CITY COUNCIL
CITY OF NEW YORK

---------- X

TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH,
DISABILITIES AND ADDICTION

---------- X

September 26, 2025
Start: 10:11 a.m.
Recess: 1:05 p.m.

HELD AT: 250 BROADWAY, 8TH FLOOR – HEARING ROOM 3

B E F O R E: Linda Lee, Chairperson

COUNCIL MEMBERS:
Erik D. Bottcher
Shahana Hanif
Kristy Marmorato
Darlene Mealy

OTHER COUNCIL MEMBERS ATTENDING:
Lincoln Restler

A P P E A R A N C E S

Dr. Jean Wright, Executive Deputy Commissioner for the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene

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

Dr. Rebecca Linn-Walton, Assistant Commissioner for the Bureau of Alcohol and Drug Use at the New York City Department of Health and Mental Hygiene

Fiodhna Grady, Director of Government Relations for the Samaritans of New York

Chaplain Dr. Victoria A. Phillips, Director of Community Health and Justice Advocacy at the Women's Community Justice Association

Samuel Eluto, Director of Member Relations for Building Trades Employer’s Association

Safiyah Addison, Vice President of School and Community Programs at the Child Mind Institute

Patrick Wehle, Executive Director of the Association of Wall, Ceiling, and Carpentry Industries of New York

Ruth Lowenkron, Director of Disability Justice Program at New York Lawyers for the Public Interest

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

Jordan Rosenthal, self

Maggie Mortali, Chief Executive Officer of the National Alliance on Mental Illness New York

Tanesha Grant, Steering Committee Member of Correct Crisis Intervention Today New York City and the Executive Director of Parents Supporting Parents New York

David Mandel, Chief Executive Officer of Ohel Children's Home and Family Services

Abigail Pluchek, self

Evelyn Graham-Nyaasi, self

Alyssa Rose Valentin, mental health advocate based in the Bronx

Keri Vicioso, self

Sofina Tanni, Senior Program Coordinator at the Asian American Federation

Christopher Leon Johnson, self

Tamara Begel, self

Evan Sachs, member of ACT UP New York, editor for Mask Together America, and founder of the Washington Heights Inwood Mask Blog

SERGEANT-AT-ARMS: Good morning, good morning. This is a microphone check on the Committee on Mental Health, Disabilities and Addiction, recorded by James Marino, in Hearing Room 3 on 9/26/2025.

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

At this time, I'd like to remind anyone going forward to please silence their electronic devices, and at no point is anyone to approach the dais or the witness stand unless invited to testify.

If you would like to testify in person and have not done so, signed up already, you can do so outside with the Sergeant-at-Arms at the table.

Chair, we're ready to begin.

CHAIRPERSON LEE: Okay. Good morning, everyone. Oh, sorry, I'm not used to this new space, and I hear my voice echoing, but welcome to our new digs, and thanks everyone for being here today for this hearing. My name is Linda Lee, Chair of the New York City Council's Committee on Mental Health, Disabilities and Addictions.

Before we begin, just wanted to recognize we're joined by Council Member Bottcher, and that's it for now.

So today, the Committee will discuss the 9-8-8 and suicide crisis lifeline, a critical and confidential support system for people across the nation who are impacted by mental health, and we will also be hearing three pieces of legislation. Introduction 1385, sponsored by myself, in relation to establishing a construction site opioid antagonist program; Introduction 1162, sponsored by Council Member Farrah Louis, requiring the Health Department to report annually on suicides that occur in the city, and Resolution 1049, sponsored by Council Member Pierina Sanchez, that calls on the United States Congress to introduce and pass, the President to sign legislation to incorporate mental wellness training with OSHA 10 and OSHA 30 trainings. And as we mark Suicide Prevention Awareness Month this September, we are reminded that behind every call to the 9-8-8 hotline is a person in pain, a family in crisis, and a community seeking help, and it is our responsibility to ensure this resource meets the needs of all who turn to it. The 9-8-8 lifeline works

as a coordinated network of regional crisis centers, mainly funded and operated by the states and localities, to provide 24/7 around-the-clock call, text, and chat services for anyone in need. In New York State, there are fifteen 9-8-8 lifeline centers, three of which are in New York City. These centers work with the State's Office of Mental Health and Vibrant, the 9-8-8 Contacted Administrator, sorry, like I hear my voice, to ensure that the program operates seamlessly and provides consistent, high-quality crisis response across New York. The city and state both fund 9-8-8. However, in recent fiscal years, the City has reduced the funding of the helpline by 10.9 million dollars. In the most recent budget negotiations, the City added an additional 5 million dollars for 9-8-8 in response to the federal budget cuts towards services for LGBTQ+ youth. Previously, LGBTQ+ youth calling the 9-8-8 lifeline had the option to press number three, to be connected to a counselor specifically trained to support their unique mental health needs, like the Veterans Hotline. However, this program was eliminated by the Trump administration this past summer. Thus, today's hearing is not just about examining 9-8-8's operation

in New York City, but about ensuring that every New Yorker in crisis has timely access to life-saving support. Our responsibility is to evaluate what is working, identify where gaps remain, and commit to strengthening this service so that it truly fulfills its promise to all New Yorkers, no matter their background.

I would like to thank Dr. Wright and DOHMH staff for being here, as well as members of the public for taking time to testify today on this important topic.

I would also like to thank the Committee Staff who have worked so hard to prepare this hearing, Sara Sucher, our Senior Legislative Counsel; Justin Campos, our Policy Analyst; Danylo Orlov, our Data Scientist; Aman Mahadevan, our Financial Analyst; and Valerie Lazaro-Rodriguez, also Financial Analyst, as well as my own Staff.

I will now pass the mic. Oh, just kidding, he's not here.

So, I will now read a statement on behalf of Council Member Louis on her bill, since she's not able to join us this morning.

Good morning. I wanted to begin by thanking Chair Lee for her leadership and her unwavering commitment to strengthening… okay, blah, blah, blah. It is an honor to have Introduction 1162 before the Committee on Mental Health, Disabilities, and Addiction today, and I'm proud to sponsor this bill alongside my Colleague, Chair Lee, and Council Members Schulman, Narcisse, Brannan, and Sanchez. This bill requires the Department of Health and Mental Hygiene to publish an annual report on suicides in New York City. While a fraction of this information currently exists within broader mortality data, it is not clearly comprehensive enough to meet the needs of advocates, providers, and families seeking solutions. By requiring data on age, race, ethnicity, gender, occupation, and borough of residence, we can better identify where the needs are greatest and target resources toward the communities most at risk. The mental health crisis facing both our youth and older adults demands urgent action. This legislation will equip the Council and the Administration with the data necessary to respond with precision, compassion, and accountability. I look forward to working with my Colleagues and the

Administration to advance this bill and to taking a meaningful step toward addressing the mental health needs of our city's most vulnerable residents.

So, I will now turn the mic to the Committee Counsel to administer the oath to members of the Administration.

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

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

ADMINISTRATION: (INAUDIBLE)

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

EXECUTIVE DEPUTY COMMISSIONER DR. WRIGHT: Good morning. Can you hear me okay? Excellent.

Good morning, Chair Lee, Members of the Committee. I am Dr. Jean Wright, Executive Deputy Commissioner for the Division of Mental Hygiene at the New York City Department of Health and Mental

Hygiene, the Health Department. I am joined today by Jamie Neckles, Assistant Commissioner for the Bureau of Mental Health, and Dr. Rebecca Linn-Walton, Assistant Commissioner for the Bureau of Alcohol and Drug Use. Thank you for the opportunity to testify today.

I am pleased to be here with my team to discuss NYC 9-8-8 and the Health Department's role in addressing the mental health needs of New Yorkers. First, I'd like to review the history of NYC 9-8-8 and our role in building, maintaining, and improving this infrastructure. The Health Department is a key pillar of New York City's mental health system. We provide health surveillance to inform programming and policies, guidance and leadership, as well as oversight and technical support for contracted services, as well as some direct services. We take a public health approach to this work, with the primary goal of preventing mental health crises by increasing awareness and access to mental health and substance use supports. However, when mental health crises do occur, we seek to ensure all New Yorkers have access to responsive care that includes health and social supports that are affordable, accessible, effective,

and free of stigma. As part of this work, we procure and manage the contract for the call center that operates 9-8-8 in New York City. New York City has long been a leader in this space. The Mental Health Crises Information and Referral Hotline serving New York has evolved and expanded over decades. It started as the 24/7 phone-based service called LifeNet that handled less than 100,000 calls a year. In 2016, the City substantially increased its investment in the hotline to handle more volume through more modern means of communication, renamed as NYC Well. The program's capacity doubled to 200,000 calls, texts, and chats. A website was also developed to provide direct, searchable public access to the resource database, which counselors use to share information and make referrals. Peer support was also added as an option for anyone to select. In 2020, the federal government moved to improve and unify the country's mental health crises and suicide hotlines, making 9-8-8 the nationwide number. In 2023, NYC Well officially transitioned to 9-8-8, along with the rest of the country. We worked closely with the State Office of Mental Health to execute this transition. NYC 9-8-8 goes above and beyond

federal and state requirements, providing a robust array of services, such as peer support, a single point of access to mobile crisis services, and non-crisis information and referral. The Health Department oversaw and supported the evolution from LifeNet to 9-8-8. This history informs our work currently.

The mental health crisis services we support can be categorized into three groups, someone to call, someone to respond, and somewhere to go. The program we're discussing today, 9-8-8, is the cornerstone of someone to call. When someone experiences a mental health crisis, it can be helpful to talk to someone we trust, a friend or family member, a religious advisor, a peer, a mental health professional or health care provider. Anyone can reach out to 9-8-8 at any time of the day or night, any day of the year, to speak with a trained crisis counselor or peer support specialist. New Yorkers can reach out via call, text, or chat. 9-8-8 counselors and peers will listen to the person's situation and help them through a moment of crisis with emotional support and coping skills.

NYC 9-8-8 provides custom local counseling and resources consistent with national standards and best practices. Counselors help connect people to ongoing mental health services that meet their needs. In New York City, these counselors refer people who don't need immediate care to community-based mental health providers and community resources. There is also an online database of service providers available to the public on 9-8-8 website.

While 9-8-8 is the main program for someone to call, it can serve as a link for Health Department programs that are responsive to someone to respond and somewhere to go. For example, 9-8-8 can dispatch a mobile crisis team to visit the person wherever they live within a few hours, 8 a.m. to 8 p.m. seven days per week. Citywide, mobile crisis teams are our cornerstone short-term intervention for non-life-threatening mental health crises.

Someone to respond. Mobile crisis teams represent a significant portion of the mental health crisis response infrastructure in the city. Mobile crisis teams are a distinct part of the mental health care system. They are operated independently from 9-

8-8 by hospitals and community-based organizations licensed by the state office of mental health.

Some people need more support than they can access in their home. These individuals might need somewhere to go, our third category. For these situations, the Health Department supports crisis residences which provide an alternative to hospitalization for people experiencing mental health crisis. This program is an example of a very different type of intervention from 9-8-8 and illustrates the wide array of services the Health Department supports that are available in your communities.

9-8-8 often serves as an entry point to these services. It is designed to be easy to use for everyone. Phone, text, and online chat are staffed with people who speak English and Spanish with additional interpretation services available in more than 200 languages. Callers are also never asked to disclose their immigration status. NYC 9-8-8 counselors are also trained to accept calls from deaf and hard-of-hearing individuals. The Health Department oversees the contract for 9-8-8 in collaboration with the State Office of Mental Health

to hold the vendor accountable to City standards and continually improve this service for New Yorkers. The division of Mental Hygiene contracts with over 200 providers and community-based organizations to administer over 800 programs. The 9-8-8 contract is held to the same rigorous standards as all our other mental health vendors. The contract requires the vendor to provide six core services, crisis counseling and suicide prevention, peer support, information and referral to behavioral health services, single point of access to urgent behavioral health services, a website, and followup.

The NYC 9-8-8 vendor is required to maintain staff levels that support call center capacity to meet standards of timely response, accessibility, and delivery and deliver all core services. There must be dedicated staff for each modality, calls, texts, and chat at all times. The vendor has an obligation to comply with all quality improvement requests from the Health Department.

My team works tirelessly to uphold our commitment to New Yorkers and continually improve the City's mental health system. This is not without

challenges, but we are committed to addressing the mental health needs of our communities.

Before we answer your questions, I'd like to briefly discuss the legislation being heard today. Introduction 1162 refers to annual reporting on suicide deaths. The Health Department already publishes data on suicide deaths annually in the Summary of Vital Statistics Report, which highlights births and deaths in the city by trends, demographics, and geography. This report includes information on suicide deaths and is available on our website. The Health Department also publishes data on suicide deaths in other locations on our website, including the Healthy NYC webpage and various data publications.

Introduction 1385 refers to the establishment of a construction site opioid antagonist program. We appreciate the Chair and Council for bringing attention to this important issue. Construction workers experience higher risk of opioid use disorder and overdose fatality compared to other occupations. We support the intent of this bill and look forward to discussing how to accomplish the goals of this legislation while allowing the Health

Department to focus on community-based naloxone distribution among neighborhoods and communities most impacted by the overdose crisis.

The Health Department strives to ensure mental health services in New York City are affordable, accessible, effective, and free of stigma. I am pleased with the progress we have made, but we still have much work to do. We welcome feedback from Council and community members today as we continue to improve and adapt the City's mental health infrastructure to better meet the needs of New Yorkers. Thank you for the opportunity to testify. I look forward to answering your questions.

CHAIRPERSON LEE: Thank you so much, Dr. Wright, and just wanted to recognize Council Member Marmorato, who we've been joined by, and we've also been joined by Public Advocate Jumaane Williams, who, if you want to make your statement now, please feel free to go ahead.

PUBLIC ADVOCATE JUMAANE WILLIAMS: Thank you very much, much appreciated. Peace and blessing, love and light to everyone.

Good morning. As mentioned, my name is Jumaane Williams, Public Advocate for the City of New

York. Thank you to Chair Lee and the Members of the Committee on Mental Health Disabilities and Addiction for holding this hearing today.

Everyone in this room can agree that we are facing a mental health crisis. While there's no one-size-fits-all solution, it's clear that many of the City's and State's approaches to date are not working. We cannot incarcerate and institutionalize our way out of this crisis. Recent expansions to the involuntary commitment criteria have been concerning, and abundance of research confirms what people with lived experience being hospitalized against the will report. Forced treatment is not only ineffective, it discourages people from voluntarily seeking care and may increase non-compliance with treatment. But what we do know is involuntary hospitalization already happens in New York and was happening before the bill change, but doing so without connection to care will continue to miss the mark. Involuntary hospitalization is a tool that we have to use, but it is not the entirety of the plan, and unless there's a continuum of care after, it's going to continue a vicious cycle. A 2024 report from the Mayor's Office of Community Mental Health cited that only 58 percent

of clinician-initiated transports resulted in admission at a New York City public hospital, but the report fails to report on outcomes for officer-initiated transport. Increasing the scope of involuntary commitment also raises some civil rights concerns, as it is the deprivation of liberty that can only be justified in some narrow circumstances. There are opportunities for the City to expand community-based treatment before resorting to the most restrictive and destabilizing options. This year, the non-profit that operates the City's 9-8-8 hotline reported that it would have to lay off up to a third of its staff due to a more than 10 million dollars shortfall. Parts of this hotline have come under attack from the Trump administration, which has ended the specialized prevention services for LGBTQ+ youth from the 9-8-8 suicide and crisis lifeline, though callers can still reach an LGBTQ+ crisis hotline by calling the Trevor Project directly. In the Fiscal Year 2026 budget, Mayor Adams and the City Council invested 5 million dollars in funding to 9-8-8 to protect suicide prevention for LGBTQ+ New Yorkers. Still, crisis workers in New York and New Jersey expect to lose their jobs after the Federal

Substance Abuse and Mental Health Services Administration announced it would no longer be funding the option to be routed to LGBTQ affirming counselors when calling or texting 9-8-8. Fully funding the 9-8-8 hotline is crucial. A new study found that New Yorkers use the hotline more than those in most other states, ranking fourth out of 50 states. In New York City, Vibrant Emotional Health, the organization that manages the hotline reported exceeding the number of calls and text messages outlined in this contract with the City. Additionally, as New York City has the largest population of LGBTQ+ adults in the country, the city should specifically advertise crisis resource for LGBTQ+ New Yorkers and how to quickly reach services in emergency.

