CITY COUNCIL
CITY OF NEW YORK

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TRANSCRIPT OF THE MINUTES

Of the

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

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November 17, 2021
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HELD AT: REMOTE HEARING - VIRTUAL ROOM 1

B E F O R E: Farah Louis,
Chairperson for Committee on Mental Health, Disabilities, and Addiction

Eric Dinowitz,
Chairperson for the Committee on Veterans

COUNCIL MEMBERS:

Diana Ayala
Alicka Ampry-Samuel
Joseph C. Borelli
Eric Dinowitz
Mathieu Eugene
Alan N. Maisel
Kevin C. Riley
Paul A. Vallone

A P P E A R A N C E S

James Hendon
Commissioner of the New York City Department of Veterans' Services

Susan Herman
Senior Advisor to the Mayor and Director of the Mayor's Office of Community Mental Health

Amauri Espinal
Assistant Commissioner of Community Affairs for the New York City Department of Veterans' Services

Jason Loughran
Executive Director of Special Projects for the New York City Department of Veterans' Services

Jamie Neckles
Acting Assistant Commissioner for the Bureau of Mental Health at Department of Health and Mental Hygiene

Nichole Torres
Senior Director of Government Engagement and Special Projects at the Mayor's Office of Community Mental Health

Sean Redding
Communications Director at the Mayor's Office of Community and Mental Health

Ellen Greeley
Director of Branch Administration for New York City Department of Veterans' Services

Derek Coy
Former Sergeant in the United States Marine Corps and Veteran of the Iraq War

Matthew Ryba
Director of Community Outreach and Education NYP Military Family Wellness Center at Columbia University PTSD Research Team

Dr. Amanda Spray
Specializes in Psychology

A P P E A R A N C E S (CONT.)

Jesse Gould
Founder of Heroic Hearts Project

Kimberly Moore
Director of Care Café at Yeshiva University's Wurzweiler School of Social Work

Coco Culhane
Founder and Executive Director of Veteran Advocacy Project, VAP

Gary Bagley
Executive Director of New York Cares

Ashton Stewart
SAGEVets Program Manager

Claire Kozik
Associate Director of Policy and Advocacy at the Coalition for Behavioral Health

SERGEANT SADOWSKY: PC recording is started.

SERGEANT POLITE: Recording to the Cloud all set.

SERGEANT SADOWSKY: Thank you.

SERGEANT PEREZ: Backup is rolling.

SERGEANT SADOWSKY: Thank you and good morning and welcome to today's Remote New York City Council Hearing of the Committee on Mental Health, Disabilities and Addiction jointly with Veterans.

At this time, would all Council Members and Council Staff please turn on their video. To minimize disruption, please place electronic devices on vibrate or silent mode. If you wish to submit testimony, you may do so at testimony@council.nyc.gov. Once again, that is testimony@council.nyc.gov. Thank you Chairs, we are ready to begin.

CHAIRPERSON LOUIS: Good morning everyone. I'm Council Member Farah Louis, Chair of the Committee on Mental Health, Disabilities and Addiction and I'd like to welcome everyone to our joint Oversight Hearing on Mental Health Services for Veterans in Response to COVID-19, and Alternative Treatments for Post-Traumatic Stress Disorder. I'd also like to thank my Co-Chair of the Committee on Veterans

Council Member Eric Dinowitz for holding this important hearing with me today.

Today, we are here because we know our veterans have very distinct health issues related to their military service and are for more likely to experience trauma-related injuries and behavioral health challenges than people who have never served in the armed forces. In 2008 a study conducted by the Rand Center for Military Health Policy Research, found that roughly one in five veterans experience a mental health condition. And we also know that veterans have been deployed to the wars in Iraq and Afghanistan are more likely to experience mental health conditions or cognitive injuries. The psychological toll of multiple deployment and prolonged exposure to difficult threats, can be understated.

It is estimated that among New York Veterans of wars in Iraq and Afghanistan, nearly 8,000 suffer from Post-Traumatic Stress Disorder, also known as PTSD. More than 7,000 suffer from traumatic brain injury, also known as TBI and more than 4,000 suffer from both. Unlike physical wounds, mental health conditions effect mood and behaviors and often remain

invisible to friends, family and other service personnel. Sadly, our veterans may also face significant barriers to accessing treatment. For some, overcoming the stigma of asking for help is often met with logistical problems that make access — sorry, excuse me. Make accessing the appropriate treatment options within the appropriate behavioral health systems difficult to obtain.

In 2005, ThriveNYC announced two initiatives designed to reach the city's veterans and pledge to invest and expand the veteran services outreach team. And create a Veterans Holistic Treatment Fund to provide grants to community-based organizations that utilize evidence-based restorative practices. In November 2019, DVS and ThriveNYC announced that they would be scaling up their veterans mental health programs through the launch of the following six initiatives: Increasing mental health providers of VetConnect NYC; grants to legal service organizations to help veterans upgrade their discharge status; training for mental health professionals; support for holistic treatments, and funding for a peer support program for veterans with PTSD; as well as coordinating efforts with the federal interagency

mental health taskforce. To date, we still have many questions about the DVS and ThriveNYC partnership and hope to learn more about it and its funding and programmatic activities. Additionally, we hope to get a status update on the VetCheck program, which provides supportive calls and referrals to veterans and their families.

Today, we also look forward to hearing more about alternative treatment approaches and therapies such as MDMA and psilocybin that have shown great potential for use and treatment resistant mental health conditions.

For example, a recent study found that psilocybin improves symptoms of depression, just as well as an established metric and have fewer side effects than a conventional antidepressant. Additionally, a recent study on MDMA therapy for individuals with severe PTSD reported that 67 percent of participants who received MDMA, no longer qualified for a diagnosis of PTSD two months after treatment, which is phenomenal.

Finally, today, we are also hearing Introduction Number 2442 sponsored by Council Member Diana Ayala in relation to establishing an office of community mental health. At today's hearing, the Committees

look forward to hearing from the Administration along with providers, community-based organizations and advocates about how New York City can provide more effective mental health services for our veteran population.

I want to thank the Administration, New York City Department of Veteran Services, the Office of Community Mental Health, the Department of Health and Mental Hygiene and the Office of — sorry, it's those three, who are here with us today. I know you are committed to working on this issue and to effectively address the mental health needs that arise in our veteran communities around the city and we look forward to hearing from you.

I also want to thank my colleagues as well as my staff, Legislative Director Kristy Winter as well as Council Committee Staff Senior Counsel Sara Liss, Legislative Policy Analyst Cristy Dwyer, and Financial Analyst Lauren Hunt for making today's hearing possible.

And now, I will turn it to my Co-Chair Council Member Eric Dinowitz for his opening remarks. Thank you.

CHAIRPERSON DINOWITZ: Thank you Chair Louis. My name is Eric Dinowitz, Chair of the New York City Council's Committee on Veterans.

I want to thank all of you for attending today's joint hearing with the Committee on Mental Health, Disabilities and Addiction to discuss mental health services for veterans in response to COVID-19 and alternative treatments for Post-Traumatic Stress Disorder or PTSD.

I also want to acknowledge our service members, veterans and military families who have joined us today and take this opportunity to share my gratitude for their immeasurable sacrifices as we celebrate National Veterans and Military Families Month.

One way we can thank our service members is not just with the words and thank our veterans and their families, it's by ensuring that that have access to quality healthcare and mental health services. It is well-known that service members and veterans face a higher risk of trauma related injuries and mental health challenges than people who have never served in the military. The primary mental health conditions resulting from recent military experiences include Post-Traumatic Stress Disorder, depression

and traumatic brain injury. These conditions are commonly referred to as the invisible wounds of military service. Which then causes much pain and suffering as physical injuries sustained during combat. Estimates based on data collected by the Rand Corporation showed that among New York States Veterans and their families, nearly one-quarter, 22 percent of veterans surveyed had a probable diagnosis of PTSD and/or major depression.

34 percent of those survey's indicated they had a need but did not receive treatment. Many cited common barriers to receiving treatments including persistent stigma surrounding mental health issues and difficulty navigating the services and benefits available to them.

Local government must ensure that there is sufficient outreach to connect our veterans with care coordinators, who can education them about their treatment options and help them navigate the healthcare system.

The same study also found that 46 percent of veterans with a mental health need would prefer to receive mental health services outside the VA system. This demonstrates that public and community-based

healthcare play a vital role in integrating our service members and veterans back into civilian life.

This is why we must make every effort to connect our veterans with culturally competent healthcare providers who offer innovative and effective treatments to address their unique needs. The Administration and the City Council share a common goal. To connect New York City's veterans with high quality mental health care they need and deserve.

I believe we can only succeed if we strengthen interagency collaboration across the three agencies here today. It is our duty as a city to help our service members, veterans and their families access quality healthcare and supportive services they need upon their return home.

I want to acknowledge the presence of Council Members Ampry-Samuel, Maisel, and Riley. And I also want to thank the Veteran's Committee Staff for their help in putting this hearing together. Committee Counsel Bianca Vitale, Policy Analyst Elizabeth Arzt, Senior Finance Analyst Sabastian Bacchi, as well as my staff Jenna Klaus, Mike Corbett and Sabriena Campbell.

CHAIRPERSON LOUIS: And now, we'll turn it over to today's Moderator Bianca Vitale.

COMMITTEE COUNSEL: Thank you Chair Louis. My name is Bianca Vitale and I am Counsel to the Committee on Veterans for the New York City Council.

Before we begin, I want to remind everyone that you will be on mute until you are called on to testify, when you will be unmuted by the host. I will be calling on panelists to testify. Please listen for your name to be called. I will be periodically announcing who the next panelist will be. For everyone testifying today, please not that there may be few seconds of delay before you are unmuted and we thank you in advance for your patience.

All hearing participants should submit written testimony to testimony@council.nyc.gov. At today's hearing the first panelist to give testimony will be representatives from the Administration followed by Council Member questions and then members of the public will testify. Council Members who have questions for a particular panelist should use the raise Zoom hand — excuse me. Should use the raise

hand function in Zoom and I will call on you after the panelist has completed their testimony.

I will now call on the members of the Administration to testify. Testimony will be provided by James Hendon Commissioner of the New York City Department of Veterans' Services, Susan Herman Senior Advisor to the Mayor and Director of the Mayor's Office of Community Mental Health. Additionally, the following members of the Administration will also be available for answering questions after testimony is provided Amauri Espinal Assistant Commissioner of Community Affairs for the New York City Department of Veterans' Services. Jason Loughran Executive Director of Special Projects for the New York City Department of Veterans' Services. Jamie Neckles Acting Assistant Commissioner for the Bureau of Mental Health at Department of Health and Mental Hygiene, Nichole Torres Senior Director of Government Engagement and Special Projects at the Mayor's Office of Community Mental Health and Sean Redding Communications Director at the Mayor's Office of Community and Mental Health.

Before we begin, I will administer the oath. I will call on each of you individually for a response. 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? Commissioner Hendon?

JAMES HENDON: I do.

COMMITTEE COUNSEL: Director Herman?

SUSAN HERMAN: I do.

COMMITTEE COUNSEL: Assistant Commissioner Espinal?

AMAURI ESPINAL: I do.

COMMITTEE COUNSEL: Executive Director Loughran?

JASON LOUGHRAN: I do.

COMMITTEE COUNSEL: Assistant Commissioner Neckles?

JAMIE NECKLES: I do.

COMMITTEE COUNSEL: Director Redding? I guess, we'll get back to him if he jumps on the call. Okay, thank you. Commissioner Hendon, you may begin when ready.

JASON LOUGHRAN: Mr. Hendon is on mute.

JAMES HENDON: Alright, thank you so much. Bianca before I begin I just want to say that our Director of Branch Administration Ellen Greeley will take this seat after me and she will take the oath also and she will be a part of the Q&A after I give remarks. I just want to say that.

So, first off, good morning, Chair Dinowitz, Chair Louis, Committee Members, and advocates. My name is James Hendon, and I'm proud to serve as Commissioner for the New York City Department of Veterans' Services. I am joined today by Jamie Neckles, Acting Assistant Commissioner for the Bureau of Mental Health at the Department of Health and Mental Hygiene and Susan Herman, Senior Advisor to the Mayor and Director of Community Mental Health who will be testifying on Intro. 442.

I welcome this opportunity to testify about Mental Health Services for Veterans in Response to COVID-19, and Alternative Treatments for Post-Traumatic Stress Disorder. The coronavirus outbreak exacerbated existing mental health needs as well as creating new ones for many New Yorkers, making it more important than ever to stay connected to one's community. This time has also increased citywide

rates of food insecurity, unemployment, social isolation, and the need for housing, medical and benefit assistance.

Mission VetCheck was created in collaboration with the Mayor's Office of ThriveNYC. Now called the Mayor's Office of Community Mental Health and was designed to offer New York City's veterans support and connection to the veteran community during this crisis, as well as immediate information about essential public services, including free meals, COVID-19 test site locations, vaccination information and mental health resources.

