**NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE**
Michelle Morse, MD, MPH
*Acting Health Commissioner*

Testimony

of

**Dr. H. Jean Wright II**
**Executive Deputy Commissioner for the Division of Mental Hygiene**
**New York City Department of Health and Mental Hygiene**

before the

**New York City Council**

**Committee on Mental Health, Disabilities and Addiction**

On

# Oversight: Current Access and Operations of New York City's 988 Suicide & Crisis Lifeline
# Int. 1162-2025 and Int. 1385-2025

September 26, 2025
250 Broadway, Hearing Room 3
New York, NY

Good afternoon, Chair Lee and members of the Committee. I am Dr. Jean Wright, Executive Deputy Commissioner for the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene (the Health Department). I am joined today by Jamie Neckles, Assistant Commissioner for Bureau of Mental Health, and Dr. Rebecca Linn-Walton, Assistant Commissioner for the Bureau of Alcohol and Drug Use. Thank you for the opportunity to testify today. I am pleased to be here with my team to discuss NYC 988 and the Health Department's role in addressing the mental health needs of New Yorkers.

First, I'd like to review the history of NYC 988, and our role in building, maintaining, and improving this infrastructure.

The Health Department is a key pillar of New York City's mental health system. We provide health surveillance to inform programming and policies, guidance and leadership, as well as oversight and technical support for contracted services as well as some direct services.

We take a public health approach to this work with the primary goal of preventing mental health crises by increasing awareness and access to mental health and substance use supports. However, when mental health crises do occur, we seek to ensure all New Yorkers have access to responsive care that includes health and social supports that are affordable, accessible, effective, and free of stigma. As part of this work, we procure and manage the contract for the call center that operates 988 in New York City.

New York City has long been a leader in this space. The mental health crisis, information and referral hotline serving New York has evolved and expanded over decades. It started as the 24/7 phone-based service, called LifeNet, that handled less than 100,000 calls a year. In 2016, the City substantially increased its investment in the hotline to handle more volume through more modern means of communication – renamed as NYC Well. The program's capacity doubled to 200,000 calls, texts and chats. A website was also developed to provide direct, searchable public access to the resource database which counselors used to share information and make referrals. Peer support was also added as an option for anyone to select.

In 2020, the federal government moved to improve and unify the country's mental health crisis and suicide hotlines, making 988 the nationwide number. In 2023, NYC Well officially transitioned to 988, along with the rest of the country. We worked closely with the State Office of Mental Health to execute this transition. NYC 988 goes above and beyond federal and state requirements – providing a robust array of services such as peer support, a single point of access to mobile crisis services, and non-crisis information and referral.

The Health Department oversaw and supported the evolution from LifeNet to 988.

This history informs our work currently.

The mental health crisis services we support can be categorized into three groups: Someone to Call, Someone to Respond, and Somewhere to Go. The program we're discussing today, 988, is the cornerstone of "Someone to Call."

When someone experiences a mental health crisis, it can be helpful to talk to someone we trust: a friend or family member, a religious advisor, a peer, a mental health professional or health care provider. Anyone can reach out to 988 at any time of day or night, any day of the year, to speak with a trained crisis counselor or peer support specialist. New Yorkers can reach out via call, text, or chat. 988 counselors and peers will listen to a person's situation and help them through a moment of crisis with emotional support and coping skills. NYC 988 provides custom local counseling and resources consistent with national standards and best practices.

Counselors help connect people to ongoing mental health services that meet their needs. In New York City, these counselors refer people who don't need immediate care to community based mental health providers and community resources. There is also an online database of service providers available to the public on the 988 website.

While 988 is the main program for "Someone to Call," it can serve as a link for Health Department programs that are responsive to "Someone to Respond" and "Somewhere to Go". For example, 988 can dispatch a Mobile Crisis Team to visit the person wherever they live within a few hours, 8 am – 8 pm, 7 days a week, citywide. Mobile Crisis Teams are our cornerstone short term intervention for non-life-threatening mental health crises – "Someone to Respond". Mobile Crisis Teams represent a significant portion of the mental health crisis response infrastructure in the city. Mobile Crisis Teams are a distinct part of the mental health care system. They are operated independently from 988 by hospitals and community-based-organizations licensed by the State Office of Mental Health.

Some people need more support than they can access in their home. These individuals might need "Somewhere to Go," our third category. For these situations, the Health Department supports Crisis Residences, which provide an alternative to hospitalization for people experiencing mental health crises. This program is an example of a very different type of intervention from 988 and illustrates the wide array of services the Health Department supports that are available to your communities.

988 often serves as an entry point to these services.

It is designed to be easy to use for everyone - phone, text, and online chat are staffed with people who speak English and Spanish with additional interpretation services available in more than 200 languages. Callers are also never asked to disclose their immigration status. NYC 988 counselors are also trained to accept calls from deaf and hard of hearing individuals.

The Health Department oversees the contract for 988 in collaboration with the State Office of Mental Health to hold the vendor accountable to City standards and continually improve this service for New Yorkers. The Division of Mental Hygiene contracts with over 200 providers and CBOs to administer over 800 programs. The 988 contract is held to the same rigorous standards as all our other mental health vendors.

The contract requires the vendor to provide six core services: crisis counseling and suicide prevention, peer support, information and referral to behavioral health services, single point of access to urgent behavioral health services, website, and follow-up.

The NYC 988 vendor is required to maintain staff levels that support call center capacity to meet standards of timely response, accessibility, and deliver all core services. There must be dedicated staff for each modality (calls, text, and chat) at all times. The vendor has an obligation to comply with all quality improvement requests from the Health Department.

My team works tirelessly to uphold our commitment to New Yorkers and continually improve the City's mental health system. This is not without challenges, but we are committed to addressing the mental health needs of our communities.