Just as an aside, in the 12 years since the bill passed when I was the Chair of Housing and Buildings in the City Council, I haven't had one teacher, one student, one staff person ask me about bathrooms in the schools. I just want to be clear about that. What I have heard is trans young people attempting suicide more than any other student.

Our 9-1-1 emergency operators and dispatchers also play an important role in our emergency mental health services. When a person in crisis calls 9-1-1, the dispatcher who answers the phone is tasked with triaging the call and deciding the appropriate response. In B-HEARD pilot areas, this also includes deciding whether to route the call to B-HEARD team or to the police. Though they have the huge responsibility, our City has failed to adequately support and compensate our dispatchers. Low pay, staff shortages, mandatory overtime, and insufficient training and support exacerbates an already stressful job. We cannot expect an efficient, functional emergency response system when the bridge between callers and services is neglected, mistreated, and often overworked. We have a moral mandate to ensure that no New Yorkers are lost to preventable mental health crisis, including at the hands of law enforcement. Though I disagree with increasing some of the changes that were made for involuntary hospitalization, we all agree that expanding access to mental health care is a top priority. I hope that we can work together and with communities, advocates, and people with lived

experience to create a mental health care system that truly works for the people of New York City. This is a daunting task. We need a different infrastructure that exists. It doesn't exist now, which makes it difficult. That doesn't mean we don't need to do it. We need to have a mayor and administration, though, that is fully dedicated to it. I thank the folks who are here, and there's a lot of good people working for the City. I have no faith and confidence in this Mayor, so I'm hoping that the next one in three months, hopefully, will be dedicated to create this infrastructure that everyone agrees that we need, and stop the reliance on police who actually don't want to be responding to this, who are leaving in droves because they're being overworked. Thank you so much.

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

So, I'm just going to go straight into some questions based on the testimony that you've given, so hopefully you'll forgive me if I'm a little all over the place.

So, can you just walk us through some of the numbers in terms of staffing? I know that you had said in your testimony that there were 100,000 calls

a year, and then it increased once it changed, and once it was New York City Well, and the calls doubled to about 200,000 calls, texts, and chats. So, can you just walk us through the number of staff if you're having a lot of the similar workforce challenges that we're seeing across the city and country when it comes to the, you know, staffing up and building capacity? And yeah, I'll stop there for now.

EXECUTIVE DEPUTY COMMISSIONER DR. WRIGHT: Thank you for your question, Chair Lee. At this current time, I am not aware of any staffing challenges with the 9-8-8 Call Center, so I would say that we are adequately staffed, and the calls that we had predicted that would come in have come in at the volume that was predicted, and I would ask my colleague, Jamie, to give any details on that.

ASSISTANT COMMISSIONER NECKLES: Sure. Thank you, Dr. Wright. Happy to go into details.

We don't require a specific staffing pattern of our 9-8-8 vendor. We require them to provide all core services through all modes of communication, so call, text, chat, within target timeframes. And so by those measures, 9-8-8 Call Center is answering calls, texts, and chats within

about 22, 23 seconds, meeting targets, and within projected volume.

CHAIRPERSON LEE: Okay. In terms of the peer support, that was also added as an option for anyone to select. How many peer support staff do you have as well? I mean, not staff, but how many peer supporters do you have?

ASSISTANT COMMISSIONER NECKLES: Sure. So peer support was added in 2016 when it shifted from LifeNet to NYC Well, and with the shift to 9-8-8, we had to make some adjustments. There are great benefits to having a three-digit number, right? It's really easy to remember, much greater name recognition than NYC Well had, but there were some downsides to that, which is that we don't control the automatic voice recording that anybody hears when they dial it, right? That's national, same for everywhere. And so we used to be able to offer peer support up front through that option, press a certain number to connect to a peer support specialist. We don't have control over that. We're trying to sort of get that option here in the city, but it's not there yet. And so what happens now is folks who speak with an NYC 9-8-8 counselor, they get the same basic

suicide risk screening as they come in, and if they ask to speak with a peer support specialist, then they are connected to one and sort of internally transferred. And so that volume, I can tell you what it's been year to date, January through August, 48,753 peer support contacts so far this year so I think that's tremendous. That's the largest volume of peer services that I think we have anywhere in the state.

CHAIRPERSON LEE: And what would the process look like to get that option in New York City so that it could be directly connected?

ASSISTANT COMMISSIONER NECKLES: So, there's a lot of jurisdictions, right, involved in 9-8-8, so there's a national SAMHSA lends to it, there's a state OMH lends to it, and then there's the city and our contractor. And I think certainly at the city and state levels, there's great support for this. I think it's about working through the national options and figuring out how to localize it, right, because not every call center has those staff and the resources, right. We go beyond and fund those services here in the city, but it's not available

nationally so they just have to figure out a way to localize the option.

CHAIRPERSON LEE: Okay. So maybe that's something we can think through legislation. And then I know you said a little over 48,000 for the peer specialist calls. And can you give us breakdowns on the other types of calls that you're receiving through the 9-8-8 hotline?

ASSISTANT COMMISSIONER NECKLES: Sure. So, well, I think everything else is counselor handled, right. So there's two types of staff who will handle calls, counselors and peer support specialists. So, we've got about 243,000 contacts handled from January to August. Those are the data we just pulled to get you, you know, the freshest numbers we could, January through August of 2025. And so the remainder, the balance, a little bit over around 200,000 were counselor handled.

CHAIRPERSON LEE: Okay. So, I know that there was some, you know, it's going to take time, I think, for the public to fully remember that there is this hotline 9-8-8. And I know that the State, I believe last year was supposed to put more marketing dollars into it because even, I mean, even amongst

some of my Colleagues as well as folks in government, they're not all fully aware about 9-8-8, and so I was urging them at the State level, please make sure that you're putting these marketing dollars in because we're going to have to keep drilling into people's folks, you know, heads and minds that 9-8-8 is available to people who are experiencing a mental health crisis. And so just given that, you know, how do you think that transition has been? Has the geolocating issue been resolved? Because I know that was a huge problem in the beginning where if you have someone who moved here from Texas, they would get routed to a call center in Texas versus New York City. So if you could walk through some of those challenges, how it has been with the outreach as well.

ASSISTANT COMMISSIONER NECKLES: Yeah, so I can continue with that. The routing issue was resolved, thankfully. And so it's based on the closest cell tower, I think. I'm not a telecommunications expert, but folks who are in and around the city will get routed to the closest contact center. So that's great news for everybody. We know area codes migrate a lot now.

In terms of the other part of your question, outreach, we agree we have more to do there. I think anything Council can do to partner with us, we'd be thrilled to get the message out as more than we can. When we first made the shift to 9-8-8, so that's two years ago now this fall, we had public service announcements from our Commissioner then, promotional efforts, and then the State has also been leading an ongoing ad campaign. I've seen those ads in New York City and heard them as well on transportation and local media stations, print ads. There are free materials available on the State Office of Mental Health's website in multiple languages that anybody can order. There's a very simple process to request those brochures and flyers and palm cards and things like that, as well as social media language to push out. But we welcome any partnership from the Council to spread the word.

CHAIRPERSON LEE: We've been joined by Council Member Restler as well.

And then just going in that same mode, because I know that you had mentioned also in the testimony that there are over 200 providers and CBOs to administer over 800 programs. I'm just trying to

figure out, so if you could sort of walk me through, if someone were to call 9-8-8, how does that work in terms of connecting them? Obviously, the counselor is there and I'm assuming that they were getting trained to know what resources are out there, if there are providers that can help them locally. So, I just wanted to walk through that. And then sort of an attached question to that is, how has the outreach been to some of the more difficult communities to reach, whether it's because of language or hard-to-reach communities? And in the case, for example, of Winn Rozario, which we know was a tragic situation that happened. His family, I'm assuming, probably didn't know that there was a 9-8-8 option or that there were other resources available so we already know that in a lot of immigrant communities, there's a ton of stigma, and so how do we, on the front end of things, be more preventative and work on that piece so that, you know, we can get the word out there that there are these resources and that can call 9-8-8 versus 9-1-1?

ASSISTANT COMMISSIONER NECKLES: So you got a lot into that question. I'll do my best.

EXECUTIVE DEPUTY COMMISSIONER DR. WRIGHT: (INAUDIBLE)

ASSISTANT COMMISSIONER NECKLES: Okay, great.

EXECUTIVE DEPUTY COMMISSIONER DR. WRIGHT: So I think, in terms of the last part you said, I think that's the part that we really want to work closely with Council on is how we can get the word out. You all obviously have influence across all of your communities, and so we would love to work with you in terms of ideas maybe that need to be enhanced or things that maybe we haven't thought of. But certainly, we'd love to connect with you, as you and I have talked before, in terms of what kind of things can we do together, and I think this is a good example with 9-8-8 and getting the word out into some of those communities you mentioned that would be really helpful to have your influence, frankly.

CHAIRPERSON LEE: And just, sorry, really quickly on that, because I know that also with DOHMH, there's a ton of resources contracts that you guys all have with non-profit providers and hospitals, right, so are you all, you know, using the resources

you currently have at hand to make sure that they're getting the outreach and information on 9-8-8?

EXECUTIVE DEPUTY COMMISSIONER DR. WRIGHT: Yes. We definitely work with our providers and our community-based organizations to inform them of 9-8-8 and to, you know, get them to advertise in the market in their capacity that they can.

And, you know, Jamie, you can provide any details in terms of the numbers that we have.

ASSISTANT COMMISSIONER NECKLES: Sure. So I gave that number earlier, around 243,000 contacts handled so far year-to-date by NYC 9-8-8. The vast majority of people who reach out are seeking someone to talk to in the moment, right? They are presenting concerns around relationships or stress or anxiety and want someone to listen and provide empathic, supportive counseling in the moment, and that in itself is a really stigma-free way of getting support, right? It's confidential. Nobody needs to know. Any time of day, you can reach out. Interpretation, hundreds of languages. And so we hope that that is a valuable resource to communities across the city. A small number of people who reach out are seeking or end up being offered a referral to

services. So sometimes surprising to people, but most of the contacts are really just about that support. So about 12,000 of the 243,000 contacts so far year-to-date were offered referrals to ongoing services because that's what they wanted or that's what made sense based on how the conversation went and the counselor made that offer. So about 4,000 of those -- I'm giving rough numbers here -- were referrals to mental health services, the other 8,000 referrals to support services like food pantries and social services, right, to address the social determinants of health. And so those referrals include the hundreds of programs that the Health Department contracts for as well as, you know, services that are out there beyond our contracts, so State-licensed services or other benefits and social supports. So the resource database includes over 1,000 entries. It's accessible, as Dr. Wright mentioned in his testimony, on the website to anybody in the public can go into the find services tab on the NYC 9-8-8 website and see the information that the counselors have to make the referrals.

CHAIRPERSON LEE: Okay. And then just speaking of the referral services, because I know

that you have and you mentioned that 9-8-8 has the ability to dispatch a mobile crisis team to visit someone where they live. So roughly, first of all, you know, I guess just speaking to the training and the folks who are answering the calls, right, how much training do they receive and how are they determining whether someone needs to have someone go to their home by a mobile crisis team?

ASSISTANT COMMISSIONER NECKLES: I can take that. So, the counselors are receiving, I think it's 13 days of training, and then are gradually, you know, listen to other counselors, right, to shadow other counselors to learn and then begin to take calls independently, so there's an excellent training program. They are trained as generalists, right? It's a large mental health system. They have a database with all these resources. Risk assessment is really essential, right? So they're screening everybody for suicide risk. If there is imminent risk to self or others, they will engage emergency services. That's through 9-1-1. If it's urgent, right, if it's you don't need an ambulance, but there is a crisis that's unmanageable in the person's situation, they can't get themselves to help, right? They're not going to

say, oh, I have an appointment with my therapist tomorrow. I just need to talk to you now. That's great. That happens a lot. No need for mobile crisis team in that situation. But if they don't have a therapist or they don't have a plan to address the crisis and resolve it, the 9-8-8 counselors can gather more complete information and figure out which team, right, so they dispatch the team that is closest to where the person lives and we have child-serving and adult-serving mobile crisis teams, and so they'll make those referrals to the appropriate team who will then go out within a few hours to provide in-person assessment, right, a greater assessment, de-escalation sometimes, and then connection to ongoing care or reconnection if they had sort of been somewhere and lost touch, getting those folks back into care.

CHAIRPERSON LEE: Okay. So I wanted to dig a little bit deeper on the staffing structure for 9-8-8 because if you could go over again, because I think I may have missed it, how many staff there are as part of the 9-8-8 response team and then what does that look like? So is there, let's just say, an LCSW per five generalists that get trained or how does

that work in terms of structure? I'm assuming that there is someone on site that's going to be supervising folks answering the calls in case they need to escalate them further or go to the mobile crisis teams?

ASSISTANT COMMISSIONER NECKLES: Yeah. So we don't have a required staffing pattern. I can tell you 9-8-8 has software, right, that projects volume and when they need certain staffing on certain hours. We get monthly data on the speed with which they're answering those calls as well as the duration of them and when they're making referrals. We have claims, of course, they come back to us afterwards and provide accounting for all the staffing, and so I have the data as of the most recent claim that they submitted. But again, we don't require a staffing pattern. We require a certain performance level. But the last staffing pattern was 164 counselors and 22 peers. Those are FTEs. There's many more staff because some work part-time, but 164 FTE counselors and 22 FTE peers. Those can fluctuate though over time and responsive to the demand coming in.

CHAIRPERSON LEE: Okay.

ASSISTANT COMMISSIONER NECKLES: And then there is supervisory structure, right, those are call-taking staff. So there is supervision for staff, right, they have group supervision, individual supervision, quality metrics, right, and follow-up with counselors as needed if there's somebody who's struggling.

CHAIRPERSON LEE: Okay, perfect. You just answered my question with the last part of your answer.

And who are the folks, how many mobile crisis teams are there? So, in other words, if there's like 10 incidences that pop up, do you have capacity to meet all of those or how does that work?

ASSISTANT COMMISSIONER NECKLES: Absolutely. So, and I forgot to give you that number as I was speaking earlier, NYC 9-8-8 made about 6,600 referrals to mobile crisis teams this year to date, January to August so far.

Mobile crisis teams, as Dr. Wright testified, are operated independently of NYC 9-8-8, right, hospitals and community-based organizations provide these with OMH licenses and City contracts. There are 24. 19 of them are serving adults, 19 and

above, I think, age of 19, and the five of them are serving children.

CHAIRPERSON LEE: Okay. And as you mentioned, these are some of the providers that are normally under the OMH, I mean, not OMH, DOHMH contracts for some of them because I know that there are already mobile crisis teams that have contracts and so does 9-8-8 tap into those that are already existing or is it a totally separate group of providers?