Veterans were also referred to DVS for additional resources and support such as housing, benefits, or healthcare needs. VetCheck trained volunteers from New York City's veteran community to make compassionate check-in calls to other veterans. Training was delivered by DVS and the Mayor's Office of ThriveNYC, and volunteer management was overseen and conducted by New York Cares. Volunteers were also offered supplemental training resources through PsychArmor, an organization that provides military-specific trainings. The New York National Guard helped pilot the initiative by making over 4,000

calls to city veterans. Almost a quarter of the veterans whom volunteers were able to speak with were referred to services.

The most common service requests have been for food assistance, unemployment, information about COVID testing, and healthcare questions. Since the launch of Mission VetCheck in May of 2020, we have facilitated over 34,000 total calls with an approximate 25 percent answer rate. Resulting in over 100 calls per week. Of those answered calls, DVS is proud to have been able to serve the over 1,200 requests for service since launching. These requests ranged from food assistance, eviction prevention, mental health, benefits navigation and more.

Additionally, with support from the Mayor's Office of Community of Mental Health, DVS began the implementation of two health assessments, known as the Patient Health Questionnaire-9 and the Generalized Anxiety Disorder-7, to screen our clients for depression and anxiety.

Since February of 2021, DVS staff has conducted over 220 health assessments, for which 49 indicating severe anxiety or depression in that eighth month

period, DVS has made 95 referrals for mental health services. This is three times the number of referrals compared to the period before the implementation of the health screeners. Further enhancing DVS's ability to identify mental health needs of our clients more accurately and connect them quickly to resources.

DVS have also made suicide prevention among service members, veterans, and their families a top priority through collaboration. DVS has been the beneficiaries of trainings by experts with the U.S. Substance Abuse and Mental Health Services Administration and the U.S. Department of Veterans Affairs to help develop a network of military culturally competent community-based organizations able to tackle the challenges of servicing returning warriors and veterans coping with physical and emotional distress.

DVS worked with the Mayor's Office of Community Mental Health to establish Crisis Intercept Mapping Teams in Staten Island and Queens to strengthen the delivery of evidence-based suicide prevention policies and practices for Service Member, Veterans and their families during the period surrounding an

episode of acute care when the risk of suicide is higher. These teams comprised of Community and Veteran Medical Centers, Behavioral Health Providers, Social Service Organizations and New York City agencies.

Following the formal training sessions, these teams have evolved into virtual learning communities in which best practices in crisis care have been more intensively explored with subject matter experts focusing on the benefits of asking the question whether their clients have ever served in the armed forces, Reserves, or National Guard, peer to peer connectedness, suicide prevention screening and lethal weapon safety planning, gambling addiction among veterans, and most importantly recently, the impact of the withdrawal of U.S. troops from Afghanistan, what that has had on our veterans.

In a related initiative to reduce suicides among service members transitioning from active-duty to veteran status, DVS is supporting the national Department of Defense/Veterans Affairs endorsed Expiration of Term Service Sponsors Program, by identifying community-based organizations which can assist in recruiting and managing veteran and

civilian sponsors willing to ease the reintegration of returning warriors to their hometowns or new residential communities in New York City. We have been successful in enlisting the Staten Island Participating Provider System as a lead agency for this network and continue our efforts in reach out to other suitable organizations.

The National Suicide Prevention Lifeline and Veterans Crisis Line Nine-digit telephone number will be replaced by the three-digit 988 in July of 2022. In planning for this roll-out, the New York State Office of Mental Health has formed several working groups to assist in the implementation and expansion of mental health crisis call centers. DVS has joined the Community Education and Marketing Working Group to ensure that appropriate messaging is crafted and effectively disseminated to the military and veteran communities.

In conclusion, we thank you for the opportunity to testify on this matter and look forward to any questions you or other Committee members may have.

COMMITTEE COUNSEL: Thank you Commissioner Hendon. Director Herman, you may begin when ready.

SUSAN HERMAN: Good morning, Chair Louis, Chair Dinowitz, and members of the Committee on Mental Health, Disabilities, and Addiction and the Committee on Veterans. My name is Susan Herman and I am a Senior Advisor to the Mayor and Director of the Mayor's Office of Community Mental Health. Thank you for the opportunity to testify today in support of Intro. 2442.

Long before the COVID-19 pandemic, mental illness was common in New York City. Every year, one in five New Yorkers experiences mental illness and hundreds of thousands of them are not connected to care. Over nearly two years of loss, uncertainty, and trauma, the pandemic has exacerbated pre-existing mental health needs and created new ones. These years have also highlighted deep historical structural inequities. New Yorkers of color are more likely to experience mental health needs than White New Yorkers, yet less likely to get the care they need.

These profound needs and persistent disparities demand an all-government approach to mental health, and sustained leadership from the highest levels of city government. That is why, earlier this year, Mayor de Blasio signed Executive Order 68 to

establish the Mayor's Office of Community Mental Health, or OCMH. Our office builds on the vision of ThriveNYC, which represented the first time a large American city dedicated its own funding, not just State and Federal funds to support the mental health of people who had long been underserved.

Today, the Mayor's Office of Community Mental Health partners with dozens of city agencies and nearly 200 community-based organizations to promote mental health for all New Yorkers. With the wide-ranging mental health impact of the COVID-19 pandemic likely to linger for years to come, the work of our office is more important than ever. Accordingly, the city strongly supports Intro. 2442, which amends the city's charter to codify an office of community mental health.

To demonstrate the value such an office brings to our city, I would like to describe the core functions of the Mayor's Office of Community Mental Health. We work in two distinct ways. First, we close gaps in mental healthcare through innovative approaches.

Second, we provide strategic policy guidance and interagency coordination to maximize the promotion of mental health across city government. I would like

to share some of the remarkable progress we have made over the last few years, progress that is having a measurable impact on the lives of New Yorkers.

OCMH oversees initiatives implemented by city agencies and community-based partners, all designed to close gaps in mental healthcare. These initiatives supplement and enhance the pre-existing mental healthcare system. They were never intended to replace it. Our focus on closing gaps in care has led to new or enhanced mental health services in many locations, including shelters, schools, family justice centers, senior centers, residences and drop-in centers for runaway and homeless youth, and mobile services that can reach New Yorkers wherever they are.

In a city our size, it is especially important to test innovative solutions, so we know what to bring to scale. Our office provides programmatic oversight. We assess program performance, meet regularly with agencies to discuss progress, troubleshoot obstacles, and refine our approach when appropriate. Reach and impact data for each of our programs is publicly available in a user-friendly data dashboard on our website.

Here are a few examples of how our programs are making a measurable impact. First, New Yorkers are getting help right when they need it. NYC Well, the city's free, 24/7 helpline for mental health and substance misuse issues, has responded to more than 1.3 million calls, texts, and chats since 2016. People call for crisis counseling, referrals to providers, or urgent care from a mobile crisis team. Over 93 percent of callers consistently say they are satisfied with NYC Well's services.

Second, victims of crime are feeling safer. Because we recognize that crime can have a serious impact on victims' mental health, we launched the Crime Victim Assistance Program or CVAP, which places Safe Horizon advocates in every police precinct and Police Service Area citywide. CVAP advocates have served over 200,000 New Yorkers, through supportive counseling, safety planning, referrals to legal and social services, and assistance applying for victim compensation. Last year, almost 95 percent of people surveyed reported feeling safer emotionally and/or physically after receiving assistance from a CVAP advocate.

Third, older New Yorkers are seeing improvements in depression. In partnership with the Department for the Aging, we have added clinicians to 46 senior centers across the city. These clinicians have screened over 3,600 older New Yorkers for a variety of mental health needs and provided more than 38,000 therapy sessions. Therapy helped. In the most recent reporting period, almost 55 percent of older adults experienced a clinically significant improvement in depression after three months of treatment.

Fourth example, more New Yorkers with serious mental illness are staying connected to care. Around 90 percent of people served by Intensive Mobile Treatment teams, people previously disconnected from care, remain in treatment consistently for at least 12 months. A remarkable success given their history.

All of these initiatives are now part of our dynamic portfolio. Here's how it works. When a strategy or program has achieved proof of concept, it becomes fully integrated into the functions of the implementing agency. Several initiatives have already gone through this process. Another way we eliminate barriers to care for underserved

populations is through partnerships with the non-profit and private sectors.

For example, we have provided technical assistance, training and support to MTA employees who needed to know how to identify and respond to people in need, to over 400 faith leaders who wanted training on trauma and grief, and to people working in the nightlife and creative sectors who wanted mental health support. We have also embedded mental health resources into key locations, including public libraries, private sector and non-profit workplaces, and NYCHA Cornerstone Community Centers.

The second core function of our office is to provide strategic policy guidance and interagency coordination to improve the mental health of New Yorkers. This work, critical to ensuring an all-government approach to promoting mental health, is needed now more than ever. Let me give you a few examples. This year, we convened four agencies H+H, FDNY, NYPD, and DOHMH, to bring emergency mental healthcare to people, wherever they are, in their homes or in public places, for the first time in New York City's history.

B-HEARD, our new health-only mental health emergency response is currently operating across five precincts in upper Manhattan, where social workers and EMTs respond together to mental health 911 calls. The B-HEARD response has already reduced unnecessary hospitalizations and unnecessary use of police resources. For example, in the first three months, 43 percent of people served by B-HEARD were assisted on-site or transported to community-based care. Options not available ever before. A cross-agency collaboration of this complexity requires the high level leadership that a mayoral office can provide.

Recently, we initiated new cross agency work to prevent 911 mental health emergencies. About 300 people call 911 more than three times a month, that's a tiny fraction of one percent of our city accounting for six percent of mental health emergencies. We believe these people could be getting more effective care. Care that might prevent these costly emergency interventions. That's why the FDNY and the Health Department are now beginning to connect frequent utilizers of 911 to teams of peers and social workers, to engage them in ongoing care.

More than anything, this initiative required a simple shift in how agencies do business. One that we believe will have long-term positive impact. It likely would not have happened without the coordination function of a mayoral office. We also have a more formalized coordination role through the Mental Health Council, first created by Executive Order 15 and convened by our office. Over 30 agencies across government come together regularly to share best practices, request information, and collaborate to create an all-government approach to mental health.

Over recent years, the Mental Health Council discussions have led to developments of resource guides for vulnerable populations, embedding mental health screening and referrals into emergency food delivery during the pandemic, and new strategies to prevent vicarious trauma among frontline city workers. Intro. 2442 would incorporate the Mental Health Council into the Charter, with the Mayor's Office of Community Mental Health continuing to serve as the convener.

New York City has done something that no other large city has done. We have made mental health a

priority for city government. With Mayor de Blasio and First Lady Chirlane McCray's leadership, we started an unprecedented conversation about mental health that is having a lasting impact, but we didn't stop there. We have significantly expanded support for people with serious mental illness, strengthened our response to mental health crises, and just as importantly, made investments in early intervention and prevention. All of this with a focus on mental health equity, that will transform our city for years to come.

We have done this intentionally, with innovative solutions designed to address longstanding gaps in care. We have done this transparently, with data for every single program available on our website, to help the public understand the reach and impact of our work. And we've done this responsibly, with careful stewardship of taxpayer dollars documented in publicly available programmatic budgets. This work must continue. In the wake of the pandemic, it must go even further to make sure every New Yorker has mental healthcare, whenever, wherever, and however they need it.

Now is the time to enshrine the city's high level commitment to mental health and the office needed to fulfill it, into the Charter of our city.

Thank you for the opportunity to testify today, and for your continued leadership and partnership.

COMMITTEE COUNSEL: Thank you Director Herman. Before we turn it over to questions, I want to administer the oath to Ellen Greeley, the Executive Director of Grants at the New York City Department of Veterans' Services.

Executive Director Greeley, if you can just unmute yourself I'm going to administer the oath. 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? Okay, I guess, alright, well, we'll get back to here then, sorry.

I'm going to turn it over now to questions from Chair Louis followed by Chair Dinowitz. Panelists, please stay unmuted if possible during this question and answer period. Thank you Chair Louis. You may begin.

CHAIRPERSON LOUIS: Thank you so much. Before I start questions, I would like to acknowledge we've

been joined by Council Members Borelli and Eugene and I'll jump right in.

In ThriveNYC's initial 2015 report, ThriveNYC, the Mental Health Roadmap for All, the city had pledged to invest $500,000 to create a veterans outreach team to provide additional navigation assistance and care coordination for veterans and their families.

In 2019, former DVS Commissioner Sutton testified that the engagement in community services outreach team conducted a multipronged outreach in multiple locations across the city. So, I wanted to ask if we could get some more information regarding if the outreach team is still operational and if so, what's the teams role and responsibilities now that we've pivoted to remote due to COVID?

SUSAN HERMAN: I'm going to turn that to DVS to respond. I will say that the outreach teams are still active while they're — I think Jason maybe trying to unmute himself or Amauri is trying to unmute himself, I'm not sure. But the outreach teams are still active. Still engaging veterans.

