outlined in our recommendations, so we are creating schools where our members want to teach and where parents want to send their children.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Sandy Rozza

Address: Deputy Commissioner

I represent: DOHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Hillery Kinis

Address: Deputy Commissioner

I represent: DOHMH

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Dr. Oxi's Barbot

Address: Commissioner

I represent: DOHMH

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Joy Luangphaxy

Address: 253 South St.

I represent: Hamilton-Madison

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK 34**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

NY ☐ in favor ☐ in opposition
CC Initiatives

Date: 3/26/19

(PLEASE PRINT)

Name: Harriet Lesse

Address: 120 Wall St.

I represent: JCCA

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK 33**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Katherine Wurmfeld

Address: 520 8th Ave

I represent: Center for Court Innovation

Address: Strong Starts Court Initiative

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/26/14

(PLEASE PRINT)

Name: Dion Pouch

Address: 1413 Fulton Ave Apt #1F 10456

I represent: self

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Mon Yuck Yu

Address: 1620 East 14th St, Brooklyn, NY 11229

I represent: Academy of Medical & Public Health

Address: 5306 3rd Ave, and Fl, Brooklyn, NY 11220

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. Epidemiology Res. No. _____

☐ in favor ☐ in opposition

Date: 3-26-2014

(PLEASE PRINT)

Name: Jayce Rivera

Address: 47 Dover Green SE Atlanta GA 30316

I represent: St. Ann's Corner of Home Pkch

Address: 8886 Westchester Ave, Bx NY 10459

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Nicholas Becerra

Address: 425 W. 47th St.

I represent: Fountain House

Address: 425 W. 47th St

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 3-26-19

(PLEASE PRINT)

Name: Julie M. Rios

Address: 45 Church Street #7 Paterson, N.J. 07722

I represent: Housing Works

Address: 301 W. 37th Street N.Y.C. N.Y. 10018

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/26/19

(PLEASE PRINT)

Name: Faith Behum

Address: _____

I represent: USA-Federation of NY

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: CHRIS COPELAND

Address: 4630 CENTER BOULEVARD, 11109

I represent: ICL

Address: 125 BROAD ST, NY.

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: GERARDO BAYART

Address: John Jay College

I represent: 524 W. 59th St. NY 10011

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/26/2019

(PLEASE PRINT)

Name: Alice Berkman

Address: 14 Wall St Ste 4E

I represent: Citizens' Committee for Children

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/26/19

(PLEASE PRINT)

Name: Sarita Dattani

Address: 900 Lexington Ave, New York NY

I represent: JustLeadershipUSA

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Asian panel

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/26/19

(PLEASE PRINT)

Name: Joo Han

Address: _____

I represent: Asian American Federation

Address: 120 Wall St, 9th Fl, 10005

THE COUNCIL
THE CITY OF NEW YORK

Asian panel

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/26/2019

(PLEASE PRINT)

Name: Jo Park

Address: _____

I represent: KCS Mental Health Clinic

Address: 42-16 162nd St 2nd Floor Flushing, NY 11358

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: ALAN ROSS, Executive Director

Address: 324 E. 9th St. NY NY 10003

I represent: Samaritans Suicide Prevention Center

Address: 61 GRAMERCY PARK NORTH, NY NY 10010

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3-26-19

(PLEASE PRINT)

Name: Ken Robinson

Address: 81 Willoughby St. B'lyn

I represent: Research for a Safer NY, Overdose

Address: Prevention Centers - 81 Wby, B'lyn

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Chris Norwood Health People Exec Director

Address: 552 Southern Blvd Bx NY

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Kendra OKE Health People ^{Crossover} Live

Address: 1168 Stafford Ave Apt 411 Bx NY 10472

I represent: _____

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/26/19

(PLEASE PRINT)

Name: Salma Malik

Address: 40 Balfour Drive Bethpage NY 11714

I represent: Klimb 2 Autism Services Inc.

Address: 2272 East 19th Bklyn NY 11229

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition Neutrality
Date: March 26

(PLEASE PRINT)

Name: Marve Bazz

Address: _____

I represent: Disabled Haitian American

Address: 501 Equi. 1st St Albans
NY 11412

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3-26-2019

(PLEASE PRINT)

Name: Amy Dorin

Address: _____

I represent: Coalition for Behavioral Health

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Ted Houghton / Brendan Cheney

Address: _____

I represent: Gateway Housing

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Chris Howard

Address: _____

I represent: Health People

Address: _____

Please complete this card and return to the Sergeant-at-Arms

THE COUNCIL *with Chrys*
THE CITY OF NEW YORK *Nowood*

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: ~~Chris Nowood~~ Kendra Oke

Address: _____

I represent: *Health People*

Address: _____

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: *3/26/19*

(PLEASE PRINT)

Name: *Joe Debonovis*

Address: *198 E. 121st St, NY, NY 100*

I represent: *Center for Urban Community*

Address: *Services (CUCS)*

THE COUNCIL
THE CITY OF NEW YORK

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: *3/26/19*

(PLEASE PRINT)

Name: *Donna Tilghman*

Address: *125 Barclay Street NY NY 10007*

I represent: *SAPIS Secretary, Local 372, DC37*

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Efrain Gonzalez III

Address: _____

I represent: _____

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: D.J. Jaffe, Mental Illness Policy Org

Address: 50 E 129, PH7

I represent: Mental Illness Policy Org

Address: same

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: ~~DJ~~ Jaffe DJ Jaffe

Address: see 50 E 129 10035

I represent: Mental Illness Policy Org

Address: _____

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Kelly Grace Hia

Address: 534 W 137th St NY NY 10033

I represent: Close Kites

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☒ in favor ☐ in opposition

Date: 2/26/19

(PLEASE PRINT)

Name: Katharine Celentano

Address: Ithaca, NY

I represent: Drug Policy Alliance - NYS Office

Address: NYC

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: DJ Jaffe

Address: 50 East 129 St, PH 7 NYC 10035

I represent: Mental Illness Policy Org

Address: same

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Greg Waltman

Address: _____

I represent: GI Quantum

Address: _____

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 3/26/19

(PLEASE PRINT)

Name: Joe DeGennaro

Address: 198 East 198th St, NY, NY 10035

I represent: Center for Urban Community

Address: Services (CUCS)

◆ Please complete this card and return to the Sergeant-at-Arms ◆