ASSISTANT COMMISSIONER NECKLES: So, the group of 24 mobile crisis providers is set, has been pretty static. We go beyond the national 9-8-8 standards in a couple of ways in New York City, and one of them is this single point of access to mobile crisis teams because we have such a complicated and rich, I would say, provider network but it's not very straightforward here and so all of those, the known universe of mobile crisis providers all can get general public referrals through 9-8-8 with or without the City contract, right, that it's not about the City contract so much as just us providing the list of approved providers for 9-8-8 counselors to connect callers to.

CHAIRPERSON LEE: Okay. Just a couple more questions before I hand it off to my Colleagues, but where is the Summary of Vital Statistics Report because I think we tried looking at it, looking for it on your website but we couldn't find it so not that it has to be now but if you could let our staff know where to find that information because I, and I guess to that point, you know, hopefully it's somewhere that can be easily accessible on the website so we had some difficulty finding it. So just wanted to put that out there.

And then the last thing I wanted to mention is, you know, I know that there's been some challenges with 9-1-1, you know, the first responders on the phones referring proper calls to 9-8-8 and wanted to know if you know what some of those challenges are as well as, if there are challenges, if someone calls 9-8-8 and then if they determine it needs to actually be rerouted to 9-1-1 if you could speak a little bit to the stats and maybe some of the challenges there.

ASSISTANT COMMISSIONER NECKLES: Sure. I can tell you right now there is no transfer from 9-1-

1 to 9-8-8 in place so I'm not familiar with the challenges you're talking about.

CHAIRPERSON LEE: Wait. Sorry. Say that again.

ASSISTANT COMMISSIONER NECKLES: There is no transfer from 9-1-1 to 9-8-8.

There is a process for 9-8-8 to escalate up to 9-1-1 as needed. I can give you those numbers. It's very small. So far this year to date, right, that large number that I provided, 243,000 contacts handled, of those 870 were escalated to a 9-1-1 for emergency response because of imminent risk to self or others. It's a really tiny fraction of the overall volume in which the counselors assess the person who's needing emergency response, right, being brought to an emergency room for an evaluation.

CHAIRPERSON LEE: Okay. I don't know why for some reason I thought that there was a way for 9-1-1 to get transferred to 9-8-8. There is. Okay. Because I guess to the Public Advocate's point earlier, you know, if folks don't know to call 9-8-8, right, and they end up calling 9-1-1, then I would hope that there is a very easy way for them to get transitioned to 9-8-8 so that they can receive proper

services and not have, you know, someone like NYPD show up if it's a non-emergency response, right. So how are we making sure then that those calls are getting to 9-8-8?

ASSISTANT COMMISSIONER NECKLES: I think that's about the outreach that we spoke about earlier, right, and this is more, as much help as we can get in terms of getting the word out about the resource, the 9-8-8 resource. We would appreciate that.

CHAIRPERSON LEE: Okay. I'm going to pause there. I do have more questions, but I'm going to pause there and pass it off to Council Member Bottcher to ask some questions.

COUNCIL MEMBER BOTTCHER: Good morning. Thank you for being here, and thank you to Chair Lee and the Committee. This summer, the Trump administration terminated the 9-8-8 crisis and suicide hotline’s LGBTQ services. They terminated contracts with organizations like the Trevor Project who were helping young people across the country through crises. Young people are going to die because of this decision. They didn't have 9-8-8 when I was in crisis, when I was 15. They didn't have resources

like this. I'm here because I was lucky, because my mom decided to check on me that night, and they got me to the hospital just in time. There are young people across this country who are not going to be lucky, and they are going to die because of this decision and because these resources were taken away from them. What is New York City doing, what are we doing with our 9-8-8 system to fill that gap? What are we doing to help LGBTQ young people in the face of these cuts?

EXECUTIVE DEPUTY COMMISSIONER DR. WRIGHT: Thank you, Council Member, for your question, and very glad that your mom checked on you and that you were blessed more than lucky. And it's abominable that these cuts have happened, and we certainly share your sentiment in terms of the challenges. The important thing to note is that 9-8-8 can be accessed by everyone in New York City. And even after this cut happened, correct me if I'm wrong, Jamie, but the training for LBGTQ+ individual counselors that have that area of expertise has increased, and I think there's opportunity for retraining if that is needed. Suggestions are made as that happens. So right now, you can still call 9-8-8, LBGTQ+ youth, adults,

anyone can call 9-8-8 and get a counselor that has expertise in that area. Certainly, we want to continue working with Council to see how we can get that specialization back, but right now, no one goes without the access to 9-8-8, and so we certainly share your concerns, and we know that right now, LBGTQ+ youth and adults are certainly under attack. But here in New York City, we support and we will continue to support access in any way that we can.

COUNCIL MEMBER BOTTCHER: Are organizations like the Trevor Project part of your network? Do you make referrals to those kind of specialists?

ASSISTANT COMMISSIONER NECKLES: Yeah, absolutely. And so the NYC 9-8-8 resource database includes a number, a great number of specialized LGBTQ services, and that was part of the retraining that was done as soon as the federal government abruptly made that change to refresh the counselor's understanding of those resources as well as their skills engaging and supporting LGBTQ youth who may have previously dialed and selected the Trevor Project. So the Trevor Project is a potential

referral, as are many other mental health services for this population in our city.

COUNCIL MEMBER BOTTCHER: What mechanisms are used to track accountability and equitable outcomes for LGBTQ callers? For instance, will 9-8-8 disaggregate the data on caller demographics, response times, follow-up referrals, and client satisfaction?

ASSISTANT COMMISSIONER NECKLES: Okay. So I work for the New York City Health Department. We love data. I would love nothing more than a giant, perfect data set of 243,000 contacts. So, while I would love a massive, perfect data set, the reality of these calls is that the counselors are tasked with forming rapport in a very small amount of time. And the best way to not form a rapport is to ask somebody a bunch of demographic questions that they answer with one-word responses, and so our demographic information is incomplete. We have it when it is relevant to the content of the call. For example, if a person is saying, I'm struggling with my sexual identity, that could be recorded, right, and relevant to the referral that the counselor may make, but we don't have every piece of demographic information on

every caller, and so we have some of it for some callers, but it works out in such a way that it's not scientifically reliable to sort of connect it to the outcomes.

COUNCIL MEMBER BOTTCHER: How will the City communicate these changes to the LGBTQ community about how to access crisis support under the 9-8-8 model? What outreach and education strategies are planned to reassure the LGBTQ community that 9-8-8 remains responsive to their needs, even without this federal support?

ASSISTANT COMMISSIONER NECKLES: So, I think that's certainly an area where we could do more. I will point that out. I think that's an important point. And communicating the value of the resource to a focused population is something we could do better with so your help would be appreciated.

COUNCIL MEMBER BOTTCHER: Yeah, I would very much like to work with you on that. I know Chair Lee and I would very much like to partner with you on that. A piece of legislation that I passed two years ago is legislation requiring the New York City Department of Education to distribute suicide

prevention resources to students in our schools. And as we follow up on the implementation of that bill, this should be a big part of it, letting young people know that there are resources available to them through 9-8-8, through the Samaritan's Hotline, through Trevor Project and other outlets.

CHAIRPERSON LEE: Great. Thank you.

And we've also been joined by Council Member Hanif.

And next we're going to Council Member Marmorato.

COUNCIL MEMBER MARMORATO: Thank you, Chair. I'm sorry I was late. So, I was wondering, can you walk me through an opioid antagonist program and what that looks like?

ASSISTANT COMMISSIONER LINN-WALTON: All right. You mean how we do training for Naloxone?

COUNCIL MEMBER MARMORATO: What is it?

ASSISTANT COMMISSIONER LINN-WALTON: Yeah. So the City has a really small and mighty team of four in my office, and they do Naloxone trainings with as many… the way I try to think about it is a ripple model, that we want to get every single New Yorker trained. And so how we do that is we make kits

readily accessible through our website. We handed out 304,000 last year, and we're trying to spread kits throughout the city and spread training throughout the city because the good thing about Naloxone training is, it's ultimately about a 15-minute training. And so the train-the-trainer model tends to be the best, where you're training as many people as you meet and encounter in the community or through our virtual trainings, which it's really easy to sign up for online, to get training so that you can do it with your grandma, with your schoolmates, with anyone who you encounter so that kits can be readily available. I have one under my sink at home, I have one at my desk at my office in case I encounter one. And we really want both kits and training to be widely available to the public.

COUNCIL MEMBER MARMORATO: And what are the kits?

ASSISTANT COMMISSIONER LINN-WALTON: Yeah. So they are the Naloxone kits that are their little squirt things that you just put. It's so easy to use. You administer it up through the nose, and it's two squirts. And part of the training is about doing a knuckle rub on your chest so that you can hopefully

someone will come to before you have to administer Naloxone. That happens all the time. And then we also hand out fentanyl and xylazine test strips as well so a little bit of the training is about how to test your product that you're using. That's also tremendously successful for helping people know what is in the supply that they're using. We do that throughout all of our vendors. We have a tremendously successful program that we work with the State as well so that we get full organizations trained so that everyone there could be trained in administering Naloxone, and that's been a really successful model, but long way to go too.

COUNCIL MEMBER MARMORATO: And as far as the construction site programs, what are your thoughts on this? Is it that you're going to be handing out kits as well? Are you going to get them to hotline? What does this look like for you guys?

ASSISTANT COMMISSIONER LINN-WALTON: Yeah. So, we fully support the intent of the bill and just want to work on how it gets out because actually the best way to do it would be to get people who are working on site trained so that they can have direct access to ordering the kits, but then also so that

hopefully every person on site then would eventually be trained. I would love for every construction worker to know how to administer Naloxone.

COUNCIL MEMBER MARMORATO: Okay. And you guys would provide this as a free service to the construction sites if you have the funding?

ASSISTANT COMMISSIONER LINN-WALTON: So the model that we do and the State does it as well, and that's why New York is one of the most successful states in getting kits out, is that we have select people who do training with us and then they spread it out because it's really much easier while you're on site to do the training than to have someone go to each of the probably thousands and thousands of construction sites across the city, and so we'd love to work to figure out who are the key people to then spread it throughout. That's been successful with a number of different agencies throughout the city.

COUNCIL MEMBER MARMORATO: Okay, great. I would like to see that come to fruition. If you need any help with that, please let me know. Thank you.

CHAIRPERSON LEE: Thank you. We've also been joined by Council Member Mealy.

And next I want to invite Council Member Restler to ask questions.

COUNCIL MEMBER RESTLER: Thank you so much, Chair Lee. We really are fortunate to have your deep experience and expertise leading this Committee, but in the Council as a whole.

Thank you all for joining us today. I find these things weird. I don't want to look at myself when I'm talking. I did. I turned it off. I don't understand why we have them in the first place. I don't, I can see the room just fine. I would have taken a computer instead, but I didn't design the space.

Yeah, but you don't need to see me. I'm right here. It's fine.

You don't need, you look at me plenty, Shahana. Okay, sorry. Back to the point of the hearing.

So, I'm particularly concerned, well, actually, let me just back up. Appreciate all your work. We do have a mental health crisis in New York City, and solutions are hard, and appreciate the efforts that are made by the Health Department day-in and day-out to try and help people in need. I do

think it's notable that we don't have better data on 9-8-8 in the MMR, and I think that it should be tracked there. So, we'll make those suggestions to the Mayor's Office of Operations more formally, but I'd like to know how many calls are going in every month, or how many engagements are happening each month. What's the percentage of calls that are being responded to within 30 seconds? We put a significant amount of resources into this system, and we should have good real-time data. The dynamic MMR, the DMMR, I thought was a good innovation from this Administration, look at me complimenting the Adams Administration, and it happens every, once every three weeks, and that data should be accessible to all of us so I hope that that's something that you'll work with us in support of, and then in the next MMR, we'll have better and more information to be able to track this.

And then, just briefly to that point, at the Executive Budget Hearing, the Health Department, I guess it was Commissioner Morse, testified to that 90 percent of calls were answered within 30 seconds. Are you able to share August data with us? Are we continuing to hit those thresholds?

ASSISTANT COMMISSIONER NECKLES: I can share August data with you right now. The average speed of answer for calls in August was 28 seconds. For text, it was 15.87 seconds, and for chats, it was 17.85 seconds.

COUNCIL MEMBER RESTLER: And do you have the data, the average is good on the call time, but was not, did you know if you hit that 90 percent threshold again of calls being answered within 30 seconds? I'd imagine not, if the average was 28.7.

ASSISTANT COMMISSIONER NECKLES: So, I'm sorry, I didn't.

COUNCIL MEMBER RESTLER: Percentage of calls that were answered within 30 seconds?

ASSISTANT COMMISSIONER NECKLES: Yeah, we've hit it. We've achieved it. Yeah, we've exceeded it.

COUNCIL MEMBER RESTLER: Okay. I'd like to shift gears to follow up on Council Member Bottcher's questions around LGBTQ+ support. So, we all know about, you know, the awful decisions by the Trump administration. What happens now when you press three, which had kind of famously been what you would

do when you call 9-8-8 to access LGBTQ+ tailored support? Does the option to press three exist?

ASSISTANT COMMISSIONER NECKLES: No, it was removed on July 17th.

COUNCIL MEMBER RESTLER: So, it was removed in July. Thanks to the leadership of Speaker Adams and Chair Lee and Council Member Bottcher and myself, we pushed hard to get 5 million dollars in this budget to restore services for LGBTQ+ New Yorkers so that when they reach out to 9-8-8, we would continue to have tailored services for them. What's the status of the Adams administration's approach to solving for it? How is that 5 million dollars being used?

ASSISTANT COMMISSIONER NECKLES: Yeah. So, we would love to restore access to specialized LGBTQ+ counseling through 9-8-8. We would also love to restore specialized access to peer support, as I spoke about earlier, through a proactive option through the interactive voice recording. That requires national cooperation with SAMHSA, right, so they're in charge of that IVR and the decisions there.

COUNCIL MEMBER RESTLER: Could you just clarify, so have you submitted something to SAMHSA for approval and are waiting on that? Or could you just give us a little bit more specificity on where we stand between those conversations with the state and feds?

ASSISTANT COMMISSIONER NECKLES: So, Vibrant has submitted an application to their national affiliate, which also is the administrator with SAMHSA so they are waiting for a response from that application.

COUNCIL MEMBER RESTLER: Do you know when that application was submitted? Do you have any insight into the status of it?

ASSISTANT COMMISSIONER NECKLES: I don't have the details on that.

COUNCIL MEMBER RESTLER: And if it is rejected, which is conceivable because the Trump administration is disgusting, what is the administration's plans for how we're going to use that 5 million dollars to expand services to meet the needs of LGBTQ+ New Yorkers in mental health crisis?

ASSISTANT COMMISSIONER NECKLES: So, as we spoke earlier, we've strengthened the training

already, refreshed counselors' familiarity with the specialized resources across the city that they can connect callers to, as well as their in the moment crisis counseling support sensitive to those needs. We are in discussion with OMB about the funding so that's fantastic, thank you, that's great. How we can spend it, I think, may be related to outreach, as Council Member Bottcher and I were talking about earlier.

COUNCIL MEMBER RESTLER: So, is there a plan B, more specifically? I appreciate that you've done additional training to try and fill the gaps that you had to remove this in July, and that's life. But, you know, that was a federal directive that was followed. But we did secure significant resources. I put personal effort into securing those resources. The Speaker and the Chair made a big deal to make those funds available as additive funding. Is there a specific plan B for how we will spend these resources if the feds are not cooperative in restoring, you know, what Vibrant has requested?