JASON LOUGHRAN: Thank you Susan and just before I answer the question Chair, and Chair Dinowitz and

all Council, I just want to say thank you for scheduling this hearing and helping us destigmatize the conversation about mental health. So, thank you all for having us and to piggyback off of Susan's response, which is accurate that funding is still in the DVS budget. That staff is still performing the roles and responsibilities associated with supporting veterans with mental health issues but in addition to that, that staff also provides support with all social determinants of health.

At DVS, we recognize that mental health is affected by many things and so, this staff is tasked with a variety of other services and tasks that support the conversation of mental health while also connecting them with the appropriate services in our care coordination network in VetConnect. Uhm, some of the things that they help with is helping veterans file for disability claims. Some of those disability claims are mental health related.

They also connect them to the organizations as I said, in the VetConnect network and they also provide support services for securing permanent housing. And as the Commissioner mentioned, our implementation of the health screeners in our operations are conducted

by all of the folks that are in this line. And so, thanks to OCMH we've been able to operationalize the critical step in determining the symptoms of mental health in any service request they come to us. So, we don't necessarily only support those requesting mental health services from us. Those staff are trained to engage with people on any topic and screen them for those symptoms so that we can encourage the conversation for mental health and then use our network to connect them with them.

CHAIRPERSON LOUIS: Alright, thank you and I'll direct this next question to you Jason. In the same 2015 ThriveNYC report, the city created a better and holistic fund of $1 million that will provide grants to organizations that serve veterans and their families. Has the funding been allocated and if so, what is the success of the treatment fund?

JASON LOUGHRAN: Thank you Chair for that question. Since that 2015 time, we've had a transition in leadership and scope of work on how we want to engage the veteran community. That funding is not with DVS currently and we've since transitioned our services to be more operational and work in conjunction with our community-based

organizations who offer mental health services. That funding is not necessarily needed for us to deliver the services that we've worked with OSMH to help our constituents with their needs. But we also engage with many holistic health partners that we've joined or recruited I should say to the VetConnect network, that provide those holistic services without that grant funding.

So, we still have those services available to veterans but we didn't actually need the funding to actually procure the services today, I should say.

CHAIRPERSON LOUIS: So, Jason, excuse me if I didn't hear you correctly. Where is the money?

JASON LOUGHRAN: We do not have that funding, it's currently baselined or currently in our possession.

CHAIRPERSON LOUIS: Okay, are you guys working towards obtaining it?

JASON LOUGHRAN: We're always exploring ways that we can work with the city on how we can expand our mental health services but since the COVID-19 pandemic, we've been very selective over what kind of services and financial decisions we make regarding

the services that we offer the City of New York during that time.

So, since COVID-19, we've just tried to focus on the present day and what kind of services are needed immediately. So, we haven't looked at that since the pandemic but we are open to exploring that again as an option in the future and we'd love to work with Council to see it through.

CHAIRPERSON LOUIS: Alright, so Jason, I just want to let you know a pledge of $1 million was made and you just stated for the record that you really don't need it because there's other ways to work around it. We should find out where that money is.

Alright, so I am just going to go to the next question because I know my colleagues have —

SUSAN HERMAN: Can I just say that the money was never allocated to DVS. It's not a matter of it didn't go there and wasn't used. It never went to DVS. It was reallocated by OMB to other priorities.

CHAIRPERSON LOUIS: Thank you for sharing that on the record Susan. So, we have some more questions about that that we need to ask OMB.

I want to go to alternative treatments really quickly before I turn over to Chair Dinowitz. I

wanted to know, does the Administration have a position on advocacy to legalize MDMA or psilocybin or medicinal use in treating PTSD and depression?

JASON LOUGHRAN: Thank you Chair, I'll take that to begin. DVS is always open to exploring alternative treatments for PTSD and other mental health conditions. We do defer to the federal government and the FDA to make the appropriate decisions around those forms of treatment and what kind of treatment is uh, structured for our clients.

We do recognize that in general, the veteran community has advanced different formulas to address PTSD. There are a multitude of alternative treatments. We just want to be careful on what we share with our constituents and how we share that treatment. As you know, the veteran community, we want to make sure that we're not providing any substances that become an addictive substance for those folks.

So, in the treatments like this, we are eager to hear more about it and we want to see it be successful but we just want to carefully work with our partners at OCMH and DOHMH to understand how we share those resources and when the appropriate time

is to share those resources with our community. But I will defer it to DOHMH and OCMH if they have anything else to add on that.

CHAIRPERSON LOUIS: If they don't, Jason, I don't know if you have the answer to this. What are the alternative treatments that are currently being utilized at the moment? And if you can't share that, if ketamine and psilocybin is available in New York City would your agency be open to advocating for that?

JASON LOUGHRAN: Great question Chair. I'll take the second one first. We would like to work with DOHMH and OCMH and Council on that second question on how we would like to introduce that to our veteran community. So, we are open to having meetings and discussions about it. But the first question, we are working with Operation Warrior Shields to provide free transcendental meditation classes to veterans. We also work with the reconsolidation of traumatic memories protocol, developed by Dr. Frank Bourke at the Research and Recognition Project.

Both of those I can provide you with greater details on, so that when the Chair and the rest of the Council can become more familiar with them but

those are just two examples of ways that we would like to explore different treatment for PTSD and other mental health conditions because we'd always like to grow and we've always liked to be make sure that we're on the cutting edge of new solutions to help our constituency.

CHAIRPERSON LOUIS: Is the Administration currently conducting any studies with some of the medicinal use of MDMA and psilocybin for treating PTSD? Has the Administration thought that?

SUSAN HERMAN: Sorry.

JASON LOUGHRAN: Sorry Chair.

SUSAN HERMAN: I will defer to the Health Department on that.

JASON LOUGHRAN: Oh, it looks like Jamie is on mute. Thank you.

JAMIE NECKLES: Oh, there we go. I can speak. Hello and thank you for convening us Chair Louis and Chair Dinowitz. The Health Department does not conduct its own research in this regard but we are aware that there is some research out there regarding these alternatives therapies and we are evaluating the literature.

We support you know, all evidence-based treatments. We're always looking for new interventions to better serve New Yorkers. And so, if and when they become locally and federally permissible, we will absolutely support their optimal use here in the city by our healthcare providers.

Based on their conversations with each individual they're serving right? All treatments are always tailored to the needs of the individual.

CHAIRPERSON LOUIS: So, I wanted to share with you. Thank you so much Assistant Commissioner Neckles. I wanted to share with you that City Council recently commissioned a year long taskforce and study on the potential decriminalization on psilocybin. And you just mentioned the federal government but I wanted to know if the city would plan to have a taskforce or commissioner study the potential impact of medicinal, legalization of this?

JAMIE NECKLES: And that's certainly something we could explore. I'd love to learn more about the taskforce that you commissioned to understand how we could build on that work.

CHAIRPERSON LOUIS: Alright, now I'm going to turn it to Chair Dinowitz for any questions. Thank you so much.

CHAIRPERSON DINOWITZ: Thank you Chair Louis. I also want to acknowledge that we've been joined by Council Members Ayala and Vallone.

One of the issues that has come up repeatedly over the past number of hearings is the challenge of identifying our veterans. Pursuant to Section Seven of Executive Order 65, signed by the Mayor on March 23, 2021, all city agencies were required to adopt a standard and uniformed veteran indicator question on their intake forms. Questionnaires or requests for assistance by the end of the fiscal year 2021. Does DVS has an update on the progress of adopting the veteran indicator question on all city forms?

JASON LOUGHRAN: Chair, we continue to work with all of our city agency partners to update all of their forms. We're still in that progress but we can send you a more detailed report after this — after the hearing.

CHAIRPERSON DINOWITZ: The last hearing, which was towards the end of October, we had spoken specifically about the veteran indicator question on

the vaccination form. So, that was over three weeks ago. Has ay movement been made in including the veteran indicator question on the vaccination forms? As we know more and more people are getting vaccinated, mandates, booster shots. Is there an update on that?

JASON LOUGHRAN: We understand the importance of that question. We are working with our legal staff at DVS and the appropriate partners in the city to get it on there. And we'll be happy to send you an update on that after the hearing as well sir.

CHAIRPERSON DINOWITZ: Thank you. So, I understand things take time but it is something that is being worked on, right?

JASON LOUGHRAN: Yes sir. We are working diligently to get —

CHAIRPERSON DINOWITZ: Okay.

JASON LOUGHRAN: We understand the timeliness of it is also very important because of this period for vaccination. So, we're working diligently. We will get back to you on it as soon as this hearing is over.

CHAIRPERSON DINOWITZ: It's good news. More and more people are getting vaccinated but that means, as

far as DVS is concerned, we're losing opportunity to identify more and more veterans.

Uhm, so, what services and support do you have that's dedicated to helping the family members of veterans and active service members.

JASON LOUGHRAN: Yes Chair, I'll pass that onto Amauri, Assistant Commissioner.

AMAURI ESPINAL: Thank you for that question Chair. So, anyone who reaches out to DVS, gets an intake performed by our intake coordinator. So, it really depends on the type of need that they communicate to us. But some of the examples are service connected benefits particularly pension benefits and there's occasional benefits for spouses and dependents of veterans, through the U.S. Department of Veterans Affairs.

There's also uh, the property tax exemption. We have some family members again, especially spouses who qualify for that through the City's Department of Finance.

And again, you know the situation dictates as far as what services that that family member comes to us you know with and if we can't solve it in house, we would make a referral to the appropriate provider in

our reconnect platform to get that response a solution to.

CHAIRPERSON DINOWITZ: So, I need to be a little bit more specific in the question. So, it sounds like very solidly, their support for financial needs, so you mentioned you know housing, tax exemptions and pensions. Is there anything more solid in terms of mental health support and family counseling for the family members of veterans. Is there anything specifically for that community? Or is that just some type of the general NYC WELL general mental health in the city.

JASON LOUGHRAN: Yeah, I'd like to jump in here Chair and actually Dr. Amanda Spray here is actually joining us for this hearing and she is one of our partners at the NYU Steven Cohen Military Family Center. And they specifically have programs for families for counseling and I'm sure she can speak to the specifics of the programs that they have there but they're one of our best partners. I'm glad they're here today Chair. We'd love to you know get you involved in them more because I know they're doing great things with schools as well. And given

your background, I know that you'd be interested in that. Hi Amanda.

CHAIRPERSON DINOWITZ: Besides the fact that I was a teacher. That's my previous profession. So, one of the issues that we contend with is interagency collaboration. So, Director Herman, you spoke you know very generally about mental health services, all of the support of the additional supports New Yorkers have been getting over the years. The help that they get when they needed it through NYC WELL.

My question is do those services meet the unique needs of veterans and service members and their families? Do you end up doing referrals to DVS? What is the collaboration? What is the collaboration there?

SUSAN HERMAN: So, thank you for that question. All of the services that we offer in the city are certainly open to veterans. And NYC WELL will refer someone to services that are particularly oriented to veterans if the person identifies themself as a veteran. You can actually call NYC WELL and be completely anonymous and be referred to services or get immediate counseling on the phone right then or

have a mobile crisis team without ever saying your name. So, and we want that. We want that.

CHAIRPERSON DINOWITZ: Which is good.

SUSAN HERMAN: Which is good. But, but let me say —

CHAIRPERSON DINOWITZ: Do you affirmatively ask the question? I mean —

SUSAN HERMAN: We do not ask, are you a veteran? We do not ask about a variety of questions. If someone identifies themselves as a veteran, which people often do, we will than refer them to services that are geared to veterans. And we have had many services, it's not just NYC WELL that can refer them. That's kind of our gateway to services for mental health and substance misuse. But there are many services that we've provided from mental health first aid, which had and has a veterans oriented training to all of our mobile treatment teams. If someone identifies as a veteran, they will make sure that they are connected to veteran services, if they desire them.

I can also turn to Jamie Neckles who can talk a little bit more about NYC WELL but I would say, all of our services and I would even point to the

clinicians in our senior centers. When they're working very closely and intimately with someone, if they identify as a veteran, that clinician is going to take that into account, work that into the therapy and/or refer them to other services if appropriate.

Jamie, do you want to elaborate on NYC WELL?

CHAIRPERSON DINOWITZ: Can I just pause for one second because I know you said people often do identify as veterans. But one of the challenges we're facing in our city regarding providing services to veterans is the fact that people often don't identify as veterans.

So, there is —

SUSAN HERMAN: And they may not want to.

CHAIRPERSON DINOWITZ: They may not know to, they may not want to, I don't know. That's why I'm glad theses agencies are here because DVS and the conversations we have says we have trouble identifying who the veterans are. And you're saying that people are often identifying as veterans. So, this is an important conversation to have. There is some disconnect. There is some disconnect.

I'm you know just going to put it out there, the intake forms, the questionnaires aren't only written

but they're verbal and a veteran may not affirmatively want to say that they are veteran on the phone. It's already as you know hard enough to affirmatively call and say that you have a need, a mental health need. You know let alone all of the other issues you may be calling about. All of the needs you have as a veteran.

So, I think that that is an important conversation the agencies need to have to address executive order 65. Right, identifying, affirmatively identifying the veterans, not waiting for them to come to us. So, let's say a veteran does call. How long does it take for DVS to respond to a veterans online request for mental and behavioral health services?

AMAURI ESPINAL: Uh as with any assistance request, non-emergency assistance request, those calls or online requests are responded to within two business days. No later than two business days.

CHAIRPERSON DINOWITZ: Okay.

AMAURI ESPINAL: That's standard across our recognized platform.

CHAIRPERSON DINOWITZ: Right and I assume there is uhm, urgency placed if there's suicidal ideation, correct?

AMAURI ESPINAL: Yes, yes, if that comes up in a conversation, there is a certain protocol for that. You know, they're mainly connected with staff here and referrals made appropriately, whether that be an NYC WELL Veterans Crisis Line, things of that nature.

CHAIRPERSON DINOWITZ: So, I want to clarify a piece of information I have, that I have according to DVS's website and the 311 website. Veterans experiencing a mental health crisis are advised to call the VA Crisis Hotline?

AMAURI ESPINAL: Yeah, so that is the current crisis line.

CHAIRPERSON DINOWITZ: Okay, and that's — does the VA share data with DVS about the demographics and specific needs of the city's veteran to call the National Crisis Hotline seeking assistance?

AMAURI ESPINAL: So, if there is a referral made from DVS, the VA and Veterans Crisis Line will confirm that veteran was in fact engaged and given assistance. However, they don't give us, they don't provide any outcomes, base data. So, unfortunately,

we don't have that. We're working with the VA to see if we can receive specific data on outcomes Councilman but at the present time, we do not.

CHAIRPERSON DINOWITZ: I'm sorry, so you said something different than I said. I just want to clarify. You said referrals to the VA. The website, the DVS website says, the veterans are advised to call the VA. So, it's just a slight different.

So, the veteran is doing the action of calling the VA but they don't share anything with you, right, correct?

AMAURI ESPINAL: That is correct, right. Whether it is referred or they make the phone call themselves, we unfortunately don't receive any outcome based data.

JASON LOUGHRAN: Sorry, sorry to interject Chair. I would like to just share with you that DVS is always engaging with our partners to discuss data sharing agreements. One of the reasons why Mission VetCheck was so successful was because we successfully executed MOU's for the purpose of data sharing with many of our city partners. So, we are always in discussion with the VA and the New York State in trying to further our data sharing

agreements, so that we can capture more of that information that you've you know referenced many times today and that the importance of us identifying the veterans and where they are getting these services and who they are. We have been successful in data sharing agreements as it relates to doing the outreach for Mission VetCheck during the pandemic. And we are continuously pushing those data sharing agreements with those other partners like the VA, so we can receive this information.

So, we will continue to work to get that information but unfortunately right now, we do not have an agreement to receive that information at this time.

CHAIRPERSON DINOWITZ: And the services that the VA provides, are those services available to members who are other than honorably discharged?

JASON LOUGHRAN: That is correct Chair but it's subject to some other criteria as well, such as if that other than honorable discharge veteran has a disability due to service. They would have access to those services. In some cases, if they've served 24 months or more of active service, they would have access to those services.

So, there are other criteria other than just their discharge title that would determine whether they have access to the variety of services that the VA offers.

CHAIRPERSON DINOWITZ: Well, let's — because we've had hearings on this as well as your discharge task you know impact and the benefits you can receive. Of course New York City provides those benefits to everyone regardless of discharge status. But we're talking about the DVS's website and 311 referring people to the VA crisis hotline.

And so, if you know if someone was discharged other than honorably and it was because they had a mental health crisis, and maybe they don't meet other criteria but that's why they were discharged, other than honorable do they have access to the VA crisis hotline?

AMAURI ESPINAL: On the Veterans Crisis website, it states that they are a free confidential resource that's available to anyone, even if they are not registered with the VA on rules in VA healthcare. So, we haven't had any feedback saying that anyone has been denied services. Again, it's meant as an emergency pool for those that are in immediate need

of mental health services. So, again, we have no inclination that people are being turned away.

CHAIRPERSON DINOWITZ: Okay, good. And this will be kind of my last question because I want to open it up to other Council Members but Chair Louis spoke about you know funding and questions around funding. And that there was $1 million that was pledged but not allocated to DVS that was I guess to ThriveNYC. Is there a level of funding that would be sufficient to meet the departments goals for increasing mental health outcomes and improving — sorry, increasing mental health access and improving outcomes?

JASON LOUGHRAN: Chair, we would love to discuss that with you in this hearing. I don't have an answer for you right now but we appreciate the Council's support in helping us expand our services and increase our efficacy as it relates to mental health. So, we would like to follow up with you and have this discussion in greater detail.

CHAIRPERSON DINOWITZ: So would I. And lastly, is there any sort of estimate about how much investing in veterans mental health would save city taxpayers in the long term. Obviously number one is

the physical and mental health of our veterans but there are also dollars associated with this.

So, for example, if the city spent more on veterans mental health, would it save the city money in supportive housing costs and financial assistance and other costs related to crisis that people go through when they don't have their mental health needs addressed?

JASON LOUGHRAN: Chair, I don't have the specific number per client and per case you know because we also recognize it probably a case by case situation but we have — we are aware and we've talked about this before. The benefits of investing in the veteran community definitely you know provides a return to the city and the taxpaying dollars because the veteran community does have greater access to federal resources. So, anytime we can supplement city taxpaying dollar programs and increase resources to the veteran community to access these federal resources, I think we end up in a net gain as a City of New York.

So, we would love to do more analysis on that and get back to you but just generally speaking, we are always in support of expanding our resources and

trying to get veterans connected to federal programs because we know it's a cost effective way for the city to operate.

CHAIRPERSON DINOWITZ: Right, and again just to you know call back to the sort of previous hearings we've had is though those federal benefits aren't available to all veterans right. Appendant heavily as you shared on discharge status. I'd like to turn it back to Committee Counsel Bianca Vitale for questions from other Council Members.

COMMITTEE COUNSEL: Thank you Chair Dinowitz. I will now call on Council Members in the order they have used the Zoom raise hand function. If you would like to ask a question and you have not yet used the Zoom raise hand function, please do so now. Council Members, please keep your questions to three minutes. The Sergeant at Arms will keep a timer and will let you know when your time is up. You should begin once I have called on you and the Sergeant has announced that you may begin.

Okay, I don't see any Council Member questions. I'm going to turn it back to Chair Louis. Chair Louis, do you have any additional questions for the Admin before we turn to public testimony.

CHAIRPERSON LOUIS: Yes, I do. I wanted to ask Director Jason, is there a mental health outreach director for DVS right now?

JASON LOUGHRAN: Chair, we do not have a person in our staff with that specific title. Currently, what we do have is Assistant Commissioner Espinal is in charge of Community Affairs. Amauri Could speak more about this but as we referenced earlier, we like to take a 360 degree approach to mental health and all the social determinants of it. We do have staff that our social workers that have a background in providing services in a — I guess I'd call it a high touch experience with clients who have mental health needs. But our services are specifically tasked with trying to address that veterans needs from a 360 degree approach, so that way we can — because we know that all of those things benefit that individuals mental health. But I will defer it to Amauri to speak more specifically on those services and the folks that are experts in that.

AMAURI ESPINAL: Thanks for that question. We don't have anyone specific but all of our public facing staff at DVS are trained you know for all veterans benefits and resources including mental

health. We conduct mental health assessments in our VetConnect platforms to gauge levels of depression and anxiety and we have several partner providers working the platform. They're also cultural competent in treating veterans and mental health needs. So, you know we do our best to make the appropriate mental referrals for those veterans that come our way.

CHAIRPERSON LOUIS: So, Assistant Commissioner Espinal, your role is very high level at DVS and while a mental health coordinator may not be the appropriate title for this conversation or what your agency has, there are multiple veterans tweeting me right now, stating that they do not receive services when it comes to mental health because you do not have a mental health coordinator within the agency at the moment.

They did agree that they — we're going back and forth with arguing right now. They did agree that they do receive services for housing and food service but not for mental health. So, is that something that your agency may want to consider?

AMAURI ESPINAL: We're absolutely always open to expanding our services Chair. You know if anyone has

any issue who's a veteran or a family member of a veteran, they can call our number or visit our website and we will welcome them and try to get them the best help possible.

We are always trying to expand our outreach efforts again, through Mission VetCheck, through doing digital outreach and hopefully soon in-person outreach again. You know and just discussing the many services that DVS provides.

JASON LOUGHRAN: Yeah, and Chair I want to double down also on that, we, as a new agency, we spend a significant amount of time really making sure that we create relationships with our CBO's in New York City. We've got a phenomenal group of organizations throughout New York City that offer great mental health resources, specifically to the veteran community and the nonveteran community. So, we spent a lot of time building those relationships, many of whom are here today to talk and testify around the services that they do offer. So, as Amauri said, we're always open to having a discussion about expanding our resources inhouse. But in years past and presently today, we trust the services that our partners offer in New York City. They've got great

organizations like NYU who is here today headstrong, our VA centers across the city. They all have great relationships with our care coordinators. So, we think of ourselves as navigators because there is uh, sometimes it feels almost overwhelming with how many options there are out there sometimes.

So, it really helps to have somebody coordinate you and help you go in the right direction. So, I understand that individuals I guess perspective and I'm glad that the community out there likes to see us grow. We like to see ourselves grow to, so I'm glad they're engaging with you and I'm glad we had this discussion but I also encourage you to connect with us after this to connect that person with the many resources and nonprofits that are working with us.

CHAIRPERSON LOUIS: Oh, without a doubt. We'll definitely do that. I just want to share that you know I'm grateful that we're able to hear about these organizations that are doing the work on the ground but I often think about Black and Brown communities like mine, Bedstuy, Brownsville, East New York who have veteran populations but don't have access to the same organizations that you're sharing with us here today.

So, I do hope that we can connect after this to make sure that populations like mine and districts like mine, so we can get access to quality care for our veterans.

Uhm, lastly because I don't know if there's any other hands up but this is my last question. But it appears that Denver City Council Commissioned Task Force and Texas recently passed a law commissioning a study on the potential psychedelic treatment for PTSD. I wanted to ask and I don't know if it's appropriate for right now but just going to go out on a whim.

What can DVS and OCMH commit to today to ensure that we can expedite an opportunity for alternative treatments for the veteran community in New York City?

JASON LOUGHRAN: What I would say for DVS is that we'd love to be a part of those conversations. We would love to join those conversations and help facilitate that discussion and whatever partners that we work closely with to, to bring in on it and help you see it through. I'll defer to Susan and OCMH for their perspective as well.

SUSAN HERMAN: Whenever it comes to particular medications or particular approaches, we collaborate very closely and listen very carefully to our partners at the Department of Health. And they are as Jamie Neckles said, tracking what the FDA is doing, tracking what the federal government is saying but we listen very carefully to the research that they conduct and what their position is. And then, if there is a particular approach that would fill a significant need in New York City, we are very interested as an office in making sure that every New Yorker gets the care they need that's appropriate for them. So, at the right time, we'd be absolutely open to those conversations.

CHAIRPERSON LOUIS: Thank you and I hope we don't wait on the federal government. I think we're progressive enough to start the process but I look forward to working with all of your agencies including DOHMH on this.

I wanted to, in regards to Intro. 2442, I wanted to quickly ask, what's the current headcount in budget for the Office of Community and Mental Health?

SUSAN HERMAN: Uh, it's about 23 and it's $2.5 million.

CHAIRPERSON LOUIS: Okay, will this legislation require any additional HUD count?

SUSAN HERMAN: No.

CHAIRPERSON LOUIS: Okay and uh, for the Office of Community of Mental Health, with OMB, do you plan on asking for anything in the November plan?

SUSAN HERMAN: Let me just clarify that we do have some vacancies but that's our budget. Our budget is $2.5 and our programmatic budget changes, it's very dynamic as I described in the testimony. As programs get proof of concept, they are fully integrated into their agency. So, that part of our program will always be changing from plan to plan. But our office itself is very small. It's a $2.5 million budget and we do not plan to be asking for more funding for the office itself in the November plan.

CHAIRPERSON LOUIS: Got it. Uhm, that's it. That's all I have for 2442. I did see earlier Council Member Ayala on but she probably jumped off by now. Is she back?

JASON LOUGHRAN: No, Chair, I'd like to just — sorry. I just wanted to have our Director of Grants Administration Ellen Greeley talk about crisis

intercept mapping. In reference to your district, we do foresee that we're going to be putting together a collaborative team to conduct our crisis intercept mapping work. And we'd love for you to learn about it because we definitely want to address the concerns you brought to us today. So, Ellen, can you please share a little bit on crisis intercept mapping and our next steps.

ELLEN GREELEY: Yes, hi everybody, I hope you can hear me. We're — I'm at the warehouse and we're packing our thousand turkeys as we speak.

COMMITTEE COUNSEL: Sorry to interject Ellen, can I just give you — administer the oath because you were not on.

ELLEN GREELEY: Sure, sure.

COMMITTEE COUNSEL: I know that you're doing an amazing job packing all the holiday food. So, I'm just going to administer the oath quickly to you. Do you swear to tell the truth, the whole truth and nothing but the truth in your testimony before the Committee today and to respond honestly to Committee questions?