EXECUTIVE DEPUTY COMMISSIONER DR. WRIGHT: So, we certainly want to continue working with Council to make sure that we can come up with a plan

that makes sense. Right now, as Jamie said, that in terms of how to use the money, what the money is for, we definitely have to go through OMB and talk to them and the law and those entities so that we can, you know, make sure that we're moving in the right direction, but the Council should be a part of that, and we want to be a part of that with you so we certainly… (CROSS-TALK)

COUNCIL MEMBER RESTLER: We know this Administration is always committed to collaboration with the Council. That was a joke. But I appreciate you saying it.

Look, I'm just one of 51. I'm certainly not the Chair, and I follow Council Member Lee or Chair Lee's lead here, but I do want to be really clear that we pushed for this 5 million dollars to go to filling this gap and standing in for what is a horrible federal decision to prevent access to tailored mental health supports for LGBTQ+ New Yorkers, and my full expectation, as somebody who fought for those resources, is that if Vibrant's plan is not approved by SAMHSA, that we will have a compelling plan B for how we are stepping up to meet the mental health needs of LGBTQ+ New Yorkers. So, we

look forward to active communication and conversations with Chair Lee and the Health Department on this. It's really important that we step up right now and not allow for these draconian, hateful, bigoted federal decisions to impact how we provide services to New Yorkers in need, and we stand up for the people who need us.

So, I have more questions, but I've gone way over time, and Chair Lee is very gracious so I will try to come back for round two if it's possible.

CHAIRPERSON LEE: I was going to say, you're the last one so, if you want to keep going, come back. I can ask questions.

COUNCIL MEMBER RESTLER: No, if I could. Just two quick ones. I really appreciate it. Thank you, Chair.

I know Council Member Bottcher asked about this, but I just wondered if you could help me. I thought what I heard from the Communications Worker of America was that 220 of their members of the Trevor Project were laid off as a result of the federal cuts. Is that a number that you're familiar with? Do you have a headcount on that?

EXECUTIVE DEPUTY COMMISSIONER DR. WRIGHT: No.

COUNCIL MEMBER RESTLER: Okay. Well, my questions were related to that. I will call it for that, and I really appreciate it again, Chair Lee.

CHAIRPERSON LEE: Okay. Perfect.

So, I just wanted to go back to some of the data and metrics collections, because I love data, too. And just to clarify, the 243,000 calls, that's specifically just for New York City, correct?

ASSISTANT COMMISSIONER NECKLES: Yeah. Those are calls, texts, chats, peer support interactions, mobile crisis referrals. It's a variety of things, not just calls. But yes, we can use calls to speed up our conversation.

CHAIRPERSON LEE: Is City-level data currently available publicly or internally on the use of New York City 9-8-8 bBecause that's something that we had to extrapolate, the staff had to extrapolate specifically for New York City, and is there a way to access City-level call data from Vibrant's Emotional Health, from Vibrant, and how we can look at those metrics?

ASSISTANT COMMISSIONER NECKLES: Yeah. It's published three times a year in the MMR. It's been there for about 12 years.

CHAIRPERSON LEE: Okay. We'll look more into that. And does the Health Department, as part of its contract with Vibrant, and just so folks know, we did invite Vibrant. They were going to come, and then at the last minute decided they, I mean, they couldn't make it.

So, as part of the contract with Vibrant, can you require them to collect and report on specific metrics for New York City 9-8-8, and are those metrics used to evaluate program effectiveness and equity of access?

ASSISTANT COMMISSIONER NECKLES: Yes. We can and do that. That is essential. It's our core responsibility as a contract agency to set the standard and monitor adherence to that of all of our contractors, and we do that for NYC 9-8-8. We receive monthly data from them with all of the sort of indicators that I've referenced so far today, and much more than that.

CHAIRPERSON LEE: Okay. And how does the Department ensure that 9-8-8 data collection

practices protect the caller privacy and comply with City and State laws, especially regarding sensitive information such as gender identity, sexual orientation, immigration status, or disability?

ASSISTANT COMMISSIONER NECKLES: Yeah. Our contract requirements are very clear around confidentiality standards for all of our mental health providers, and 9-8-8 is no different. In fact, they have a very large data set, although it's not sort of named by person, often we don't know the name of the person that we're speaking to, but they have HIPAA-compliant data systems.

CHAIRPERSON LEE: And I know that Vibrant's the main contractor, so what accountability measures are in place if they do not meet performance benchmarks in terms of response times, referral quality, follow-up rates, and how are these results shared publicly?

ASSISTANT COMMISSIONER NECKLES: Sure. So, we provide technical assistance to sort of point out challenges and require corrective action plans to make improvements, and so that is for this contract and all of our contracts. And so if there are challenges, we would address them that way first.

CHAIRPERSON LEE: And is there a way to disaggregate some of the data that's coming in, and I think this speaks a little bit to Council Member Louis' bill, but is there a way to disaggregate the 9-8-8 call data a little bit further by demographics, just to identify disparities, and do those findings shape resource allocation and service improvements? I just wonder if we had a little bit deeper dive of data collection, if that would sort of help us figure out certain trends or if we're missing something or need to beef something up.

ASSISTANT COMMISSIONER NECKLES: Yeah. So, as I mentioned earlier, the data collection is, while there's a lot of data points, on any one contact we don't have a complete set of demographic information about every person because that would take time really on the call and take away from building a rapport and addressing the sort of crisis that may be unfolding. And so we do see some trends around age utilization and presenting… well, that's not really a demographic, right, and gender, with slightly more women than men calling, age spectrum follows similar patterns for other services in terms of spread across the population and age of the people reaching out. We

don't have racial information. We're not collecting that on the calls.

CHAIRPERSON LEE: Okay. I'd be curious to see if there's a way that that can be captured somehow only because I think it's also very telling to see which communities, which demographics are calling versus not. I'm also curious to see which ones are not calling, right? And is that because of language barriers? Is it because there's not enough outreach? I think it would be important moving forward if we can ask Vibrant to see if there's a way without obviously violating HIPAA and the rapport aspect, which I know is important because there's a short amount of time to connect with that person, but I would just be curious to see, even if we use AI or some sort of information that can sort of capture some of this information so that we can have that connection moving forward with them as well.

Okay. Is there data available on the percentage of 9-8-8 calls? Actually, you went over this a little bit in terms of numbers with the mobile crisis teams, and I wonder if there are any issues in lag time or waiting if someone needs a mobile crisis

team. I mean, I know you said there's 24. And do you think that's sufficient or is there a need for more?

ASSISTANT COMMISSIONER NECKLES: Yeah. So, the 9-8-8's role in mobile crisis teams is to identify people who need the service and to connect to make that referral to the mobile crisis team that then responds. When the mobile crisis team, when one of those 24 providers receives it, they're getting out citywide within three hours during their operating hours, which are seven days a week, 8 a.m. to 8 p.m. I think that's fantastic. That's tremendous to have citywide coverage of these teams. We find they're able to manage the demand. Those teams also get referrals from within their hospital network. So, the referrals that come to mobile crisis teams from 9-8-8 represent about half of the overall volume. The other half comes from within their hospital network. So by that, I mean, if Bellevue's outpatient clinic wants to make a referral to Bellevue's mobile crisis team, they don't dial 9-8-8. That would be silly. They make it within their hospital record system and to their colleagues down the hall where they have access to a full data set, right, because this is a known patient to them, for example, and so they try

to triage those internal referrals, as we call them, as they see fit, right, because they have so much more information. But we assume that any general public referral to mobile crisis through 9-8-8 is urgent and needs to be done within those three hours, and we meet that mark.

CHAIRPERSON LEE: Okay. And if it's after 8 p.m.?

ASSISTANT COMMISSIONER NECKLES: Yeah. The service is not available overnight.

CHAIRPERSON LEE: What would it take to make it available overnight? Is it a funding issue? Is it just, you know, I don't know if you could speak to that. Because I just feel like there's a lot of things that happen in the overnight hours as well, and I would hate to miss folks that fall into that time period.

ASSISTANT COMMISSIONER NECKLES: Yeah. I mean, I think things happen overnight. I think our data, you know, shows less demand for crisis services overnight. We did a procurement, you know, before COVID for an overnight mobile crisis, and there were no responses to that. I think there's a concern from

providers around safety. That's what we heard from our provider feedback sessions.

CHAIRPERSON LEE: Okay.

ASSISTANT COMMISSIONER NECKLES: These teams go out to people, no badges, no cars, no security, which is fantastic, right? That improves their outcomes, but they are just walking around the streets like everybody. And that's challenging to do all night long everywhere in our city.

CHAIRPERSON LEE: Okay. I'm going to come back to that.

Sorry. Now I'm switching a little bit to just a couple questions more on funding. The decrease by the 10.9 million dollars in Fiscal Years 2025 and 26, do you also anticipate that for FY27?

ASSISTANT COMMISSIONER NECKLES: So the budget is 31 million dollars this year, and that's the same as it was last year, and we do not project any changes to that for next year.

CHAIRPERSON LEE: Okay. So, that includes the decrease of the 10.9, correct, because it's the same as last year?

ASSISTANT COMMISSIONER NECKLES: No. The budget was flat from last year to this year.

CHAIRPERSON LEE: Right, because I think it was decreased, if I'm not mistaken, by 10.9 million in Fiscal Years 2025 and ’26. Okay. So, it's been that way since…

ASSISTANT COMMISSIONER NECKLES: There were discussions about that, but it did not, ultimately, the contract remained flat from last year to this year.

CHAIRPERSON LEE: Okay. And then if we're seeing, let's just say the marketing and everything for 9-8-8 is going well, and there's more of a call volume, I guess, you know, is there sufficient funds to be able to build capacity in a very quick, short amount of time to staff up?

ASSISTANT COMMISSIONER NECKLES: Yeah. I think we want the service to be resourced to meet the need, absolutely. The data we're looking at right now, the numbers that I cited show us, you know, the volume numbers and the speed of answer show us that we are in a good spot in terms of what we're resourced to handle and what we're actually receiving.

CHAIRPERSON LEE: Okay. And then just, again, on the decrease, because I know in April 2025

there was a Gothamist article where it reported on discrepancies between how Vibrant Emotional Health and the City calculate 9-8-8 calls and contact volumes, and the discrepancies that appear to have contributed to a reduction in City funding for the 9-8-8 helpline program so I just wanted to know if you could clarify the nature of those discrepancies.

ASSISTANT COMMISSIONER NECKLES: Sure. So when I dial 9-8-8, right, if a call comes in, it's answered by a counselor, and the counselor does their risk assessment. If the person says, I'd like to speak to a peer specialist and gets transferred to a peer specialist, is that counted as one contact or two? Reasonable people can argue one way or the other. That was the discrepancy.

CHAIRPERSON LEE: Okay. So, they're not necessarily counting it as like a single unique call, like person who's calling, it's based on service or the types of services that they would need?

ASSISTANT COMMISSIONER NECKLES: I think that's a fair characterization of it, yeah.

CHAIRPERSON LEE: Okay. Okay. And I'm going to transition over to Council Member Hanif, who has some questions as well.

COUNCIL MEMBER HANIF: Thank you, Chair Lee. Good morning, everyone.

Last week we celebrated justice for Winn Rozario's family. The cops that killed him are charged and are going to receive disciplinary action, and we have had to fight all of last year, this year to really get to this outcome. I share about Winn Rozario's because he was someone who called 9-1-1. And where 9-8-8 should have been the response, I'm sorry, where B-HEARD should have been the response, he was met with unequipped police officers. And it's very troubling that one can call 9-1-1 but can't ask for B-HEARD. Is that true?

ASSISTANT COMMISSIONER NECKLES: Yeah. Sure. So B-HEARD is accessed through 9-1-1 and is overseen by the Fire Department, the Health and Hospitals, and OCMH. We don't have a role in the decisions around B-HEARD.

COUNCIL MEMBER HANIF: Why not?

ASSISTANT COMMISSIONER NECKLES: Because it's accessed through the emergency service system. Our focus is on the urgent response system and the routine mental health system. Emergency services are going through 9-1-1.

COUNCIL MEMBER HANIF: I mean, and you named three agencies and still over 13,000 calls went unanswered. I'm intrigued by the fact that you all are not a part of the alliance that is following B-HEARD, and then over 35 percent of calls just this year went unheard so while there are folks who need this help, help is not coming their way. And unfortunately, the agencies that administer this program, they're not here. But I still struggle with the fact that a mental health aimed resource for our communities is not responding. Can you then explain how 9-8-8 operates when one gets a call?

ASSISTANT COMMISSIONER NECKLES: Sure. So, when somebody reaches out to 9-8-8, they're going to pick it up in about 23 seconds. You'll speak with a counselor who will conduct a brief suicide risk assessment and then ask you about the reason for your call to understand the nature of your concern and then provide an intervention, a service relevant to your concern. And so the vast majority of callers are reaching out for emotional support in the moment, want somebody to listen to them empathically and provide emotional support. And so they will do that if they need a referral or they want a referral to a

mental health clinic, a food pantry, those are offered. If the situation is a crisis, they will provide telephonic de-escalation and make referrals to mobile crisis teams who can then follow up in person.

COUNCIL MEMBER HANIF: And how many mobile crisis teams have responded this year or whatever data you have?

ASSISTANT COMMISSIONER NECKLES: So, there's 24 teams operating across New York City. Those teams are operated by hospitals and community-based providers, and so they've received 6,600 referrals so far this year to date from 9-8-8 to mobile crisis teams.

COUNCIL MEMBER HANIF: 66?

ASSISTANT COMMISSIONER NECKLES: Let me put my glasses on and triple check that. Yep, 6,600. January to August 2025.

COUNCIL MEMBER HANIF: And the team that is showing up or addressing this patient's issues, are they a part of B-HEARD too or completely separate?

ASSISTANT COMMISSIONER NECKLES: Yeah. Mobile crisis teams are a distinct service from B-

HEARD. B-HEARD, again, is an emergency response service. Mobile crisis teams are providing an urgent time, right? Think of the difference between an emergency room and an urgent care center, right? We have that distinction in medicine, right? It applies to mental health as well. And so mobile crisis teams are responding in urgent timeframes. They're multidisciplinary. They have peers, social workers, some have psychologists, some have nurses, case workers. There's a blend. And they usually travel in pairs or always travel in pairs I should say, and go wherever the person is, usually people inside apartments.

COUNCIL MEMBER HANIF: Who's the one that's responding to an emotionally distressed person when someone calls 9-8-8?

ASSISTANT COMMISSIONER NECKLES: So, it's a crisis counselor who answers the phone, so there are trained crisis counselors picking up.

COUNCIL MEMBER HANIF: What's their training?

ASSISTANT COMMISSIONER NECKLES: They receive 13 days of training, and then they shadow counselors, right, to listen to how the calls goes,

and then they gradually start handling calls themselves.

ASSISTANT COMMISSIONER NECKLES: Do they need an accreditation or can any New Yorker… Is this a peer-to-peer model is what I'm trying to understand.

ASSISTANT COMMISSIONER NECKLES: Yeah. So, there are both peer support specialists and crisis counselors. We don't require a licensure for those staff. They are trained. The larger call center is an accredited call center, but each individual counselor or peer is not required to be licensed.

COUNCIL MEMBER HANIF: And have there been instances where a call might have gone awry or wrong and you've had to respond in an alternative way or have the calls been addressed comprehensively and the callers got the healing, the service they needed?