ELLEN GREELEY: Yes, yes I do.

COMMITTEE COUNSEL: Great, thanks.

ELLEN GREELEY: Thank you very much.

COMMITTEE COUNSEL: You can proceed.

ELLEN GREELEY: Yup, so uhm, beginning in February 2020 our colleagues through Policy Research Associates were hired by SAMHSA, the U.S. SAMHSA and the U.S. Department of Veteran Affairs for us to participate in an exercise co-crisis management mapping and we began this in Staten Island. We were able to identify medical centers, VA's as well as behavioral health centers and community organizations, bringing them all together to identify gaps in the crisis health system. And in doing so, issues about asking whether people are veterans. Whether there is any type of peer to peer support. Whether there is any involvement with lethal safety planning. We've really developed these working group sessions and its been very successful. We've grown from 40 organizations. We again replicated this exercise in Queens and we were just asked again from SAMHSA for us to do this, to conduct this in Brooklyn.

So, we will be identifying again and I've already identified about 11 or 12 different medical centers in Brooklyn and working towards identifying you know

some of the major community organizations that do mental health services in Brooklyn as well as a behavioral health organization.

JASON LOUGHRAN: Thank you Ellen.

ELLEN GREELEY: Okay.

JASON LOUGHRAN: Chair, we would love to get your support in getting the right folks to that table and making these underinvested communities a top priority of ours to address.

CHAIRPERSON LOUIS: Definitely look forward to partnering with you all on that. I'm going to yield to our Committee Counsel, thank you.

COMMITTEE COUNSEL: Thank you Chair Louis. Chair Dinowitz, do you have any additional questions for the Admin panel before we move on to public testimony?

CHAIRPERSON DINOWITZ: Yes, two. Uh, I heard Brooklyn a lot. I didn't hear Bronx. Director Greeley?

ELLEN GREELEY: Hi, yeah, so, the Bronx would be up next after Brooklyn, assuming that we do get the support from SAMHSA in order to do that. And Manhattan after that, yes. The Bronx luckily has the

VA, which is you know as well as Brooklyn but Bronx has the VA which is a very robust medical center.

CHAIRPERSON DINOWITZ: Yes but as I think I mentioned in my opening statement, there are a lot of veterans who either don't qualify for the VA or rely more on community-based —

ELLEN GREELEY: Yes, they do.

CHAIRPERSON DINOWITZ: And the city for various reasons. So, I hope that you retain the commitment to ensure that veterans in the Bronx are also getting what they need.

Just regarding 2422, so in just reading the text, it says there's a Council, a Mental Health Council to advise the Office of Community Mental Health on issues relating to mental health. Uhm, and it says uhm, the Mental Health Council saw consist of delegates of any officer agency. The Director determines the participation of which would aid the offices effort.

So, given the unique and dire need of mental health support and services in our veterans community, what guarantees or assurances exists that a veteran or someone from DVS would be included in that Council?

SUSAN HERMAN: So, the Mental Health Council has met quarterly for the last several years and DVS has always been a part of it. I can't imagine that that won't continue. For legislative purposes, uhm, I think the drafters felt that they shouldn't list all 30 agencies that have been a part of it but we will certainly encourage that to continue to be the practice. We've had agencies that are sort of the more obvious mental healthcare providers and agencies who work with people who have particular mental health challenges. It's been quite an all hands on deck, all government effort and DVS has been you know right there with us.

CHAIRPERSON DINOWITZ: I appreciate that and that historically DVS has been included. Of course you know trust us, we've been doing it, so we're going to keep doing it you know isn't exactly you know the best. It would be you know I think important to specifically include this very high needs community as was referenced for various reasons. And just kind of going back to what Director Greeley was talking about, are there any assurances that all boroughs, including the Bronx will be represented on the Council?

SUSAN HERMAN: So, the Council is represented currently. It consists of city agencies, there are 30 city agencies and that includes uhm, all boroughs, everybody in the city is represented by these city agencies. I'm not sure what you mean when you say, will the Bronx be represented.

CHAIRPERSON DINOWITZ: What I mean is it's very — given the text, I'm asking as a question because of the way the text is written. It could very well be the Director determines that you know five people from Manhattan, there are only five agencies and the directors of which are the borough directors of Manhattan are on the board and they don't include DVS and they don't include you know borough directors of or people who live in the Bronx or Brooklyn.

SUSAN HERMAN: We'd be happy to work with Council if you'd like to work on specifying who the agencies, which agencies should be there. We have a list of the 30 agencies that have been members of the Mental Health Council and I think you'd be pleased with who they are.

CHAIRPERSON DINOWITZ: I'd love, I'd love to see that list and I'd love to do anything I can to ensure that there's as much inclusivity geographically. And

with different populations, both veteran population and of course, you know a racial ethnic populations right. Getting as much diversity and representation as possible in this Council.

SUSAN HERMAN: Maybe I could just step back a bit and clarify. There's a difference between the Mental Health Council, which is all city agencies, mayoral agencies. That's how it has existed and an advisory group. The Office of Community Mental Health has worked with many advisory groups. The Crisis Prevention Response Taskforce and about 80 entities on it. Community based organizations, elected leaders, geographic representation, advocates, academics, all represented and I think that's more of what you're talking about. We also have an advisory group for the Be Heard program but the Mental Health Council itself is city government agencies.

CHAIRPERSON DINOWITZ: I understand but you also —

SUSAN HERMAN: But we'd be happy to —

CHAIRPERSON DINOWITZ: Yeah, no, please, I'd like to continue this conversation and get that list because as you've heard Chair Louis also articulate you know communities of color are also not — the

needs are not being met. We are obviously here because so many needs of veterans are not being met. And so, you know that's why I'm looking forward to future conversation, to make sure that there's representation. I'm glad there's advisory councils that are diverse but I'm you know I want to make sure that this Council, the Mental Health Council is also representative of the great diversity that exists within our city. And right now, what I'm hearing is that — what I'm hearing is, I'll get you a list. Trust us. You know maybe the Council doesn't have everything it does now, but maybe in the future it doesn't but we talked to other people, so it's fine.

That's all I'm asking and that's what I'd like to work with you on, to ensure that the various groups and needs are met.

SUSAN HERMAN: Happy to work with you.

CHAIRPERSON DINOWITZ: Thank you.

CHAIRPERSON LOUIS: We'll turn it back to Committee Counsel.

CHAIRPERSON DINOWITZ: Thank you Chair Louis.

COMMITTEE COUNSEL: Thank you. We have concluded Administration testimony and will now turn to public testimony. I'd like to remind everyone that we will

be calling on individuals one by one to testify. Each panelist will be given three minutes to speak. For panelists, after I call your name, a member of our staff will unmute you. There may be a few seconds of delay before you are unmuted and we thank you in advance for your patience. Please wait a brief moment for the Sergeant at Arms to announce that you may begin before starting your testimony.

Council Members who have questions for a particular panelist should use the raise hand function in Zoom. I will call on you after the panel has completed their testimony in the order in which you raise your hand.

I would like to now welcome to testify Derek Coy, after Derek Coy I will be calling on Matthew Ryba. After Matthew, I will be calling on Dr. Amanda Spray and last I will be calling on Jesse Gould.

SERGEANT AT ARMS: Time starts now.

COMMITTEE COUNSEL: Derek Coy, you may begin.

DEREK COY: Good morning Chairperson Louis, Chairperson Dinowitz and distinguished members of the Committee on Veterans and Committee on Mental Health, Disabilities and Addiction. My name is Derek Coy, and as a former Sergeant in the United States Marine

Corps and veteran of the Iraq War, I appreciate the opportunity to provide testimony on behalf of the New York State Health Foundation NYSHealth focused on mental health services for veterans in response to COVID-19.

NYSHealth's is a private, independent foundation that works to improve the health of all New Yorkers, including the roughly 700,000 veterans who call New York home. Our work to improve veterans' health not only provides us with in-depth knowledge of the mental health challenges veterans face but also interventions that improve their well-being and barriers that prevent access to care. You can learn more about our work at our website at www.nyshealth.org.

As you all know, most veterans transition into civilian life relatively smoothly but for some like myself, the adjustment is not as easy. Many struggle with physical injuries in addition to the invisible wounds of war such as: Post-Traumatic Stress Disorder. Veterans in New York State were already experiencing unique mental health challenges before the pandemic and were more likely veteran civilian

counterparts to experience depression, substance abuse, PTSD and death by suicide.

The pandemic has exacerbated these issues and by increasing isolation, food insecurity, economic hardship, worsening mental health and a lack of access to mental health services. To address the mental health challenges faced by veterans in New York City, NYSHealth has invested in numerous programs focused on identifying and stabilizing veterans at highest risk of dying by suicide. Expanding high-quality mental healthcare and conducting outreach to ensure veterans in need have access to a variety of resources that can alleviate and prevent future mental health challenges. For instance, we helped Stop Solider Suicide expand their flagship military suicide program into all five boroughs which rapidly identifies those at greatest risk of suicide, using cutting-edge marketing and client acquisition techniques, and connects them to comprehensive services based on their unique physical and mental health needs.

For those in need of mental healthcare but might not necessarily in crisis or family members of a veteran, you'll hear more from the amazing

organization that's the Steven A. Cohen Military Family Center at NYU, which we were proud to invest in.

They provide free, high quality tele-mental health services to veterans and their families. And thanks to the expansion of their services and increased presence in new markets, they have seen a 50 percent increase in client intakes compared to pre-pandemic.

And finally, we supported the ongoing efforts that you all are pretty familiar with that of Mission VetCheck which is the unique partnership between New York City's Department of Veteran Services, the Mayor's Office of Community and Mental Health and New York Cares. This collaboration has led to approximately 20,000 outreach calls each year that provide the opportunity to connect with veterans in need, to provide services that they need and also reducing social isolation.

We have a lot more information about this in our written testimony, which I highly recommend you all checking out if you have the chance. Addressing unmet mental health needs of veterans and providing high quality treatment both in and out of the

clinical environment requires a community based approach that engages a variety of diverse stakeholders and that's what —

SERGEANT AT ARMS: Time expired.

DEREK COY: An exceptional coalition of public and providers has stepped up to increase both the services they provide in addition to the target outreach required to identify veterans in need of services. During the pandemic, NYSHealth has been honored to support these efforts. We appreciate the Committees attention to these important issues and we look forward to continuing our partnership with the city and other like-minded organizations working to ensure veterans have access to the care they have earned. Thank you all.

COMMITTEE COUNSEL: Thank you Derek. Matthew Ryba, you may begin after the Sergeant at Arms starts the timer.

SERGEANT AT ARMS: Time starts now.

MATTHEW RYBA: Good morning Chair Louis, Chair Dinowitz, Council Members, Veterans, and advocates. My name is Matthew Ryba, I am the Director of Community Outreach at New York Presbyterian's Military Family Wellness Center. I am also a combat

veteran of Iraq and Afghanistan uhm, ten years in service and six deployments.

I had originally prepared a written statement, which I had submitted and I encourage you all to take a look at this. There is some good information in it along with some of our peer reviewed research from Columbia University that I think is important. But given the way the conversation has gone today, there's a couple of key points I think I would like to mention some comments on.

I want to first appreciate some of the information that was cited from the Rand reports early on. I think that is very important to point out but it's also important to point out that a lot of the information that was being relayed is more than a decade old. And that's doesn't really suit the current situation here in New York.

I would like to offer; we have had several papers that have been published from Columbia University over the last year on topics regarding in psychiatric journals and academic journals and medical journals on topics regarding veterans mental health with COVID. The use of tele mental health in New York City during the treatment of COVID. Our drop out

rates from our veteran mental health clinic, which we found at 24 percent attrition rate of people who started services that did not complete services. Which is extremely low compared to the average of most veteran clinics that see drop out rates anywhere between 36 percent and 68 percent.

Additionally, we released three papers. This is regarding alternative treatments on our Equine program for PTSD, which was the first standardized, manualized, nation or excuse me academic study that was done for PTSD using course therapy.

And then on some of the other topics that Chair Louis had brought up regarding psychedelic medicines. I just want to make you all aware that there are — there is research currently being done in New York City at the Yehuda lab at the Bronx VA, as well as some of my partners at Columbia who are researching ketamine treatments.

So, these wheels are already in motion and I would encourage anybody to reach out. I'd be happy to sit down with our government advocates as well and discuss some of the therapies that are currently going on in New York.

I also just wanted to point out as far as referrals are concerned, that both of our clinics at Weill Cornell and at Columbia, Brandon with New York Presbyterian have been operational for over seven years. We have been on the DVS referral platform for three years. In the first two years that we were on those platforms when Northwell Health was running the call center, we received a huge amount of referrals. I think 50 plus patients that ended up coming into services for us. Although I have to say over the late year, that has dropped to zero. I haven't received any referrals from the DVS office. I'm not sure if that's due to a personal turnover or just screening practices but I did want to point out that we are available to help but have not been receiving any referrals.

SERGEANT AT ARMS: Time expired.