ASSISTANT COMMISSIONER NECKLES: Yeah. So, 240,000 calls, texts, chats handled so far this year. That's a lot of calls with a wide variety of presenting concerns. So, any one call can go in many different directions. That's the beauty of it. They're flexible. They have time to listen and provide what the person needs. There's a consumer

satisfaction survey available through text and chat, right? Again, this is now controlled. I think I spoke about earlier with the shift to the national 9-8-8. There's real benefits to having that number. The downside is that we have a little less control over some of those things that happen in the beginning of the call or nationally, and so there's a consumer satisfaction survey happening now through text and chat. We're awaiting that data, right, because it's sort of held nationally. We're trying to get that for New York City only. And then in terms of calls, there's a national pilot for a consumer satisfaction survey, like an opt-in. You go to the call center. If you stay on the line, if you want to do a consumer satisfaction survey, that's being piloted in some localities and then will be rolled out nationally, but we don't have control of that.

COUNCIL MEMBER HANIF: Got it. And when do you think you'll receive the data?

ASSISTANT COMMISSIONER NECKLES: I don't know.

COUNCIL MEMBER HANIF: Okay. Well, would love to stay in touch on this issue.

Thank you so much. Thank you, Chair.

CHAIRPERSON LEE: And just to piggyback off what Council Member Hanif is bringing up, I think my general frustration going back to my non-profit days has always been that everything is so siloed, and I know in the past when we had hearings about B-HEARD, it's a bit frustrating because this was not you, but when the previous Commissioner and his team were here, it was frustrating because I couldn't get a sense of information in terms of if someone calls 9-1-1 versus 9-8-8 or the B-HEARD team, how those systems and services are coordinating with each other and how the referrals and the data are being collected. Because I can't answer the question if I, Linda Lee, am experiencing a mental health crisis and I call 9-8-8 and then the next time I go to the inpatient hospital or I lose my job and end up on the streets, and then the mobile crisis team picks me up. How is it that all of these things are being coordinated and that we're capturing data as one person that may be experiencing different entry points? And are we serving the community the best that we can? And I understand that OCMH oversees B-HEARD, for example, but then it seems a little murky in terms of how much oversight they have over EMS as

well as the other agencies that are administering B-HEARD so I'm just… and you can sense… I've gotten frustrated in the past because I think the problem also is if I, as Chair of this Committee, sometimes have difficulties figuring this out, I can't imagine how the general public is just confused. Where are we supposed to go? Who do I go to for what? Is there a cheat sheet somewhere? I just don't know. And which is why, just for folks that don't know, I've asked DOHMH to partner with us to actually train our staff because we also get constituent calls and our staff also, we're not all aware of the services that you all have in the city so I don't know if there's a way for you guys to maybe take two steps back and rethink through the structure of all these programs because I appreciate the fact that there's definitely a lot more attention being brought to mental health issues. I just don't know if the current structure that we have in place is the most efficient or best way to respond to the public, which is why I was so much harping on the 9-8-8 outreach and marketing in the beginning because there's a lot of communities that don't know. If I ask my church members on Sunday, do you guys know what 9-8-8 is, I guarantee you none of

them are going to know what that line is so it's things like that where it's not reaching the general public and especially in communities that have pretty significant language barriers. My wish also would be to hire, not just use the translation services, but actually hire some counselors that actually speak multiple languages because I think that is very, very different. As someone who's going through a mental health crisis, the last thing I want to do is go through a translator and have my experience be more aggravated because I can't communicate effectively to the counselor what it is that I'm struggling with. Sorry, I don't really have a question. I just wanted to sort of point out what you already know. I'm preaching to the choir, but it's frustrating because I keep literally scratching my head where I'm like, I don't know how to answer that question. So, those are the things I would love to obviously try to have conversations on with how to move forward to fix this issue and make sure that we're serving as many people as we can with the resources that we have.

EXECUTIVE DEPUTY COMMISSIONER DR. WRIGHT: So can I respond to that, Chair?

CHAIRPERSON LEE: Yes, yes.

EXECUTIVE DEPUTY COMMISSIONER DR. WRIGHT: One, I appreciate you sharing that concern. It's very, very important and the partnership with you and other members of Council to get word out to the community is really, really important. Where we are right now is, if you're not sure whether to call 9-1-1 or 9-8-8, we're recommending people call 9-8-8 so that you don't have to make that decision alone. There's someone on the call that can help you and get the best outcome for you in that particular way by answering those questions. So, as Jamie said, the counselor responds, they answer the call, and then they're going to ask questions to help determine and ascertain what it is that the individual that is calling needs or wants, and then you can go that way, right, and so we don't want it to leave it on the community to determine, do I call 9-1-1 or 9-8-8? Call 9-8-8, right, and then let the counselor on the call help you make that decision. If there is some area where there's some danger to self or others involved where they would require law enforcement, then that can be determined. But, you know, call 9-8-8 is the way to go.

In terms of the training, we certainly are looking forward to working with you and Council on getting that training, or like I like to call lunch and learns, you know, and so that we can have that opportunity to get that word out. But as many people that the Committee and the Counselor represent as far as those communities, think if we had all that information in those communities that are very unique and specialized as you've determined, and so glad to work with you. We look forward to doing that in the future.

Thank you.

And I know Council Member Mealy, you had some questions as well?

COUNCIL MEMBER MEALY: Yes. This is a great hearing. In regards to that, thank you.

And when she said that the counseling, I'm kind of baffled also. If someone do call with the programs, someone to call, someone to respond, someone to go to, you say they go through a 13-day training, right, and do they get a certificate, or are they just, with the training, they are able to handle someone in stress?

ASSISTANT COMMISSIONER NECKLES: Yeah. So, the 13-day training is a new hire training, right, for the counselors. So it's provided by our contractor, the employer, Vibrant. It's not a statewide certificate.

COUNCIL MEMBER MEALY: Oh, okay then. So how are you partnering with the churches in regards to this? Have you ever thought about partnering and training some churches that they can have 9-8-8 response?

ASSISTANT COMMISSIONER NECKLES: I think we can do more, right? We can always be spreading the word more. There's free materials out there in multiple languages already available in the state. Website with 9-8-8, right, because it's the same number everywhere. That's one of the benefits of having a simple number, and as much as we can get those materials out and messengers talking about it in communities and faith settings, we welcome that.

COUNCIL MEMBER MEALY: Really? How do you advertise it?

ASSISTANT COMMISSIONER NECKLES: Yeah. There's a statewide campaign right now with the State

Office of Mental Health, had print ads, transportation, media.

COUNCIL MEMBER MEALY: Any local newspapers like Amsterdam?

ASSISTANT COMMISSIONER NECKLES: I know they used local news outlets. I'm not sure about that one. We could certainly do more. We've public service announcements as well when we first made the shift two years ago, but we need to keep doing it, right? It's not to say because these things were done that that's enough. I just want to point out.

COUNCIL MEMBER MEALY: So how much is of your budget for advertisement in local communities?

ASSISTANT COMMISSIONER NECKLES: I don't have that number. I have the budget that I referenced, the 31 million is for the service delivery.

COUNCIL MEMBER MEALY: But y'all do have a budget regarding advertisement to local communities, right?

EXECUTIVE DEPUTY COMMISSIONER DR. WRIGHT: So, Council Member, we don't have that number right now, but we'll have to get back to you.

COUNCIL MEMBER MEALY: I really would love that, because I concur with my Colleague. If you go to a church right now and say, anyone, do y'all know 9-8-8? Half the church will not know, and that's a problem. So, I implore you to see where your budget is. We have Our Town Press, Amsterdam News. We have to see where this City money is going, and it has to be fairly distributed to communities, different languages, to make sure the average person could just pick up a little paper, like I do when I go to the laundromat. I could stay home, but I go to the public laundromat to see what's going on with the community. They can sit there and read it. That's where I read the Our Town Press, Caribbean News, to see everything that we are doing and the City is doing, and I have never saw an advertisement about 9-8-8 if you have someone in distress. And it's happening more and more. The police are being called, and people are perishing. So, this is an entity that we need out there, not later, right now. So I ask you, Chair, could we see where is their budget? She say there is in the 31 million, but I would love to see how much it is. That if you need more, let us help you get more. That's what this city is about.

So, I thank you for your testimony. Thank you.

CHAIRPERSON LEE: Yeah. And to that point, there's folks like myself and others who can give you like a whole laundry list of ethnic media, for example, in multiple languages that would love to, I'm sure, partner with the City on this, and so if you need our help on that, I'm more than happy to share the list that we have as well.

But yeah, I thank you, Council Member Mealy, for bringing up those points, because that's huge. And I have to say, back when I was at my previous non-profit, we did a lot of the mental health first aid trainings with the faith-based organizations in the Asian community. And I was actually surprised, pleasantly, that… because the first generation, I remember growing up, they would say, oh, just pray it away, right, like just keep praying harder.

COUNCIL MEMBER MEALY: It's still good.

CHAIRPERSON LEE: Yeah, yeah, still, still. But I was actually pleasantly surprised to see that a lot of the faith-based leaders are… there's a shift that's happening where they understand that

there are certain things that are mental health issues, and so I think whatever we can do to outreach to different areas in the city and leaders in the community that have that trusted relationship with their community members, I think would be great to continue doing so.

Okay. I think for the most part, that's it for me in terms of questions. But I really, really would suggest, because I see a lot of familiar faces of our awesome community partners that are here, who are experts in this much more than I am so if you can stay to hear their concerns, I think that would be great because they have a lot of… as providers on the ground, they have a lot of legitimate things that they're seeing so that would be great if you could stay.

So, we'll move into the public testimony, but thank you all for coming out.

Okay. So, we're going to transition to the public testimony section so I now open the hearing for public testimony, and I want to remind members of the public that this is a government proceeding and that decorum shall be observed at all

times. As such, members of the public shall remain silent at all times.

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

If you wish to speak at today's hearing, please fill out the appearance card if you have not done so with the Sergeant-at-Arms and wait to be recognized and, when recognized, you will have two minutes to speak on today's oversight topic and legislation. If you need to go over that a little bit, that's fine. I'm really bad at keeping time, as you guys know. Okay. And if you have a written statement or additional written testimony you wish to submit for the record, please provide a copy of that testimony to the Sergeant-at-Arms. And you may also email written testimony to testimony@council.nyc.gov within 72 hours of this hearing. Audio and video recordings will not be accepted.

I think that's it, right?

Okay. So, we're going to call up the first panel, Fiodhna Grady, Asma Nuzi, Sofina Tani, and Dr. Victoria Phillips. So please feel free to come up if you can.

And actually, two folks are not here yet, so you two can go first.

FIODHNA GRADY: Hello and thank you. Good morning, Chair Lee, Members of the Committee, and Colleagues. My name is Fiodhna Grady, and I serve as Director of Government Relations for the Samaritans of New York, the city's only community-based suicide prevention center operating a fully confidential 24-hour crisis hotline. We also represent the U.S. Samaritan branches on the National Council for Suicide Prevention, together with Trevor and six of the nation's leading suicide prevention organizations. We appreciate the Council's focus on 9-8-8 today and urge you to pass all three proposed bills. The priorities of callers in New York City's diverse multilingual population navigating our complex systems are very different from those in other parts of the country, yet Vibrant as both the federal administrator and the operator of New York City's local 9-8-8 line must reconcile competing

obligations following federal guidance that increasingly conflicts with local realities while still ensuring that New Yorkers get the services they deserve. This dual role is fraught with conflict, and given the amount of public funding involved, rigorous and ongoing oversight is paramount, especially amid the fast-paced political shifts happening at the federal level. Our concern for decades has been simple. One size does not fit all. Services like Samaritans exist precisely because communities need responses tailored to who they are, what they're facing, and not just one single national model. Several issues regarding 9-8-8 require urgent and ongoing Council attention. Transparency, clear public guidelines on how 9-8-8 interacts with callers, especially vulnerable populations targeted at the federal level, and though they say and advertise in large capital letters confidentiality, it's confidential only up to a point that public do not understand. Data accountability, clarity on what data is collected and how it's used, are they tracking the needs of LGBTQ callers, social contributors to suicidality such as poverty, justice, involvement, immigration, racial discrimination. Data must reflect

lived realities that can be used to guide our services. Equity, and then I'll finish, safeguards to ensure that no one is turned away or underserved, and that 9-8-8 remains accessible to those who need it most, who must be found, outreached, and served. And then I'd add number four, please bring on the cheat sheets so that the public knows about what's the difference between B-HEARD, 9-1-1 versus 9-8-8. Thank you for today's opportunity. We're a city, we need to protect both the people who use 9-8-8 and the operations that make these services possible. I want to stress the stakes. When federal rules override local needs, it is the most vulnerable, the very people 9-8-8 was created to support, who bear the consequences. If we fail to safeguard equity, accessibility, those downstream impacts will ripple through our mental health and suicide prevention systems for years. And even though today they say that 870 callers only were in that high-end bracket, those are 870 individuals with families, jobs, children, who were transported perhaps against their will and who then couldn't go to collect their kids, who lost their job because they weren't there for 48 hours, and no one followed up to say, how did you do,

even though the research shows that some people transported against their will will suffer the consequences of that trauma for multiple years. Thank you.

CHAIRPERSON LEE: Thank you, Fiodhna.

CHAPLAIN DR. VICTORIA A. PHILLIPS: Peace and blessings, everyone. I just want to thank you, Chair, and all Council Members. I just want to thank you, Chair Lee, and all Council Members for being here and giving us the opportunity today to once again speak. I'm Chaplain Dr. Victoria A. Phillips. Everyone knows me as Dr. V, and I wear many hats in this city, but today I come to you as a peer, I come to you as a mental health professional, a crisis response chaplain, the Director of Community Health and Justice Advocacy at the Women's Community Justice Association, and a leader of many task force and coalitions through this city that fight for people's rights. I just want to highlight a couple of things that were said today and make a few points. 24 teams in a city of us is not enough. Someone who was born in Brooklyn, I immediately thought, well, there's over two million of us in Brooklyn alone, so how can 24 teams be adequate for five boroughs. 6,600 from

January to August, I challenge that number. If we adequately looked and we know that one out of five New Yorkers experiences a mental health concern, those numbers are false and faulty. We want the accurate numbers. When we say 13 days of training for those who are responding to those who are in crisis, unacceptable. I know in my nursing days, working in ER, working in CPAP, working behind correctional walls, working in shelter systems, that 13 days of training is not adequate to respond to someone who might be in severe depression, who might be experiencing suicidal ideations, or anything in between. It is not enough. Name one ER in this city where 13 days of training will allow you to go and diagnose somebody, make a proper assessment. It does not happen. Name one urgent care center in New York City that will allow someone with 13 days of training to make a proper medical assessment on someone. It does not occur. So why are we allowing it to occur to those who are most vulnerable in this city? I'll hurry up. I want to say on the correctional side, Jimmy Avella (phonetic), excuse me if I'm pronouncing his name wrong. I deal with a lot of people. I want to highlight him. He was the last one who died in

Department of Corrections custody. I want to raise it because he died less than 24 hours of being in their custody. He was known to have mental health concerns. I want to compare him with Mr. Carter, who I've already put on the record many times before this Council, who died within less than 72 hours of arriving in DOC's custody, who also was known by the City to have mental health concerns. And I want to highlight that the hospital system failed him upon discharge. The shelter system failed him upon discharge. The court system failed him when he was before them. And when he landed on Rikers Island, intake failed him to respond to his adequate needs. So why are we incarcerating those who have mental health concerns rather than treating them in the community? And we know those who are incarcerated with mental health concerns, 68 percent of them do not receive adequate mental health concerns. And I just want to finish up with saying I'm a peer who also has mental health concerns after my brain surgery, which was caused by NYCHA. And I still show up and do this work, but I am tired of being a hamster on this wheel, fighting for my community residents in New York City. And this City is still

falling short on how to serve us. And as an army brat on domestic soil, everybody, regardless of tax bracket, regardless of the hue of their skin, are worthy of adequate medical care. And we need to raise up and understand that mental health and substance abuse and misuse are part of the DSM-5 for a reason. So stop shorting the people of New York. Stand up and give us the services that we need. Peace and blessings, everyone.