MATTHEW RYBA: I had a couple of other comments but my time is up. I apologize and thank you for hearing me. I will be able to answer any questions you might have.

COMMITTEE COUNSEL: Thank you Matthew. I will now call on Dr. Amanda Spray. You may begin when the time starts.

SERGEANT AT ARMS: Time starts now.

AMANDA SPRAY: Thank you. Good Morning, Chair Dinowitz, Chair Louis and Members of the New York City Council Committees on Veterans, and Mental Health, Disabilities, and Addiction. I am Dr. Amanda Spray, Clinical Psychologist and Director of the Steven A. Cohen Military Family Center at NYU Langone Health.

We deeply appreciate the Committees for holding this hearing today as this is a crucial time for the mental health of our city's veterans and their families. Not only does the COVID-19 pandemic continue but this year has also brought the 20th anniversary of the 911 terror attacks and the withdrawal of troops from Afghanistan. Veterans are facing significant stressors that can threaten their mental health. It is essential that we ensure our veterans have access to high quality, evidence-based care at the time they need it the most.

The Military Family Center, who was established over nine years ago in July 2012, with the goal to fill in the gaps in mental health services available to veterans and their families in the New York City area. The Center's mission is to address the mental

health challenges of this population by providing accessible, high quality, evidence-based treatment to veterans and their family members.

We strive to remove barriers to care through a number of ways. By providing our services completely free of charge, offering our services to veterans regardless of their discharge status, combat exposure, or era served. Opening our services not only to veterans but their family members who we define very broadly. Making appointments available outside of business hours to accommodate our patients' academic or employment pursuits. And offering our services not only face-to-face but also through a telehealth platform to anyone in New York State, which has been particularly essential during the pandemic.

Veterans and their family members are seeking mental health services at a higher rate this year than they were at this time last year. Our Center has observed a 170 percent increase in individuals calling our intake line for services thus far in 2021. This sharp increase has resulted in struggles to meet the demand and ultimately a waitlist for services. Additionally, we have observed that

veterans and their family members are presenting with higher rates of Depressive Disorders, Substance Use Disorders, and Relationship distress diagnoses this year compared to last.

We provide evidence-based treatments for these diagnosis, including substance abuse disorders, an area that is often siloed for mental services and can render someone ineligible for mental health care. We've also experienced student veterans struggling with online learning and seeking an evaluation to determine the nature of their challenges and our recommendations on how to address these difficulties in order to remain enrolled in school.

Our center is also uniquely equipped to assist with these difficulties often caused by traumatic brain injury, PTSD, and long-standing ADHD that may have been previously undiagnosed. As described, we are experiencing an increased need for mental health services by veterans and their family members in recent months. These veterans deserve the gold standard mental health care and to not have further barriers presented to them as they seek to address their mental health challenges.

Our Center is equipped to work together with the community to address the ever-growing needs of veterans and their families. We hope the Council will further invest in the Veteran population to ensure we are not leaving anyone behind.

SERGEANT AT ARMS: Time expired.

AMANDA SPRAY: Thank you again for this opportunity to testify.

COMMITTEE COUNSEL: Thank you Dr. Amanda Spray. I'm now going to call on Jesse Gould. You may begin when the Sergeant at Arms starts the time.

SERGEANT AT ARMS: Time starts now.

COMMITTEE COUNSEL: One second Jesse. Can you hear me? You're on mute. I know that you are called, like logged in with audio but you are on mute. I ask that you unmute yourself so you can provide testimony.

JESSE GOULD: Hi, this is Jesse Gould, I am the Founder of Heroic Hearts Project, which is a 501 C3 nonprofit. We've been operational for about five years. I myself am an Army Ranger. I was a sergeant multiple combat deployments to Afghanistan. I've seen both first hand struggles with mental health as well as many of my fellow service members who

continue to struggle or unfortunately have lost the battle. Through Heroic Hearts, we have been essentially on the front line of this using psychedelic modalities to heal veterans with PTSD, traumatic brain injury. Also, to the other ailments coming from trauma from war. In that time, the reason why it has become more popular, unfortunately the research has backed it up. The amazing institutions like Johns Hopkins, Stanford, NYU, all doing research to support this, uhm, because it's effective.

And so, if you see across the board whether it's MDMA, ketamine therapy, what we're seeing with psilocybin, the results are well above and beyond anything that we've been using for mental health before. And the writing on the wall is that these are here to stay and they are just going to become more prominent. And so, what we have been advocating both here in New York and across the country, is that we except this reality and we make the changes within the state, within a broader perspective, so that we are prepared for this. Because through Heroic Hearts Project work, we have veterans in masks coming to us and the majority of these veterans have been through

the VA system for ten plus years. All sorts of medication, all sorts of talk therapy to limit avail. And at this point, even though we are a small nonprofit, we have over 800 veterans waiting for our services of connecting them to evidence-based psychedelic assisted psychotherapy. And we need the help of organizations and the statewide initiatives like New York to help us deal with this ongoing problem.

Fortunately we do have movement like within the Bronx VA, Dr. Rachael Yehuda but it's not enough. We need trained practitioners. We need to have better understanding of all of this. It is working. The writing on the wall is that this is going to be here to stay and it is the most effective forms of treatment but we do need to have sort of a community-based system to support what's going on for the increasing demand.

And as this gets more into the news media, as the research comes out, veterans are seeking this more and more. And so, when there's not support there, we get this bottleneck and it actually causes a worse situation because they are going to seek it out for themselves.

And that's what I'd like to emphasize for anybody that's listening. This is happening right now. Veterans are seeking this whether in the underground or through programs like Heroic Hearts and they are just not being supported in that pursuit.

SERGEANT AT ARMS: Time expired.

JESSE GOULD: Because no matter what, they are dealing with this and they will figure out ways to solve their mental health. Thanks for having my testimony and I'm open to answering any questions.

COMMITTEE COUNSEL: Thank you Jesse. I will now turn it over to Chair Louis for questions for the public panel if you have any. Chair Louis? Okay, Chair Dinowitz, do you have any? Oh, Chair Louis, there you are sorry. I didn't know if you have any questions for this panel. Do you have any questions for this panel Chair Louis? No.

CHAIRPERSON LOUIS: No questions.

COMMITTEE COUNSEL: Okay, sorry about that. Alright, thank you. Chair Dinowitz, do you have any questions for this panel?

CHAIRPERSON DINOWITZ: Yes, well, first Dr. Spray, thank you for the work you do for our veterans and for our families and of course, Mr. Coy, Mr.

Gould and Mr. Ryba, thank you for the work you do and of course for your service.

Uhm, I just want to take it back for a second to something Chair Louis was asking about for DVS, which is psychedelics and the use of psychedelic modalities in the treatment of our veterans. Mr. Loughran, you said that — it's really a question for Jesse but I just want to remind everyone, it sounded like you said, that's not really something DVS or the city is exploring, but Mr. Gould, you said that that is something you are engaged with in helping people.

So, what interactions, if any, do you have with DVS and city government in working with them at all or sharing about the successes of your program?

JESSE GOULD: Uh, yes, so that's a good question. I mean, we are here to try to push it forward. It's just the question of receptibility. Uhm, so on our side, we kind of do it more on the local level and then sort of coordinate kind of more on the VA side with Dr. Rachael Yehuda. I have not personally had interaction with DVS but more than open to doing that. On the local level in terms of New York Veterans, which is where I'm located, there are resources. Like a ketamine assistance psychotherapy

is a viable sort of practice. The rest of them we do more advocacy to push it forward and research and working with those organizations.

So, we're definitely open to that but there is the overcoming of having that receptiveness in terms of those who will work with us, listen to some of these messages, because it is relatively new in terms of the acceptance and this pushing forward. So, that's sort of the stigma's we're trying to break right now.

JASON LOUGHRAN: Well, Jesse, I'll tell you that as you were testifying, I did go to your website and filled out a contact us page. So, please contact me. We'd love to talk. And you know of course, of course we've identified some of the barriers I think that we see at the city side that might uhm, I don't want to say interfere with us being involved or helping you facilitate the progress you're already making but we are always open to discussing new ways to treat our veterans and as the Chair mentioned, you know we should be at the table with you guys and we should be learning about your successes and we're eager to do that. So, please reach out to us.

JESSE GOULD: Definitely will, thank you so much.

CHAIRPERSON DINOWITZ: Great, I feel like we made a nice shout out here. The — any of the advocates here, I'm interested just to know your experiences with DVS and with referrals. If they exist and just some of the uhm, Well, I guess one year experience with interacting with the city agencies.

And some of the holes or areas for improvement that you see that we can do to work together to make sure that our vets experiencing mental health needs, to make sure that their needs are met.

AMANDA SPRAY: I can begin on that one.

CHAIRPERSON DINOWITZ: Thank you.

AMANDA SPRAY: We've had a very positive experience working with the city agencies particularly DVS. Uhm, very collaboratively a great experience, a great relationship. I will say in terms of referrals, we've had you know ups and downs. A lot of different things have been tried. Currently the VetConnect platform, we're having some difficulties. Uhm, I think there's still some room to hone those referrals. To make sure that those referrals are going to the right place.

I've also seen a decrease in referrals in the last nine months for sure. So, that's of note but I

know that DVS has been very receptive to that feedback, which we've provided. So, I'm hopeful that that can improve moving forward.

CHAIRPERSON DINOWITZ: So, sorry, Matthew Ryba also said that he's seen no — and I wasn't sure if it was referrals from DVS or just no outreach.

MATTHEW RYBA: It was from the Unite Us Platform Chair.

CHAIRPERSON DINOWITZ: From the what platform?

MATTHEW RYBA: The Unite Us VetConnect Platform. We had a very good relationship and we're receiving a lot of referrals from that early in its early days and I know it's gone through some rebranding and people have been shifted around. So, maybe it kind of got lost in that but similar to what Dr. Spray had mentioned, the last nine months to a year, we've seen virtually no referrals coming from the DVS office for mental health referrals.

CHAIRPERSON DINOWITZ: Is there uhm, I mean, I can only imagine the needs have increased, not decreased. What's so —

MATTHEW RYBA: There's certainly been no slow of veterans seeking treatment. And I think you know as mentioned earlier that perhaps having somebody who is

a designated mental health coordinator, who is familiar with the veteran specific issues, not to quote another Rand paper but the 2018 paper ready or not, clearly identified that less than three percent of providers in New York are actually set up to deal with veteran issues.

So, it's my belief and of many of my colleagues that we should be asking. Anybody who does call NYC Well or any of the city platforms, have you ever served in the military? Because that opens the door to a whole other host of physical and mental ailments possibilities in order to get them on the right track to the services that they need. And then from there, it's just good screening.

If we had somebody designated as a mental health screener who knew the issues, who knew how to talk to veterans about those issues and was able to get them to the resources that they required, I think it would move a lot smoother.

JASON LOUGHRAN: As uh, I'll chime in here to kind of field some of these questions or comments in relation to the changes that have occurred. And I'll probably pass it onto my colleague Amauri as well to chime in but I will say, big picture, there has been

a change in the care coordination as Matthew referenced. DVS inherited the care coordination work and Chair, we can go into greater detail with this, with you on this if you ever would like to hear more about the history of VetConnect.

But in that transition, one of the functions that we inherited that the platform didn't have previously, is a multiple referral process and as care coordinators, what that process does is that it allows for our staff to send the referral out to multiple providers that we feel are a good fit for that candidate and then the provider that accepts that referral first, it retracts the referrals for all the other providers it was said to.

This is a new function that came on me. I actually inherited this software, so given this feedback today, we're going to take another look at how that's working because equity is really important to us. Equity has been a very important topic to us when we inherited VetConnect. When we analyzed VetConnect in the past as well and Amanda, you know they might have been one of the better providers that received a higher quantity of folks. And then we'd hear from other organizations that they weren't

hearing from. And so, I think one of the challenges that we've had, especially in New York City is that there is an abundance of resources out there and we do want to be mindful of equity. But as Matthew said, I think what we really want to get to is reach a point where we have that — we get that to the right organization and you know, I'll be honest with you guys here. I don't know all of the details in every mental health provider that's on the network. Our care coordination center can speak more to that and Assistant Commissioner can probably do that as well but this is something that we want to continue to build on.

So, we're very happy that you guys shared with us this information today because now we have an opportunity to make a change on it.

Amauri, I'll let you also chime in if you have anything to add there.

AMAURI ESPINAL: Thank you Jason. Uhm, thank you to all the community partners for raising that concern. As Jason mentioned, there is an algorithm within the VetConnect platform that brings up certain providers you know based off of the assist and request. So, we will certainly look into that

further. Again, we want to make sure that all our providers are receiving an adequate amount of referrals. So, again thank you for bringing that up and we'll have to follow up in the future soon.

CHAIRPERSON DINOWITZ: Yeah and just to highlight at least from my perspective, it's not just about making sure Dr. Spray and Matthew get referrals. It's that the veterans are actually getting the services. That's kind of the first concern I have. And I guess part of ensuring that is equitably distributing the referrals but that's my number one concern. So, if that's also part of the you know looking at the algorithm that you got there. Making sure the veterans are actually being connected. Because we all want the same thing. We want to make sure our veterans, the needs of our veterans and mental health needs of our veterans are met.