CHAIRPERSON LEE: I love the fire you bring every time. And you have such fire and you have the sweetest smile afterwards.

CHAPLAIN DR. VICTORIA A. PHILLIPS: Peace and blessings.

CHAIRPERSON LEE: No, I appreciate your testimony, both of you, always, always, always, for speaking truth and for bringing up a lot of the points that we also have concerns about. And one of the things I wanted to actually address that you brought up with the 13-day training, and I would like to also get feedback from DOHMH, is whether that's something that we can adjust in the contract with Vibrant, or if that's something… I'd be curious to see if that can be brought up or addressed, because I

think all of us sort of had that moment of, huh, 13 days reaction so just wanted to put that in. So, okay.

And next, we will have Samuel Eluto from BTEA, Patrick Wehle, Safiyah Addison. So if you three can come up, that would be great.

Thank you so much. Feel free to start in whatever order you guys want to go.

SAMUEL ELUTO: Good morning. My name is Samuel Eluto, and I'm the Director of Member Relations for BTEA. I would like to thank Chair Lee and Members of the Committee on Mental Health, Disabilities and Addiction for holding this important hearing. On behalf of our President, Elizabeth Crowley, and the entire board of the BTEA, we really appreciate your introduction of this bill, and prioritizing the health and well-being of our workforce. The Building Trade Employers Association, the BTEA, represents more than 1,200 union construction managers, general contractors, and specialty trade, some contractors across New York City, or members or union contractors who are leaders in construction safety, operating the safest job sites in the country. And sadly, we've seen firsthand

the toll that the mental health and substance abuse crisis has taken on our workforce. According to the U.S. Bureau of Labor Statistics, in 2023, nearly 16,000 construction workers nationwide died from opioid-related overdoses, and more than 5,000 died by suicide. The U.S. Substance Abuse and Mental Health Service Administration also reports that construction workers experience substance abuse disorder at twice the rate of the general adult population. Despite these staggering numbers, substance abuse remains a silent epidemic. Families often hesitate to speak publicly about the overdose-related deaths, but the lack of publicity does not diminish the magnitude of the problem. Too many of our colleagues and loved ones have been lost, and the BTEA is determined to confront the crisis head-on. Building on that commitment, the BTEA now provides resources focused specifically on mental health and substance abuse awareness. We host presentations, distribute educational materials, and partner with leading non-profits to expand support and break the stigma. The BTEA strongly supports Council Member Lee's Intro. 1385 because protecting workers' safety means addressing both physical and mental health. Providing

opioid antagonist kits and training ensures that we can prevent fatal overdoses among construction workers. It's critical for the DOHMH to train staff, reduce stigma, and foster open conversations that save lives. DOHMH already distributes opioid antagonist kits in many industries. Construction workers deserve the same protection on their job sites. The legislation will save lives. Thank you.

SAFIYAH ADDISON: Thank you, Chair Lee, Council Members, and distinguished Committee Members. On behalf of the Child Mind Institute, thank you for the opportunity to provide testimony on the importance of the 9-8-8 Suicide and Crisis Lifeline and the legislation before you today. We recommend your leadership in ensuring that New York City continues to strengthen its response to the growing youth mental health crisis. I am Safiyah Addison, Vice President of School and Community Programs at the Child Mind Institute. Our teams stood with Council Member Bottcher at City Hall in 2023 alongside Education Chair Joseph and Mental Health Chair Lee to advocate for schools to provide information about 9-8-8 to students. We are honored to continue that work with you today. At the Child

Mind Institute, we are dedicated to transforming the lives of children and families struggling with mental health and learning disorders, and we know that mental health disorders are real, common, and treatable. As the nation's leading independent non-profit in children's mental health, we provide gold standard of care, deliver educational resource to millions of families each year. Our school-based prevention, intervention, and training programs across New York City have made significant strides by reaching more than 10,000 students annually, prioritizing schools where at least 65 percent or greater receive free and reduced price lunch. Today, schools are on the front lines of this crisis. Educators and school-based mental health professionals face burnout and role overload as they support unprecedented levels of student anxiety, depression, trauma, and suicidality. Students, especially those from structurally marginalized communities, often encounter long wait lists or no access at all to care. Without timely intervention, far too many young people slip into crisis. To meet this challenge, the Child Mind Institute developed integrated school programs, a scalable, evidence-

based approach to building mental health capacity from grades K through 12 in school communities. Our models combine three components into phased solutions, professional learning and training for educators, targeted school interventions, as well as school resources and digital tools. A cornerstone of that work is our mood service, which provides modified dialectical behavior therapy, DPT, through group sessions for students grades 5 through 12, living with mood instability, anxiety, depression, emotional dysregulation, and suicidality. These services are delivered during the day in the school at no cost to families. We make access to care available for all schools. Students often come to our programs overwhelmed, discouraged, and hurting. Whether they are struggling with self-injury, suicidal thoughts, or the inability to manage strong emotions, through our mood groups, they learn coping strategies, mindfulness, emotional regulation, skills that help them to believe things can get better. And by the end of treatment, we consistently see these stats. 69 percent of students show clinically meaningful reductions in overall emotional regulation difficulties. 42 percent improve their clinical

classifications on measures of depressive symptoms, and 69 percent increase their use of coping skills. We also have anecdotal tales and tell you the stories where kids are coming in, harming themselves, and leaving no longer doing that, as well as no longer having suicidal ideation. We know the care that we give in schools. We know it works. New York young people deserve more than survival. They deserve hope, skills, and the belief that things can get better. By investing in programs like the mood service and strengthening the 9-8-8 lifeline, we can build a city where every child has timely, compassionate, and effective support. Thank you for the opportunity to testify. We again thank the Council for its ongoing support of mental health initiatives in schools and communities, and we look forward to continue building partnerships with you and other CBOs in the city. Thank you.

PATRICK WEHLE: Good morning, Chair Lee, Members of the Committee. I'm Patrick Wehle, Executive Director of the Association of Wall, Ceiling, and Carpentry Industries of New York. We at WC and C represent nearly 200 union signatory interior contractors responsible for much of the

carpentry work across the city. I greatly appreciate the opportunity to testify in support of legislation that will address the tragic rate of suicide that is crippling the construction industry. It is common knowledge that construction work is inherently dangerous. The men and women who build our city regularly face risks that many of us do not, including falls from height, electrocution, struck-by incidents, caught in between or against events, the list goes on. While these threats to their safety are real and require constant vigilance, there exists a crisis of greater significance that is not receiving nearly enough attention. Construction workers are dying of suicide at a rate far higher than any other occupation. Across America, construction workers are nearly six times more likely to die from suicide than from injuries resulting from all workplace hazards combined, including falls. 6,428 construction worker suicides in 2022 alone. In 2021, 22 percent of all male worker suicides occurred in construction. In New York City, 269 construction workers died of a drug overdose in 2020, more than twice of any other occupation. There are numerous factors that contribute to construction workers facing greater

mental health challenges in the population as a whole. Males and veterans are heavily represented in the construction industry, and both have higher rates of suicide than the general population. It is common for many construction workers to travel wherever the work is, resulting in them being away from their families for long stretches of time. Additionally, there can be periods of job insecurity where furloughs are common and paid sick leave is a luxury. Finally is the stress associated with inherently dangerous work. When injuries occur on a job, workers may be prescribed opioids, which can lead to addiction. What this all amounts to is a perfect storm of deeply troubling characteristics that land squarely on the broad shoulders of our colleagues in construction, and that cries out for government intervention. Only once a problem is clearly analyzed can it be solved, and this crisis of suicides in construction suffers from a lack of measurement. By requiring DOHMH to report annually on suicides disaggregated by a number of variables, including occupation, Intro. 1162 will allow us to better understand the significance of the problem in New York City, whether progress is being made to address

it, and where to direct limited resources. Given the prevalence of opioid use and addiction in the construction industry, requiring naloxone to be available on larger construction sites that require licensed safety professionals, as provided by Intro. 1385, has the great potential to save lives. Finally, OSHA 10 and OSHA 30 training is designed for construction workers to recognize and address the hazards that could be present in the work they do. It is centered around the focus four, which OSHA characterizes the four most likely causes of injuries and fatalities. Despite suicide being nearly six times more likely than the fatalities resulting from all the focus four topics combined, suicide is not included among the focus four training, and therefore not sufficiently addressed in OSHA 10 and OSHA 30 training. Reso. 1049 is a good step toward correcting the enormous missed opportunity by equipping construction workers across the country with mental wellness training that will help keep them safe and productive. I thank you very much for taking on this critically important issue, and hope the Council will move on this legislation expeditiously, and I thank you for the opportunity to testify.

CHAIRPERSON LEE: Thank you all for testifying, and I just want to say, you know, thank you for bringing this to our attention, because I admittedly, shamefully, did not know that the stats were what they are, and so when former Councilwoman Elizabeth Crawley came to us with this legislation and spoke to us about some of the statistics in the community, it was shocking, and so I just want to thank you all for bringing this to light, and of course, thank you so much for all the work you're doing continually in the school settings. We desperately need more education there, and more mental health supports within the schools as well, so I just want to thank the three of you for testifying today, and you all in this room have probably heard me say this at previous hearings, like not that I'm trying to force you guys to talk to each other, but I just think that there's so much expertise in this room, so please share your contacts, and then also, hopefully, you guys won't get mad at me at DOHMH, but like, you know, give your contacts to them as well, so they can use you guys as a resource, right, so I really encourage you all to do that, so thank you so much.

Okay. And the next panel, we have Ruth Lowenkron, Maggie Mortalli, Jordan Rosenthal, and Tanesha Grant.

Okay. Feel free to start whenever you're ready, in any order you want to go in.

RUTH LOWENKRON: Good afternoon, Chair Lee, and the rest of the Committee that was here, and we're grateful for them having been here, and to those of the Department of Health who are still here. Ruth Lowenkron with the Disability Justice Program at New York Lawyers for the Public Interest, also a staunch member of Correct Crisis Intervention today in New York City, the Daniels Law Coalition, and a newly formed Coalition for Mental Health Equity and Justice. At the core of all of these coalitions is the emphasis on voluntary treatment, and treating mental health crises as health crises, and removing the police in all but the rarest of instances as first responders. In terms of 9-8-8, we fully believe it should be expanded and funded appropriately. We think it has an excellent mission in and of itself as a mental health hotline, but we also envision it as so much more. We envision it as the entity that can receive mental health crisis calls and distribute

them appropriately to non-police (INAUDIBLE) Okay. So what's critical is that we substitute 9-1-1 with 9-8-8. We've just heard underscored today that once you call 9-1-1, it's too late. You are not going to have 9-1-1 doing what we all think, at the very minimum, it should be doing, which is referring appropriate calls to 9-8-8, just as 9-8-8 is able to refer calls to 9-1-1 so I would add that to a request for what could happen in the interim. It seems like there's no reason why that can't happen at this juncture. We want to remove 9-1-1 from the mental health crisis response system, because 9-1-1 is run by the NYPD, and we know of the horrific statistics, but I'll underscore them nonetheless. 21 people in the last nine years alone killed in New York City by the NYPD. We don't want police responding to crisis. It's not a criminal matter. It's a health matter, and let's get the right system in place. So we have B-HEARD. It can link up with 9-8-8, and we need to then, of course, understand that B-HEARD can't go forward as it is without some major changes, and I'll make sure to underscore them today before I go off the record. We need to be able to have a system that's 24/7. We need to have a response time that's comparable to the

response time for other emergencies. That is key. And in the interim, just think it is, as you expressed so strongly, Chair Lee, we need to get the word out about 9-8-8, and we need to be able to allow people not only to call 9-8-8 by knowing about it, but also once they call 9-8-8 to request the B-HEARD system. To not have that opportunity now is frankly just ridiculous and something that could happen in the interim as we go about improving the B-HEARD system to include 9-8-8. Thank you so much.

JORDAN ROSENTHAL: Hi. Good afternoon, I guess now. It's not morning. Jordan Rosenthal. Nice to see you, Charlie, Sarah, and everyone else. So I'm going to go off script and kind of answer some of your questions, Chair Lee, that you proposed earlier. So first off, you cannot request B-HEARD. B-HEARD is only dispatched through 9-1-1. Part of what this panel and me and my colleagues are offering you is that there should be interoperability between 9-1-1, 3-1-1, and 9-8-8. So right now, those systems can't talk to each other, and that's really a problem. Also, I know we were all upset about 13 days, which I don't want to disagree, but I wanted to say, A, we need people in these positions quickly, but also I'm

more appalled that NYPD only gets one day of mental health training, and 9-1-1 through NYPD is answering these emergency calls. Jamie Neckles, where are you? So anyway, moving on. Point of that being, it just doesn't make sense that 9-8-8 isn't integrated into this system, right? Also, the whole discussion of emergency versus urgent services is really taking us away from someone in crisis. Instead of arguing, is this person in emergency crisis or urgency crisis, you need to just dispatch someone. And having a mobile crisis team, which they said three hours, that's a joke. That does not happen. You're lucky if you get a response in 24 hours. 48, according to Dr. V, which I would also agree with. And lastly, what I just want to say is, we talked about funding and promotion for 9-8-8. No one knows what 9-8-8 is. No one. Okay. I challenge the City to link up with your partners at the MTA to actually create funding, or not funding streams, but create PSAs. You just literally paid all this money for Cardi B to say, pay your fare. Why can't she say, call 9-8-8? There's no reason that we shouldn't be utilizing these resources that are at our fingertips. There are ways to make this much more broader in reach, and I yield my time.

MAGGIE MORTALI: Good afternoon, Chair Lee and Members of the Committee. My name is Maggie Mortali, and I serve as the CEO of NAMI New York City, the National Alliance on Mental Illness. I'm also a peer, and I'm a member of the steering committee for CCIT of New York City. For more than 40 years, NAMI New York City has provided free peer-led education, advocacy, and support that really reflect the diversity of our city. And before turning to the topic of today's hearing, I want to affirm NAMI NYC's support for Intro. 1162. This would require annual reporting on suicides by demographic and geography. These data are essential for designing and implementing more targeted prevention strategies, and I urge the full Council to support this legislation. But today's focus is on 9-8-8. It represents a generational shift away from law enforcement and towards a public health response. When someone calls 9-8-8, they deserve care and not criminalization. The line is saving lives, but significant gaps remain. Too many New Yorkers still do not know that 9-8-8 exists. In fact, just this morning, I was talking with neighbors, and they said, what are you up to today, and I said, I'm going to a hearing on 9-8-8,

and they said, what is 9-8-8? Others fear calling 9-8-8, that it will bring police, it will bring involuntary hospitalization or child welfare involvement. Many callers connect with counselors quickly, but there are many that face delays. Language access and cultural responsiveness are urgent needs, particularly for immigrant communities, communities of color, LGBTQ+ youth, which were discussed today, and people with disabilities. We've acknowledged that 9-1-1 is often the wrong entry point for someone in psychiatric crisis, but there's still much more that needs to be done to promote 9-8-8 as that line. We need clear protocols to ensure coordination between 9-1-1 and 9-8-8, and clarity for the public about when to use each. 9-8-8 must be a promise that in a moment of crisis, New Yorkers will find help, not harm. With permanent funding and true community partnership, we can build a system that saves lives, reduces trauma, and reflects our city's values of care and dignity. And I thank you for the opportunity to testify today.

CHAIRPERSON LEE: Thank you. Go ahead, Tanesha.

TANESHA GRANT: Okay, so hello, Chair Lee and Members of this Committee. We appreciate this hearing on the current access and operations of New York City 9-8-8 suicide and crisis lifeline. My name is Tanesha Grant, and I am a Steering Committee Member of CCIT New York City and the Executive Director of Parents Supporting Parents New York. I am also a person who suffers and lives with mental health illnesses. Plainly put, 9-8-8 should be fully funded. I live on a block that has two supportive housing buildings. I personally see when folks are in mental health crisis, the only response is 9-1-1. This does not help folks. It hurts them. This is just one example. Police officers are not equipped and frankly do not want to answer these calls. 9-8-8 and B-HEARD are effective tools that can be so beneficial to our communities if they are fully funded. This means creating a 9-8-8 dispatch system for mental health crisis services, including B-HEARD, to transfer 9-1-1 calls to peer support. It also should be 24 hours a day, seven days a week. I want to tell you, crises happen most often after five. In my community work, we have called 9-8-8 for community members in mental health crises, and just the police

have come. Too often, the police do not have the resources to support our community members. This leads to members dying in police custody. Saniyah Cheatham, 18 years old, still trying to find out what happened to her. We cannot wait for our family members to be served when they are in situations that often lead to death and further mental health issues and trauma. We at CCIT New York City and others appreciate New York City's attempt to stop sending police to mental health crisis calls, but in order for these services to be effective, New York City must fully invest in programs like 9-8-8 and B-HEARD so that they can thrive. We need three things. We need the fully funding of the 9-8-8 hotline, we need to create the infrastructure to utilize 9-8-8 dispatch system for mental health crisis services, including B-HEARD, and we need to train and equip operators to work with 9-8-8 and B-HEARD. We need care, not more criminalization. Thank you.

CHAIRPERSON LEE: Thank you so much. Thanks to everyone on this panel, and I do want to say that Jamie is here, so she's… no, but I want to thank DOHMH staff for staying. I really appreciate the fact that you guys are staying and listening to

all the testimony, and I want to thank the panel. I apologize on record.

JORDAN ROSENTHAL: I apologize, Jamie, and thank you for staying. I really actually very deeply appreciate it, and I want everyone to know how much because I'm fully sorry about that.

CHAIRPERSON LEE: No. It’s okay. We're all here for the same goal, and I just want to thank you all both in your individual capacities in their individual organizations as well as the coalition that is always fighting for more justice, so thank you all so much.

All right. Next panel. We have Abigail Pluchek, sorry if I'm mispronouncing your name, David Mandel, and Evelyn Graham-Nyaasi.

Okay. Feel free to start whenever you're ready.

DAVID MANDEL: Good morning, Madam Chairwoman and all distinguished Members of the Committee. I am David Mandel, Chief Executive Officer of Ohel Children's Home and Family Services, an organization serving thousands of individuals and families throughout New York City in the way of mental health services. Thank you for the opportunity

to share Ohel's perspective on suicide prevention and response. This is an especially important area of focus for the Committee. We thank the City Council and Council Members for your support of all's programs, and we look forward to participating in your fair on Sunday, Council Member Lee. Joining me this morning is Ms. Abigail Pluchek, who will share her thoughts as a parent of an adolescent with suicidal ideation. At any one time in one of Ohel's several outpatient programs, Ohel's expertise with suicide, we serve more than 150 children, adolescents, and adults with suicide ideation or attempted suicide at any one time. Additionally, through our extensive work in crisis and trauma, we respond to completed suicides in communities throughout the metropolitan area, providing trauma, grief, and bereavement counseling to individuals, families, and schools. Our staff speak Spanish, Mandarin, Cantonese, Russian, Ukrainian, and Hebrew. While Ohel serves a large Jewish constituency, we serve the general population across all cultures and religions. We've held retreats for parents whose children have died by suicide or accidental drug overdose. This is especially powerful for parents as

they feel that only others experiencing similar situations can understand. It's my pleasure to introduce Ms. Abigail Pluchek to share her thoughts with you.

ABIGAIL PLUCHEK: Good afternoon, Chairwoman Lee and Members of the Committee. My name is Abigail, and I live in Brooklyn, New York. Like Dr. V, I wear many hats. Professionally, I've been a practicing occupational therapist for more than 20 years, graduating from Downstate Medical Center, and more recently, I completed a second master's degree in social work. In my personal life, I am a mom. One of my children struggles with major depression and at times with a desire to continue living. I'm here to share my personal experience, what it was like to struggle to access high-quality, timely services for our child here in New York. I'm here to share the pain and fear that our family felt when terrified for the life of our child. I am here to share from personal experience that families need an incredible amount of support, truly like oxygen, every single day in order to remain strong enough to fight the uphill battle of finding and managing their loved one's care while at the same time taking care of all

other responsibilities. I appreciate the opportunity to speak with you this morning and hope my shared experience can help in some way with legislation and services for those struggling with wanting to live. I had always considered myself strong and self-reliant, yet when my child began to seriously struggle, I was floored. I could never have imagined the level of terror I would feel, nor the depth of support I would need. It was as if I was living in the world, but not really living in it. You actually never really know where you're going to be, what you're going to be doing, or how your day schedule is going to go, because at any moment, you may get a call. Your child is in crisis and you will need to drop everything. You don't talk to people, you don't have the time or energy, and even though others may care, they can't truly understand the fear of coming home and wondering whether to first make dinner or to first check if your child is still alive. And so you are left profoundly alone. For me, the duality of functioning in everyday life while carrying this terror and anxiety hand in hand was nearly unbearable. Our teen struggles began in adolescence, rooted in the isolation experienced during COVID.

When our child felt unsafe with herself at home, she was briefly hospitalized. As an aside, as a layperson, I did not know about 9-8-8, and it would have been extremely helpful to have people come to our house at the time and help us decide whether actually hospitalization would have been in her best interest. She was briefly hospitalized. After discharge, our family faced the harsh reality. Despite living in one of the largest cities in the country, we could not find high-quality, competent care covered in network by our insurance. This was not the time we wanted to gamble on questionable care. Our child's life was on the line. I am very research-driven. Like many members testifying today, I threw myself into research learning about adolescent mental health treatment programs in New York. I was confused at the minimal available choices for specialized, cohesive, and all-encompassing adolescent treatment. I realized there was a problem when I could not find a single in-person PHP or IOP program with immediate openings that met a high standard of care and accepted our insurance. I realized there was a problem when the lack of available services actually made me feel as though my

child was the only teenager in New York struggling in this way, and I knew there was a problem when we finally sent her to a residential program in California, only to find that many of the teens there were also from New York. Our solution, imperfect though it was, was to cobble together our own individualized treatment path for our daughter, finding the right people and programs, piecing it together, resource by resource, expert by expert. Slowly we built a circle of care, tightening it bit by bit with love, skill, and support, and refining it. This is still our journey today. As parents, we learned things that no one had ever taught us. To give our child the best chance at recovery, we had to learn the same skills they were being taught so we could support them in real time. We had to work on ourselves, managing our own anxiety, cleaning up our side of the street, attaining higher levels of emotional wisdom so that we could be the safe, steady, and clear mirror that she needed. We had to become the space in which our child could co-regulate without our own issues getting in the way of her healing. My own journey led me to complete an additional master's in social work with my personal

commitment to up-leveling mental health care for families in New York. Because as the saying goes, nothing changes if nothing changes. I'm here today to say we must do more for those who struggle to want to remain living in this world. We need to be intentional and we need to collaborate, all of us, and we need to build strong circles of help and hope. We need more excellent programs in the city ranging from high quality prevention, community-based services, to PHPs, IOPs, inpatient care, and community reintegration. A special concern is the insurance companies. We need insurance companies to be challenged to cover the gold standard of care, including longer treatment durations that research has proven to affect lasting change, and coverage that does not require families to battle every step of the way to get the treatment paid for. It is no exaggeration for me to say that I have spent literally hundreds of hours on the phone with our insurance company, hours that were needed elsewhere. If I had to name a strong takeaway for you today, it would be this. We as parents and family members carry a heavy burden of stress, fear, and trauma in response to our child's struggles, and we need

support. We need funding for support. We are not extra to the treatment process. We are essential. We must have funding to access the same skills our loved ones are learning so we can speak the same language, practice those skills together in real time, and create an environment that best supports recovery. This may well be the single most important factor in our loved one's healing. Of course, we also need to provide more effective support for the individuals struggling with suicidal ideation and attempted suicide, with the goal of helping them not only survive, but to cycle out of the mental health care system and enter fuller, healthier lives. In conclusion, I would like to share with you something deeply personal. Three days ago while driving in our car, my daughter shared with me something she had written the previous day. Before I read it to you, I'd like to share something she wrote three years ago on a paper I keep in my wallet. I don't really know why. She was at the beginning of treatment and she wrote on this paper, "thoughts, you're a lazy failure who wasted her potential, go back to rotting in your bed. You did so many disgusting things, you'll never feel good about yourself. Everything drives you

crazy, you'll never be at peace with yourself. The world is horrible anyways, just kill yourself." So getting back to a few days ago while driving in the car together, I believe it may have been on the way home from therapy, my daughter shared with me something she had journaled the previous day. She wrote, "reminder, it's not all bad, my parents love me, I have friends that love me. I believe that throughout my life, the right people will come at the right times. I will become more comfortable with my very strong emotions and I will learn tricks to help combat them when need be. I believe I can eventually tip the scale where these suffocating emotions of mine serve me more than they hurt me. I believe that existing as myself will get less exhausting every single day and although I know progress isn't linear, I know I am progressing." My daughter's current goal is to become a psychologist and use her experience to help others and I'm here to tell you that good mental health treatment really works. And thank you for your time.

EVELYN GRAHAM-NYAASI: Good afternoon, everyone. Hi, my name is Evelyn Graham-Nyaasi. Thank you, Chairwoman Lee and Members of the Mental Health,

Disabilities and Addiction Committee. As an African American woman who has lived with bipolar depression for 34 years, I hadn't been hospitalized for 25 years until one evening when there was a knock at my door and when I answered the door, there were eight to nine police officers in my small hallway with guns. An officer told me that someone in my home had called 9-1-1 and said that I had a knife. There was no knife in sight but I was so scared that I just grabbed my things and I went with him. When I got outside, he asked me if I wanted to get in a police car or the ambulance. I chose the ambulance because I didn't know what they were going to do to me in the police car. They dropped me off at Bellevue Hospital where I was stuck there for a four-day weekend. On Tuesday, they took me up to the hospital ward and I was stuck there for a week because I didn't know about any of my rights. While I was lied on, transferring the 9-1-1 call to 9-8-8 in an ideal situation would have sent the peer with lived experience to my home who could see that I was okay and not in crisis. Deborah Danner, Eudes Pierre, Daniel Prude, and Win Rosario were not that fortunate. Their lives were taken away while going through a mental health crisis instead of

getting assistance they needed. These individuals were treated like criminals instead of being treated with compassion and empathy. If we have 9-1-1 calls switched to 9-8-8 ones, so many lives could be spared and people can get the help they really need. We don't need another person to die unnecessarily. New York City's current non-police response program, B-HEARD, is missing a very important component from its B-HEARD teams, peers with lived mental health experience. Peers know what it takes to de-escalate a situation because they know what it is like to experience a mental health crisis. Peers would make the individual feel safe, showing compassion, and treating the peer like a human being. B-HEARD should be a true non-police response program, operating 24 hours a day, seven days a week, citywide, following the recommendations of CCIT NYC's proposal. The creation of New York City's non-police response program included CCIT NYC and other stakeholders, but New York City did not add peers to the B-HEARD team. Peers are a very important part of crisis response teams because they know what it is like to have a mental health crisis. Their presence would de-escalate the situation and make the peer feel safe

and supportive. We should not continue to spend more money on police overtime because that doesn't help the situation at all. The overtime money can go towards an overhaul of the B-HEARD team and housing and wraparound services for individuals who are experiencing a mental health crisis. Peers must be placed on the B-HEARD teams, peers know how to assist someone going through a mental health crisis, and that's what people really need. Thank you.

CHAIRPERSON LEE: Thank you all for sharing your testimony and addressing and saying so eloquently what your experiences were. Very much appreciated and I just wanted to echo your sentiments on the peer supports, which is why we included it in the Roadmap on the first stop of the Mental Health Roadmap because it's important. I was lucky enough to be on the board of NAMI New York City for about nine years, where we learned a lot more about the peer support and peer-to-peer services. And even in places like the mental health treatment courts, the veterans treatment courts, we need more peers there to be able to identify and help folks versus going to jail so I really appreciate all the work you're doing and thank you so much for sharing your testimony and your

insight as a parent as well as a professional. Thank you. Thank you all.

ABIGAIL PLUCHEK: As an aside, the crisis was after 8 p.m. with our daughter.

CHAIRPERSON LEE: Okay. And next we have Sofina Tanni, Alyssa Valentin, Keri Vicioso, sorry, and Christopher Leon Johnson.

And feel free to start whichever way you guys want to go.

ALYSSA ROSE VALENTIN: Good afternoon, and thank you to everyone on this body for inviting me to speak at today's hearing about something that is very dear to me, mental health. If you don't know me, which most of you probably don't unless you're from the Bronx, my name is Alyssa Rose Valentin and I am a mental health advocate based in the Bronx. I began my career to help people like me and everyone I met along the way who has faced the unfair circumstances of living with a mental health disability in New York City. I also speak for those who didn't make it, the people who should still be here with us. I know these struggles too well. I began dealing with mental health challenges at the age of 12, an age where I should have been focused on friends, hobbies, and the

joys of being a teenager. Instead, I was learning what it meant to battle my own mind. Mental health is not just a personal issue. It is an everyone issue. It is a crisis that affects one in four adults in New York City and that does not even include the many adults who are struggling silently. Today, I want to focus on why we are here to support the implementation of 9-8-8 and B-HEARD. From my experience, I know this hotline saves lives. It should be the first number we think of in a mental health crisis, not the NYPD. While I respect the work of the police, they are not equipped to handle mental health crises. These situations require people who understand, people with lived experiences, and people trained to respond to individuals at their most vulnerable moments. That's why B-HEARD, the Behavioral Health Emergency Assistance Response Division, is so important. Since 2021, they have shown their dedication to helping people like me, ensuring that those in crisis are truly heard. Their work proves that when people in crisis are met with compassion and care, rather than handcuffs, outcomes are better for everyone. It took me a long time to understand that mental health struggles don't make

you less than. For years, I kept my symptoms to myself, believing they were just normal, even though nothing about the experience felt normal. I live with severe OCD, depression, and anxiety, which shapes how I see the world in a unique and often challenging ways. Looking back at it, I believe that if services like 9-8-8 and B-HEARD would have been more visible, I would have felt less alone. Yes, I had the unwavering support of my family, who I'm deeply grateful for, but sometimes it's easier to speak with somebody you don't know, someone who doesn't expect you to be strong. Many of my friends, people I met along this journey, would have benefited from these services too. Some of them might even still be here if they had known help was just one call away. This is one of my very first hearings, but it will not be my last. I plan to return again and again and again, because I believe we can build a world where people are seen for who they are, no matter what they are going through. My name is Alyssa Rose Valentin, and I'm here today to fight for a brighter future for all of us. Thank you.

CHAIRPERSON LEE: Thank you.