So, I'm really glad that this conversation is occurring. Derek, I see your hand is up as well.

DEREK COY: Yeah, thank you Chair. I just want to chime in on what folks have said. We at the foundation a point of pride of ours is passionate about populations. We talk with populations and that's what led to our commission report to

understand what community providers readiness was. And similarly, one of the issues we have, DVS has been an excellent partner since day one. Specifically Commissioner Hendon, Casandra, Ellen have been phenomenal partners of ours and I love working with them.

One issue that we have though is that veterans more often than not, just have personal references. So, if someone reaches out to me and is looking for a mental health provider, I would prefer just to email Dr. Spray because I know she is amazing and would do great work and made the connection there. So, I think the VetConnect platform from what I've heard and talking to other vets that have used it or been around it, it's just hard to add that extra step when a lot of folks just prefer the warm hand off or the connection to someone that they know personally. And then I think the issue with that is we would love to say how many folks are getting referred to where. What their demographics are. How many folks similarly in my borough of the Bronx, where the needs are so we can address those needs. And I think that's the issue that we have. We'd love to know all that information, so we can you know fill gaps or

replicate what's working. And that's probably like I think literally one of the only, if you want to call it criticisms I have of DVS. Is we would just love some more of that information but have had an amazing working relationship with them and look forward to continue that relationship.

CHAIRPERSON DINOWITZ: And Derek, that's one of the themes, one of the challenges that you know over the past number of hearings, we've been trying to address. You heard — you know I spoke about it; Matthew spoke about it, about identifying the veterans. Do you share that information with DVS? So, if you've identified a veteran, do you then share with DVS, you've identified a veteran in the Bronx or in New York City. And then, you know conversely, does DVS share with you that they have even identified vets, even if you don't get a referral for them?

DEREK COY: I think in specific cases, you know for instance a veteran reaches out and is looking to get connected with DVS. I would make that warm hand off and just email them or call someone there directly to do that but I think as far as the exchange of information goes. You know, I'd love to

be wrong but as of right now, I think there's not a great way to share that information or for me just to ask specifically. I do want to know what's happening in you know in the Bronx in particular. Uhm, I think there's not a mechanism to do that. And again, we focus on expanding community non VA options. So, one of our partners in the Bronx in particular, Union Community Health Center just hear from me to call someone there. They have a Veteran's liaison that we help fund that position and I think again, that's just reflective of the reality and the space and again, that's what we see more often than not.

CHAIRPERSON DINOWITZ: I would imagine that uhm, your relationships are based on the relationship you've worked on having to have. Which I'm sure you've worked very hard. I would imagine that worked hard on. I would imagine that DVS could and should sort of be the city agency that should be connected to all of the agencies. Is referring or even identifying the people you work with as veterans, referring those names to DVS so they can also reach out for help, to provide help. Is that something you're interesting in doing? Do you think that would help your clients? Or is that something you would

rather avoid because it's too difficult or because of privacy issues?

DEREK COY: Well, we at the foundation, we don't have clients. We're not a service provider, we're strictly a funder. So, we wouldn't have like a group of that are requesting services. I think it's more — they hit a road block or they might not have got the services they wanted or just want a better connection. I think that's where we in the foundation particular can come in handy and we do kind of serve as that glue between VA, city governments, state governments and the private sector as well. So, unfortunately, we don't have those you know referral components of our work. So I can't speak to that unfortunately Chair, sorry.

JASON LOUGHRAN: And Chair, I'll also add that I think to Derek's point and this is feedback that we've heard for some time now. And in relation to connection to care. As Derek provided in his example, uhm, you know I think in an ideal world, we'd like for Unite Us to have this function where somebody could send that referral through to Amanda's office and because it would be our license that we're issuing, let's say Derek in this situation, to send

that referral. We would have tracking capabilities to you know get eyes on that individual that veterans are serving in the community.

But as Derek said, in a lot of ways it's easier and more personable in his experience in just emailing Amanda and making that warm handoff. And so, this is something that we want to pay close attention to in the next coming months and moving forward as DVS to. And how we maintain an awareness of the veterans who are seeking mental health help in New York City, you know in relation to Derek, who is making an email, while also trying to explore our United system and the efficacy of those referrals and how they're being made and how we're all engaging with one another.

So, it's a challenge that we're eager to address but we're happy to have everybody here and you Chair to help us address that challenge.

CHAIRPERSON DINOWITZ: Thank you. Thank you. You know there seems to be a lot of different things going on, all with the effort of helping our veterans whether it's different organizations or DVS. But I have — Bianca, I have no other questions. I don't

know if Chair Louis, if she is still with us if she has other questions.

COMMITTEE COUNSEL: Okay, thank you so much. I'm going to turn it over to see if any Council Members have questions. Uhm, I'm going to wait a brief moment. Again, I remind Council Members, if you have a particular question for a panelist, please use the raise hand function in Zoom at this time I'm having problems saying Zoom raise hand function, sorry.

Okay, I don't see any hands raised, so I'm going to now turn to our second panel of public testimony. I'd like to remind everyone that we'll be calling individuals one by one to testify. Each panelist will be given three minutes to speak. After I call your name, a member of staff will unmute you. There may be a few seconds of delay before you are unmuted and again we thank you in advance for your patience.

Please wait a brief moment for the Sergeant at Arms to announce that you may begin before starting your testimony. Council Members who have questions for a particular panelist should use the raise hand function in Zoom. I will call on you after the panel has completed their testimony in the order in which you've raised your hand.

I would like to now welcome Kimberly Moore to testify, after Kimberly I will be calling Coco Culhane then Gary Bagley, Ashton Stewart and last Chair Kozik. Kimberly Moore, when the time begins, you may start your testimony.

SERGEANT AT ARMS: Time starts now.

KIMBERLY MOORE: Thank you to both the Committee on Veterans and the Committee on Mental Health, Disability and Addiction. Chairperson Dinowitz and Chairperson louis for the honor and privilege of testifying before you today.

My name is Kimberly Moore, Director of Care Café at Yeshiva University's Wurzweiler School of Social Work. Care Café is a citywide initiative that brings mental health services to vulnerable populations. Our students and faculty have pioneered a targeted model of embedding Care Café programs in the local community institutions to provide mental health services tailored to specific constituencies including vulnerable populations, holocaust survivors, veterans, immigrant populations and school aged children.

To date, we have provided these services in more than a dozen Council Districts and maintained the

capacity to expand on our current footprint as issues arise in our respective communities. Veterans are inherently decentralized in therefore hard to reach population. The work of Care Café has shown that community based mental health services in partnership with neighborhood based nonprofits, VA's, the social organizations, allows vets to seek out treatment in a more neutral environment. It meets vets where they are.

A portion of Care Cafés funding is designated for veteran services. Care Café addresses topics from a holistic perspective that intentionally unites a psychoeducational perspective within emotionally supportive message. Globally, interdisciplinary practitioners are charged with deeply examining the impact of COVID-19 across various populations.

Well, how should New York City be treating veteran PTSD? Our response, through providers collective strength and expertise, not in isolation. During the pandemic with the strong supports and partnerships with community-based organizations and student leaders, Care Café was able to connect with the public through the delivery of virtual content

including but not limited peer led and facilitated trainings and support groups.

This mutual aid strategy promotes openness, reduces sigma and normalizes ones lived experience with a goal of seeking hope and change. Creating events rooted in the arts and sciences, such as our story telling education. Care Café hosted the Telling project, which evokes a process of healthy self-reflection and the value of shared personal expert knowledge. Encourage the incorporation of complementary and alternative medicine techniques. Such as yoga and meditation. Care Café organized educational events around stress management, which included education around breath work, movement and meditation.

Furthermore, in programming, implement a consistent structure for regular outreach and engagement. For example, regular mailings of handouts and trinkets to our veterans where available. For many, the reliance on the regular structure of activities provided something for our members to look forward to and for many, the only supportive entity available for them to access.

In cases where veterans are isolated —

SERGEANT AT ARMS: Time expired.

KIMBERLY MOORE: Care Café would work with partner organizations to safely engage veterans through in-person community visits and reassurance calls to provide information and support to connect them to identified services.

Though there is much more to share, I'll stop my share for right now. Thank you so much.

COMMITTEE COUNSEL: Thank you Kimberly. Coco Culhane, when the time starts you may begin.

SERGEANT AT ARMS: Time starts now.

COCO CULHANE: Hi, I'm Coco Culhane the Founder and Executive Director of Veteran Advocacy Project or VAP for short. We provide free legal services to veterans and their families. We focus on working with those who have post traumatic stress, brain injury and mental health conditions.

VAP strongly supports Introduction 2442 for the Mayor's Office of Community Health to make it permanent. These are vital resources that are long overdue. However, we think it's ironic that the office is being established in a joint meeting with the Veterans Committee. I struggled with what to say today at the hearing but the number of people who

said that there are things they want to say and they can't, convinced me that uh, I need to make the following testimony.

Uhm, I just think there's been a lot of deflection today. DVS has no mental health staff, no health staff. We are dealing with a situation where we've been at war for 20 years that ended in a moral injury meltdown. We've just had the 20th anniversary of 911 attacks. You know, we've had two years of a pandemic. The population has nearly twice the suicide rate of the general population. The clients that we serve have a suicide rate that is three times that. You know, so the idea that this is about technology in terms of referrals is just I think really not what the issue is today. And when it comes to you know the Office of Mental Health, Community Health, the website has a page for veterans and that seems to be all they have done for veterans. When you go on that page, it has a link for trauma counseling that goes two pages, says we're sorry, this page doesn't exist.

Uhm, the other resource they have is the mental health for all roadmap in New York City. There's a veterans page again. All it has is Mission Vet

Check. It's a brilliant program but it's basically a souped up phone tree. It's providing very important resources. We participated in the program. It is not mental health. It is not a mental health program. The page has a lot of logos of very impressive national foundations and institutions, nonprofits. None of them provide mental health services. Some of them don't even have programs within 100 miles of New York City.

So, these are not programs. That if a veteran goes to that website, they are going to find help. I understand that a veteran can connect with DVS through Mission VetCheck but the idea that that is a mental health program and that through you know $1 billion or whatever we have spent that that is enough for a population this vulnerable is not enough. It's really, we are failing our veterans. And I know that this is not making me any friends right now giving this testimony.

SERGEANT AT ARMS: Time expired.

COCO CULHANE: And I just would like to finish by saying we have asked; you know Council Members have asked for data for years on suicide numbers. On the use of health and hospital corporation, veterans.

Why aren't we identifying veterans? Like, we just heard that they aren't. This is outrageous and I realize this is unpleasant but I've been on the other end of the line when a veteran took his own life. That's much more unpleasant. This is a call for all of us to do better and I know everyone cares and we can do it together. It's time for us to support the programs of the individuals who have just testified on the previous panel. We need to do more.

CHAIRPERSON DINOWITZ: Bianca, can I just say one thing quickly before the next speaker. Thank you for sharing Coco and I just — I don't know if I speak for everyone but we're not here to make friends. We're here to do what everyone wants to do. No offense to anyone here. We're here to help our veterans and I just don't want you to ever have to feel apologetic for caring and that's what it seems like.

So, I just want to you know make sure you know we are all here to address an issue, not to make friends and you should never apologize for caring about our veterans. That's all I just wanted to say Bianca.

COMMITTEE COUNSEL: Thank you Chair and thank you Coco for your testimony. I'm now going to be turning

to Gary Bagley. You may begin once the Sergeant at Arms starts the timer.

SERGEANT AT ARMS: Time starts now.

GARY BAGLEY: Thank you to Chairperson Louis, Chairperson Dinowitz and other Members of the Committee on Mental Health Disabilities and Additions. I'm grateful to be here today to share about the impact of Mission VetCheck, a program that combats the effects of isolation during the pandemic.

At the onset of the pandemic, direct service interfaces shutdown, leaving many, many of New York City's most vulnerable and disconnected at even greater risk. DVS saw the rising need to address the effects of isolation resulting in the launch of Mission VetCheck. DVS worked with New York Cares to expand the program early in May of 2020 and through our partnership with DDS, our volunteers have made over 21,000 calls to date.

Our volunteers make wellness checks and as you know those in need of services often do not know what they have access to. Our volunteers can provide information on a variety of services including free meals, COVID-19 test site locations, rental assistance, and mental health resources. The calls

are welcomed. They average about seven and a half minutes in length.

This program combats isolation. It is not a direct mental health solution. However, these calls do enable volunteers to hear when there maybe mental health concerns. A crisis officer is live on all projects to ensure there is access to professional support when it is needed. For example in two separate instances, volunteers spoke with that trends exhibiting signs of suicidal ideation.

Now, to ensure the programs of the highest quality, the Office for Community and Mental Health help structure the training for our volunteers. Further, there are biweekly meetings of DDS and New York Care staff that focus on improving the training materials through feedback and data collection.