KERI VICIOSO: I'll go next. My name is Keri Vicioso. I'm 26 years old. I'm a mental health patient. I've been a mental health patient since the age of around 18 or 19 years old. I was first diagnosed with postpartum depression, and this has led to me being diagnosed over the years with even schizophrenia. I have been able to cope with my depression for the years with support from friends and family members until I got diagnosed with schizophrenia, which led to me having medical intakes at a hospital and so on. One day, I made a 9-1-1 call to NYPD, where I was asking to have an individual who perpetrated my home removed from my apartment with an order of protection to not allow this individual to enter my home ever again to protect me and my children. Me being a mental health patient, after I made this call, I got accused by this individual and by NYPD with assaulting this individual third degree with intent to physical harm. This accusation, which I rebutted while being arrested by the police officers, I told them that I didn't do anything to this man, and I explained the situation to them, which was very clear that I was afraid of this man and that I wanted him away from me. In no instance, I

was believed with my testimony. I was incarcerated at a hospital with handcuffs in my arms and in my legs for five days with an intake at a hospital. I was accused of assaulting this man, and then I was released from the hospital. This accusation was then taken to family court, whom removed both of my children, a six-month-old baby and a four-year-old baby, saying that I have serious mental health concerns and that due to this incident, I'm putting my children in danger to life and health. I have been fighting against this ever since April 24. I have been fighting in family court, and they continue to accuse me of being so severely mentally ill that I cannot care for both of my children, who have been living with me ever since birth. I do support 9-8-8 and to the full extent. I believe that 9-1-1, it's not the right place to when you have mental health concerns and when you can be used as an object for the criminal system and also for individuals like who I encountered, who falsely accused me of a crime to take my daughter away from me. I support 9-8-8, and I believe that it's a very good system for people with mental health concerns to use to keep themselves

safe, their children and their family as well. Thank you.

SOFINA TANNI: Thank you, and good afternoon. Thank you, Chair Linda Lee and Members of the Committee for providing us with this opportunity to testify. My name is Sofina Tanni, and I am the Senior Program Coordinator at the Asian American Federation. We are testifying on behalf of our Asian American Mental Health Roundtable, a coalition of 15 Asian-led, Asian-serving organizations that work to address mental health care. Since January, our Roundtable has seen more Asian Americans facing heightened mental health challenges driven by anti-immigration policies and anti-Asian hate. Fear of deportation and violence often keeps them from seeking emergency services, making our work at the Roundtable even more critical. Yet, we have not seen targeted outreach to Asian Americans, and many in our community remain unaware of available resources like 9-8-8. Based on our mental health expertise and the voices of our Roundtable partners, we urge the Council to consider the following:

Number one. Invest in CBOs that provide culturally and linguistically competent services to

the Asian American community in New York City. These organizations are already deeply embedded in the community and already provide crisis support, but require funding to meet the growing demand for services.

Number two. Increase funding for mental health initiatives tailored to the specific cultural and linguistic needs of Asian Americans, specifically to launch city-funded campaigns that highlight 9-8-8 in Asian languages and promote them through trusted community messenger. We'd also like to prioritize restoring funding for the LGBTQIA+ youth lifeline so that LGBTQIA+ Asian New Yorkers receive the care they need from linguistically and culturally competent crisis workers.

Lastly, we'd like to invest in linguistically and culturally competent mental health workforce, recruit interpreters with linguistic and cultural competency to work with Asian clients thereby decreasing reliance on Language Line, ensure interpreters receive medical interpreter training and provide them with mental health support to address the trauma incurred on the job, and finally expand the number of languages available via chat and text

platforms. Thank you for the opportunity to testify. More information can be found in our written testimony and we look forward to working with you on these initiatives to support our community.

CHRISTOPHER LEON JOHNSON: Yeah. Hello, Chair Lee. My name is Christopher Leon Johnson. Before I go to our topic, you should jump on Intro. 1391 for the security guard bill. Why are you not on that bill? That was a bill that was introduced by the Speaker of the City Council. I'm surprised you didn't jump. I know it's a kind of off topic, but 1391 is for the security guard bill. That was at the press conference yesterday with 32BJ.

CHAIRPERSON LEE: I'm on it.

CHRISTOPHER LEON JOHNSON: I don’t see you on the list. Okay. Okay. Sorry about that.

So, but going forward, I support everything here. I'm going to show support for Resolution 1049 when it comes to implementing mental health training inside the OSHA 10 and 30. I want to know why, where's the other non-profits that so-called advocate on immigrant rights, construction rights, like La Colmena and Workers Justice Project, and they're not here. Why are they not showing

support for this? This is surprising. But I support that resolution.

But I want to talk about 9-8-8 quickly. I believe that the City Council needs to make a separate agency for 9-8-8 while making sure that the NYPD is not really involved. This need to start with the schools because I've been growing up all my life knowing that I got an issue called 9-1-1. I think that the City Council need to mandate the school system, the Department of Education, to tell the children if they have an issue called 9-8-8 instead of 9-1-1 for mental health things. This should be part of curriculum. This should be like a thing mandated inside the school system. I can go on all day. I know I only have like 25 seconds, but I'm here to show my support.

And by the way, I'm here to show my support for Intro. 1385. I used to work on the construction site as a security guard, as a shop steward with 32BJ and I seen this happen many times of guys getting fired because they been on the drugs so I think that when you start giving these guys the proper help, these guys will stop doing what they do when it comes to doing the drugs on the site. And I

think that the City Council need to start really cracking down on these labor unions because a lot of them are complicit in this because they do a lot of coverups for certain members that come out here. You'd be surprised that advocate on the behalf of these unions, but they'd be the main ones be breaking all the laws when it comes to drug use and stuff like that so I think that the City Council need to start cracking down on these unions more than what goes on on the non-union people that do this stuff.

I know I'm kind over on my time, but one more thing about Intro. 1162, why the reason I believe this bill, I appreciate it, but I think it's just too sensitive. When it comes to suicide, it’s a real sensitive topic. I don't think that families in the city want their (INAUDIBLE) to know like their dirty business to be out there with the public. I never lost anybody to suicide, but I have my stories about that. But in the same time, I want to make sure that look, that's a topic where it's kind of dark, real sensitive, that should not be out in the public, that should be off the record. I mean, my thing about suicide is like, look, you have those thoughts, you got to seek help, but that type of stuff should not

be on a platform like a City Council public platform where it should be broadcasted, and trust me, you don't know what people go through. Yeah, but this shouldn't be broadcasted on a government platform on NY25, like this type of bill. This should never have been introduced in a City Council, and I hope it doesn't go through. So that's all I got to say. Thank you so much.

CHAIRPERSON LEE: Thank you.

CHRISTOPHER LEON JOHNSON: Thank you.

CHAIRPERSON LEE: Thank you for those thoughts. I do agree with the building trades piece. We need to definitely get more support from other surrounding folks that intersect with that space so thank you.

Alyssa, definitely look forward to seeing you more at every Council hearing.

ALYSSA ROSE VALENTIN: Actually, I have worked with almost every elected official in the Bronx on mental health. So I would love, I kind of do want to venture out, you know, one day, like, you know, to New York City and stuff like that. It's my dream to be an elected official one day. One day, I

want to be Congresswoman Alyssa Rose Valentin so yeah.

CHAIRPERSON LEE: It's got a nice ring to it. That's awesome. Yeah.

UNIDENTIFIED: (INAUDIBLE)

CHAIRPERSON LEE: Yeah, no, that is important to note so…

ALYSSA ROSE VALENTIN: Yeah. I love Tanesha., I met her because my best friend died in police custody. Her name is Saniyah Cheatham so that's how I met Tanesha. And she gave me this wonderful opportunity.

CHAIRPERSON LEE: Thank you, Tanisha, for bringing…

ALYSSA ROSE VALENTIN: Also, I'm only 20.

CHAIRPERSON LEE: I love it. I love it. We need to get you more plugged in.

And thank you, Keri, for bringing up an important issue. I know that the Council this year passed a bunch of legislation around maternal health and maternal mental health. And interestingly, there was someone who I just spoke with yesterday, who's a high school student and witnessed at a younger age, her mom going through a lot of these struggles, and

she specifically brought up this intersectionality between postpartum depression, the criminal justice system, how it really unfairly targets a lot of Black and Brown communities, which we know, and so I just want to thank you for bringing up that point.

KERI VICIOSO: You're welcome. I just want to say, it's very unfortunate that people that need mental health services, sometimes you go to a hospital and you look for help when you're in a crisis or anything and then the court system uses all of this information. If you had intakes, any type of mental health issues that they can find about you, they use this against you. It's very sad because if somebody is in mental health services, they should be getting help so it's sad that the court system and agencies like Child Protective Services, they use all of this information against you and they go as far as taking your children away. At this moment, that's my case. That's what has been going on with me. They looked for every type of appointments that I've had, every type of hospital encounters that I had while I was in a crisis or while I was having a depressive episode, and they're using this against me saying that because I'm a mental health patient, that I

cannot care for my children. That's heartbreaking, unfortunate, and it's a shame, first of all, to every type of woman. How are you doing this to a mom? Those are my children. So they're doing it to me now, but what if they do it to another female out there? How many more children based on mental health concerns are they willing to remove just to be able to keep Child Protective Services going and to keep this type of businesses going? It's sad. Now I have to fight for both of my daughter's custody in family court with a judge, with ACS attorneys, with children's attorneys, and with everybody that thinks that due to the fact that I'm a mental health patient, that I cannot care for my children. It's sad. I'm 26. I'm perfectly able to care for my children. And I have been ever since my children have been born. So approximately five years now, because that's how old my oldest daughter is. She's five. And I have been caring for her. And she has been in my custody ever since she had been born. Therefore, I don't understand why they're making me seem so ill, so mentally ill that they're saying that I cannot care for my 10-month-old daughter or that I cannot continue being a mom to my children. They're

violating my rights. They're violating my… every single right, they're violating them. They cannot just go ahead and use my mental health concerns against me to take my children away. Why are they not looking for solutions? Why are they not getting to an arrangement to get me in… I'm in mental health services now. Why are they not making a plan for me to be in intensive mental health services to be able to give me back my children? Why are they making me seem so ill, so mentally ill, saying that I cannot care for my children? Why not looking for solutions instead of making me seem like I'm an ill person and like I cannot care for my daughter? Why put my daughter in foster care when I'm perfectly willing to care for my child?

CHAIRPERSON LEE: And I think what you're highlighting is that we encourage people to seek help, but then once they seek help, we don't want that to be used against them and want to be able to provide support so I appreciate you bringing that up. So we'll be in touch after this. I want to stay in touch with you.

And then, of course, Sofina, thank you for highlighting all the issues that I struggled with

when I was at KCS, my former non-profit, so thank you for the work you do at the Federation. Thank you all.

CHRISTOPHER LEON JOHNSON: Can I add something? One more thing about the Reso. 1049. Can you tell those non-profits to submit a written testimony (INAUDIBLE) please? (INAUDIBLE) Yeah. Thank you.

CHAIRPERSON LEE: We'll definitely request it. Thank you.

Okay. So, we're going to switch over to the Zoom testimonies. We have a couple.

Tamara Begel, if you're still there, and Evan Sachs. And so Tamara, if you could go first, and then Evan, you can go afterwards.

SERGEANT-AT-ARMS: You may begin.

TAMARA BEGEL: One moment, please. Sorry, I'm just fixing my screen.

CHAIRPERSON LEE: No worries.

TAMARA BEGEL: Okay. Thank you. Sorry. Good morning. I am a person with lived experience of mental health concerns, a parent of a child with lived experience, and a cross-systems advocate with clients in New York City. It is imperative that we completely fund and extend the B-HEARD peer-led

emergency urgency response to mental health crises. I have previously testified about the need for training for B-HEARD teams to be trained for people of all abilities, all ages, communication styles, and those that are non-verbal. In the hundreds of hours of training, peers use de-escalation, connection, mediation, linkage to services, and time. These are not the tools used by the police. I hope there has been a follow-up on B-HEARD responding to schools and RTFs from transporting individuals to hospitals, because peers are essential on these transports. All mental health calls should have a peer response associated, even if police are there. 13 days is not enough training to respond to an emergency call, and the one day of training of police is abhorrent. I have called 9-8-8 since my last testimony and asked for B-HEARD. It was after 9 p.m., as were all of my experiences when I called 9-1-1 a while back. At that time, I asked for B-HEARD, and I was told that peers were not available, nor were they linked to B-HEARD at all. This is unacceptable. I also ask that you provide oversight to RTFs and the mental health provided at our jail and prison systems. I know this

isn't the topic, but I'm going to speak on it anyway, because…

SERGEANT-AT-ARMS: Thank you for your testimony. Time is expired.

TAMARA BEGEL: They don't have the option of calling B-HEARD. Yes?

CHAIRPERSON LEE: Oh no, it's okay. He was just saying that your time expired, but you can go ahead and finish.

TAMARA BEGEL: I will include testimony on making schools safe zones, especially from ICE, due to the mental health our children are suffering from, information on oversight of RTFs, but most importantly, I wanted to bring up the case of Charizma Jones, who suffered from a mental health disorder in our jail system and for 77 days was suffering from Stevens-Johnson syndrome that went undiagnosed despite her attempts for those 77 days to receive medical treatment. It is unconscionable that in Rosie's, where I think it's 82 percent of the population has mental health disorders, that this was missed, and oversight by the Board of Corrections only asked that a memo go out versus additional training. We're also missing a lot of oversight

reports from the Board of Corrections and the Department of Corrections, and so all of that will be in my testimony. Thank you.

CHAIRPERSON LEE: Great. Thank you, and thank you for highlighting that.

Evan.

SERGEANT-At-ARMS: You may begin.

EVAN SACHS: Hi. My name is Evan Sachs, he/him or she/her. I am a member of ACT UP New York, a mask ambassador and editor for Mask Together America, and the founder of the Washington Heights Inwood Mask Blog, here to talk about the importance of intersectionality, especially intersectionality around physical and mental health with all of these issues, especially with mental health crises. We have talked a lot here in this hearing about prevention, such as having Narcan on construction sites, which is so important, but another big, big issue with prevention, both for drug treatment and mental health crises, which often overlap, is that unfortunately, we have so much denial that we are still in an ongoing pandemic, during the pandemic is now, and a lot of people, unfortunately, don't seek care, because if they end up having to, say, go to the ER

or other health care setting in person, they may well go in with one issue, and instead of getting that fixed, come out with two, because doctors and other health care professionals are no longer masking in health care settings, and so that leads to people avoiding health care, seeking health care, whether for their mental health or otherwise, because in the end, that may do them more harm than good, whether they are already immunocompromised or have other comorbidities that may lead to worse outcomes, if they catch COVID, or whether they're simply aware that even if they are healthy as a bee physically, they could catch COVID that turns into a debilitating case of long COVID, because we are…

SERGEANT-AT-ARMS: Thank you. Your time's expired.

EVAN SACHS: All vulnerable to that. Even very healthy athletes have come down with long COVID. Please make sure to take that into account when dealing with mental health, that people may go in and come out worse for the wear, because we're still in a pandemic.

CHAIRPERSON LEE: Great. Thank you so much for sharing your testimony.

And I'm just going to call a couple more names of folks that had registered that we called earlier, Asma Nuzzi (phonetic) or Anne Casper?

SERGEANT-AT-ARMS: You may begin.

CHAIRPERSON LEE: Okay. So, I don't think they're here. Okay.

Okay, and is there anyone else who wants to testify that didn't get a chance to? I just want to make sure we're covering everyone.

Okay. So, thank you to everyone who has testified, and if there's anyone present in the room or Zoom that hasn't had the opportunity to testify, please raise your hand.

And if there is no one else, I would like to note that written testimony, which will be reviewed in full by Committee Staff, may be submitted to the record up to 72 hours after the close of this hearing by emailing it to testimony@council.nyc.gov.

Thank you, and with that we are finished. [GAVEL] Thank you everyone.

C E R T I F I C A T E

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

Date October 13, 2025