I also want to say that beyond providing veterans with critical resources, this program is also expanding New Yorkers knowledge on the issues our veterans face. This experience also develops advocates for veterans. Mission VetCheck has helped in the face of the pandemic and can continue to provide invaluable support during recovery from the

pandemic and inevitable future emergencies. Thank you.

COMMITTEE COUNSEL: Thank you Gary. We will now be turning to Ashton Stewart. Ashton, you may begin when the timer starts.

SERGEANT AT ARMS: Time starts now.

ASHTON STEWART: Thank you very much. Thank you so much. Thank you Chair Dinowitz, Chair Louis, members of the Committees and fellow veteran service providers.

SAGE is the country's first and largest dedicated organization to improving the lives of older LGBTQ plus individuals and it was founded in 1978. SAGEVets started in 2014 and I am the Manager of the program since 2018 and I am honored to do so. I'm a veteran of the first Gulf War. So thank you for the opportunity to be here today. Your support has been instrumental in helping out many lives here in New York City. The pandemic has certainly affected our population, just like everyone else. LGBTQ plus veterans, many of whom were already struggling with things like financial insecurity, food insecurity, acute social isolation and exacerbating health disparities. All of that has increased due to COVID

and a lot of them don't take advantage of veteran services including the VA for fear of discrimination because they served when the military was still enforcing anti-LGBT policies.

Additionally, not all the services are available, including the VA. They can't offer the homebased primary care program like they used to. It's been significantly impacted leaving vulnerable veterans at risk. Earlier was talking about identifying who veterans are. That's certainly an issue that we struggle with because of the trust issues. One of the things that we've done and one of the saving grace is — is some of the groups here today have taken some mental health referrals they've transferred into virtual options. And the vet center has also been a really good sort of middle ground for our population. It's a program of the VA but they do not care about discharge status. Whether it's honorable, dishonorable whatever, they don't care. You can go there for mental health support. We've been sending a lot veterans there.

Uhm, one of the things that we've also done is shifted our program to virtual options, which has helped sort of elevate some of the social isolation

issues. We've grown a lot since then and we've been able to get more people involved in our programming, which is one of the perks about virtual programming. It's not the same in-person that we had just last week at the Veterans Day Parade.

Joe, who is a Veteran in the U.S. Army and a Vietnam Vet, uhm, he had not long ago reported feeling of isolation and depression and hopelessness. He marched with us. Marching up fifth avenue with his rollator waving to spectators. It was just beautiful and he was just so happy and he thanked the United Veterans War Council and the NYPD for pulling it off. It was just a real wonderful show of unity and support for our vets, but we can't get too caught up in that. We're not out of the woods here and one of the things that we're concerned about is that the vet centers and some other programs may suffer the same fate as the homebased primary care program in that they are just going to get overstretched and too exasperated and overwhelmed and sooner or later —

SERGEANT AT ARMS: Time expired.

ASHTON STEWART: They are not going to be able to offer service. Thank you. I have to apologize to my panelists and to everyone here, I do have to cut out

in a few minutes. I am happy to answer questions and I will stay as long as I can but at noon, we're doing a virtual program with the VA and we have representatives from all five boroughs including Dr. [INAUDIBLE 2:06:33] from the Bronx VA to talk about transgender awareness week and some of the specialized services available to transgender and gender diverse veterans.

Over 100 people signed up for it, so I'm super excited about it. But I'm really sorry but it starts at noon and I'm telling people who are representing to log in a few minutes early, so I can give them credentials. Thank you for the opportunity to be here today.

COMMITTEE COUNSEL: Thank you Ashton. Have a great event and hopefully we'll see you after this. Now, I will be calling on Claire Kozik. Claire, you may begin when the timer starts.

SERGEANT AT ARMS: Time starts now.

CLAIRE KOZIK: Chair Louis, Chair Dinowitz, and distinguished Members of the City Council, thank you for the opportunity to testify today. I'm Claire Kozik, Associate Director of Policy and Advocacy at the Coalition for Behavioral Health. The Coalition

represents over 100 community-based mental health and substance use providers, who collectively serve over 600,000 New Yorkers annually.

The COVID-19 pandemic has catalyzed and exacerbated mental health conditions and substance use disorders for hundreds of thousands of New Yorkers, and veterans were no exception. In 2020, 30 percent of veterans reported having suicidal thoughts over a two-week period, and sadly, the number of U.S. military suicides increased by almost 15 percent nationwide.

New York State has a veteran suicide rate that is almost twice that of the national average. The generalized anxiety disorder has increased, particularly among veterans aged 45-64, with one in seven experiencing increased distress. 52 percent of veterans reported their mental health declined as a result of isolation that came from social distancing and in 2020, there was a 15 percent increase in veteran crisis calls nationwide. Unfortunately, the behavioral health workforce is insufficient to meet the increasing needs for mental health and substance use services. And, as a result, veterans are struggling to access care.

Prior to the pandemic, the behavioral health field experienced a workforce shortage, due to low salaries and benefits across the sector. This shortage has now reached crisis levels, and while record numbers of New Yorkers are seeking help, staff have left the field for higher paying positions in other sectors, such as retail and restaurants. Our providers tell us every day of the staffing crisis they face. Nationally 97 percent of mental health and substance use treatment organizations reported that it has been difficult for them to recruit staff. We have agencies with hundreds of open positions, but they have only received a few applications.

Behavioral health providers are pausing new admissions, decreasing the number of clients they serve, and in some cases, closing programs entirely due to insufficient staffing. Many of our members are hesitant to take on new contracts because they do not know where they would find the staff.

Veterans will not be able to access the mental health and substance use care that they need unless significant action is taken. For too long, the city has forced providers to accept contracts that provide poverty level wages. The City Council should

increase funding for city contracted mental health and substance use providers so that they can raise the wages and offer benefits for staff. There should be a living wage floor set on all city contracts, as well as cost of living adjustments. Thank you for the opportunity to testify today. The Coalition looks forward to working with the City Council to ensure robust mental health and substance use services are made available to all of our veterans.

COMMITTEE COUNSEL: Thank you so much Claire. I will now turn it over to Chair Dinowitz for questions for this panel.

CHAIRPERSON DINOWITZ: I just wanted to go back for a sec to what Coco was talking about. Uhm in her testimony about the actual services that DVS does and doesn't provide. And the referrals that they do and do not provide. We did talk in the last panel about the struggles or the change in VetConnect that was resulting in problems with referrals. Coco, I was wondering if you can expand a little more on — in your view what the city is and isn't doing and then you know give Jason an opportunity to I don't know address those concerns?

COCO CULHANE: Uhm, I mean, from what I had heard from speaking with a number of providers, that they had just stop receiving mental health referrals. So, it seemed like no one was screening and the word was that — and it seems like it was confirmed today that Thrive had severed their relationship essentially with DVS and those outreach, mental health outreach teams have become benefits case manager benefit workers which obviously social determinants of health are extremely important to mental health but you know, and it seems that basically mental health has just dropped out of DVS's radar.

And in terms of you know multiple organizations getting referrals, I just don't think that's — we get, we have the same thing with our discharge upgrade program. We see all the referrals, even if we don't take it, it still comes to us and what we were hearing from the previous panel is they are not seeing any at all. So, it just seems like that's sort of like focusing on a technical issue that's really not what's going on.

JASON LOUGHRAN: Yeah, so uhm, Coco, I just want to take a moment to second what Chair said earlier too. Uhm, this is a great place to share what the

reality is of what our community is feeling. And so, there is certainly nothing that can be said here that will make you a bad guy or whatever it is that you said earlier. You are a good friend of ours and the fact that you are just here now today just expressing this is why you are so important to our community.

So, on the topic of the referrals, uhm, contrary to the testimony today from the organizations that have been working with Unite Us in the past, our mental health referrals went up three times the amount that they did in the period prior to us implementing those health assessments we talked about.

So, we do need to do some digging on our end. This was new information to us today. So, we do see an increase in our mental health referrals and we're proud of that from the steps that we've taken to implement these health screeners to identify anxiety and depression. It was because of OCMA we were able to you know go back to our health, mental health referrals to begin with and say, you know these are low numbers and we think that there's a higher need out there.

And so, we are making progress. I do believe that everything that was discussed today introduces a new conversation about if we want to get — if we can as an agency and if we want to and working with all the departments here to have a more specific I guess health practitioner on staff. We do have all of our staff trained in motivational interviewing and these health assessments. So, we are taking steps to get our staff closer to having these more difficult conversations regardless of what the referral comes in as.

So, it is progress but I, as you said, you know nothing's ever going to be good enough for our veterans. So, you know I think we have to continue to push the limits in addressing what is a very serious issue in veteran suicides and actually make an impact. We have been talking about it for too long now and there hasn't been enough so, we're constantly trying to explore ways that we can expand on that.

While I do have the group here, I do want to say that I think there is just a discrepancy in the website and that the organizations that you were looking at earlier are our partners. They are not

mental health providers. There is another drop down for mental health resources or resources for veterans that you know that could be misconceived, misinterpreted for our community. So, maybe we can work on changing that language to ensure that these partners of ours are not mental health practitioners or mental health organizations to serve those folks who did need services.

So, thank you for bringing that to our attention. I hope I addressed the question.

COCO CULHANE: No, I just wanted clarify, I did not mean DVS's website. It was the Mental Health Roadmap for all.

JASON LOUGHRAN: Thanks for clarifying. I'll take a look at it.

CHAIRPERSON DINOWITZ: And one thing Coco, I think you touched on it earlier, so I just want to kind of reiterate. Thank you for the work you said you were doing over the past couple weeks, trying to make sure you identify veterans through the vaccination forms.

I just want to reiterate how important it is that if someone is calling NYCWell, that they are asked proactively, and you heard someone else say this previously, verbally asked if they are a veteran or

if they are active military served because the needs again are unique and specific. And because there are different resources and different needs.

So, included in the work you're doing with the vaccination forms, uhm, I'm urging you to do that work with OCMH as well. To identify the veterans, not just in written forms but verbally as well as people do outreach to our city.

Uhm, one last question that I have is does DVS and this is based on Claire's uhm testimony. Does DVS do any work or referrals or does the city at all do any work or referrals for referring people who are — who can address the needs of veterans? Because you said there was a staffing shortage in this area.

So, is that something DVS has heard about, previously has been able to do or been able to refer to another city agency?

CHAIRE KOZIK: Sure, so the staffing shortages that we are experiencing are with our nonprofit partners and providers. Uhm, we can certainly you know look into working with DVS as it relates to having staffing shortages but just in general, the behavioral health workforce is woefully understaffed

and underfunded. And that is reverberating into care not being provided to veterans.

CHAIRPERSON DINOWITZ: Thank you and Jason?

JASON LOUGHRAN: I'm sorry Chair, someone came to my door and my dog was barking. I'm very sorry. Do you mind repeating.

CHAIRPERSON DINOWITZ: No, not at all. It's a general question about, Claire had spoken about a staffing shortage in the nonprofit world to address the unique needs of our veterans regarding mental health. I was curious if DVS or any city agency does work in addressing those staffing shortages?

JASON LOUGHRAN: That's new information for us. Uhm, we're certainly open to exploring how we can help address it. Uh, as Derek Coy mentioned, Derek's done a phenomenal amount of work in this space and working with our agencies to understand where there's gaps in the services. So, we would love to meet Claire but we'll get you connected to as Derek mentioned earlier, our Assistant Commissioner of Public Private Partnerships Casandra [INAUDIBLE 2:18:28] and we could work creatively to figure out how we can address this issue in our community here in New York City.

So, thanks for bringing it to our attention today. And I'm sure Derek would agree that he'd be supportive in addressing this issue.

CHAIRPERSON DINOWITZ: Okay, uhm, I'd like to turn it back over to Committee Counsel.

COMMITTEE COUNSEL: Thank you Chair Dinowitz. I will now ask if there are anymore questions from Council Members. As a reminder, if Council Members have questions for a particular panelist, they should use the raise hand function in Zoom at this time.

Okay, we have concluded our second panel of public testimony. At this time if we have inadvertently missed anyone that has registered to testify today and has yet to have been called on, please use the Zoom raise hand function now and you will be called in the order that your hand has been raised.

Okay, seeing no one, I will now turn it over to Chair Dinowitz for closing remarks. Chair Dinowitz.

CHAIRPERSON DINOWITZ: Thank you Bianca and first, thank you to our veterans and their families. Thank you to the city agencies. Thank you to everyone who testified today, who shared information. Thank you to the Committee Staff, to my staff, and

thank you to everyone who attended and is watching the hearing. You know there's a lot of information that I think we uncovered today. A lot of connections that were made, all in the efforts of helping our veterans and their mental health needs. Our veterans who have these unique and specific needs, who we know all too often are going on that. Whether it's psychedelic modalities or the interconnectedness of our agencies, our service providers or funding.

We know there's a lot more work to do but I am glad, I think today was a very important step in making those connections and bringing a lot of important information to light, so we can take the next step to help our veterans who have literally laid their lives on the line. To help our veterans families, who have also sacrificed so much by having service members in their family.

I thank you all again and with that, I will close out the meeting. Thank you. [GAVEL]

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 December 30, 2021