**Legislation**

Before we answer your questions, I'd like to briefly discuss the legislation being heard today.

Introduction **1162** refers to annual reporting on suicide deaths. The Health Department already publishes data on suicide deaths annually in the Summary of Vital Statistics report - which highlights births and deaths in the City by trends, demographics, and geography. This report includes information on suicide deaths and is available on our website. The Health Department also publishes data on suicide deaths in other locations on our website, including the Healthy NYC webpage and various data publications.

Introduction **1385** refers to the establishment of a construction site opioid antagonist program. We appreciate the Chair and Council for bringing attention to this important issue. Construction workers experience higher risk of opioid use disorder and overdose fatality compared to other occupations. We support the intent of this bill and look forward to discussing how to accomplish the goals of this legislation while allowing the Health Department to focus on community-based naloxone distribution among neighborhoods and communities most impacted by the overdose crisis.

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

Thank you for the opportunity to testify. I look forward to answering your questions.

**Testimony to the New York City Council**
**Committee on Mental Health, Disabilities, and Addiction**
*September 26, 2025*

Thank you, Chair Linda Lee, and members of the Committee on Mental Health, Disabilities, and Addiction, for holding this hearing and providing us with the opportunity to testify. My name is Sofina Tanni, the new Senior Program Coordinator at the Asian American Federation (AAF), where we proudly represent a collective voice of more than 70 member nonprofits serving 1.5 million Asian New Yorkers. We are here today testifying on behalf of our partners from the Asian American Mental Health Roundtable, a coalition of 15 Asian-led, Asian-serving organizations that work collaboratively to address challenges, create solutions, and share resources to increase access to culturally competent mental healthcare.

**Current Mental Health Landscape for Asian American New Yorkers**

With the current federal administration's growing attacks on immigrant communities, the mental health burden on Asian New Yorkers has significantly increased as the community continues to navigate multiple, concurrent crises. AAF recently conducted a survey of program participants from our Hope Against Hate Campaign, our landmark campaign to combat anti-Asian violence. Of those surveyed, 49% of survey respondents felt at risk of experiencing anti-Asian bias, and 46% perceived an increase in anti-Asian bias in NYC, indicating a significant level of concern within the community. Alongside this, suicide is the second-leading cause of death for Asian Americans aged 15-24, and Asian women aged 65+ have the highest suicide rate among all racial groups.[1]

Our pan-Asian community continues to face xenophobia, a rise in anti-Asian violence, and ever-changing and regressive immigration policies from the current federal administration. The passing of bills, such as H.R.1, will have devastating impacts on Asian New Yorkers in immigration and healthcare access. AAF recently analyzed the preliminary text of H.R. 1 and how policy changes will specifically impact Asian New Yorkers.[2] Almost 1.5 million New Yorkers may lose health coverage, including 224,000 low-income immigrants on the essential plan. New work requirements will restrict access to care and legal status, particularly for older adults and households with limited English proficiency. These changes will have detrimental effects on our communities, reigniting fear and pushing even more families out of life-saving

[1] Asian American Federation, & Asian American Mental Health Roundtable. (2024, April). Bridging the Gap: Policy Recommendations for Improving Mental Health Services. aafederation.org. https://mentalhealth.aafederation.org/post/bridging-the-gap:-policy-recommendations-for-improving-mental-health-services

[2] Asian American Federation. (2025). How H.R. 1 Threatens the Health and Wellbeing of Asian American New Yorkers. https://www.aafederation.org/wp-content/uploads/2025/08/Asian-American-Federation-H.R.-1-Info-Sheet.pdf

programs. All of these factors have compounded on one another to negatively impact the mental health of the Asian community and their willingness to seek services, ranging from preventative care to crisis support.

**Barriers to Access and Implementation**

Although the 988 hotline aims to provide accessible crisis support to all New Yorkers, including Asian communities, it fails to reach vulnerable Asian New Yorkers due to utilization and implementation barriers, a lack of linguistic and cultural competency, and no collaboration with Asian community-based organizations (CBOs). In fact, the 2024 988 Suicide and Crisis Lifeline Legislative Report from the New York State Office of Mental Health found that only 0.7% of individuals who disclosed their race identified as Asian, in contrast to 6.2% who identified as White and 1.5% each who identified as Black and Hispanic. 88.5% of users did not report their race, revealing a striking disparity between the usage rates of White individuals and other minority groups compared to the minimal representation of Asian users.

Despite the alarming suicide rates among Asian Americans, utilization of the 988 hotline remains notably low. This disparity highlights the urgent need for inclusive public awareness campaigns for the Asian community, along with linguistically and culturally competent services and trainings. While the 988 talk feature can interpret over 200 languages through Language Line Solutions, the chat and text options are limited to English and Spanish, which potentially excludes non-English proficient Asian individuals from accessing support. Additionally, community members have reported difficulty accessing Language Line, long wait times, and communication breakdowns during interpretation. There are 1.5 million Asian New Yorkers, with 71% being foreign-born, and 48% of Asian New Yorkers and 72% of our seniors having limited English proficiency (LEP). This means that almost half of our Asian American population in New York remains shut out from crisis support services, deepening existing barriers in mental healthcare accessibility.

**AAF's Mental Health Programming and Advocacy**

Since 2017, AAF has built our expertise in mental health through research, advocacy, and programming, and we aim to improve the overall well-being of Asian New Yorkers by increasing access to culturally competent mental healthcare, with a focus on addressing systemic barriers that prevent Asian New Yorkers from receiving the care they need.

As part of this work, AAF leads the Asian American Mental Health Roundtable, the only coalition of Asian-led, Asian-serving organizations that provide culturally and linguistically competent clinical and non-clinical services to Asian New Yorkers. We convene this group to identify emerging gaps in care, address challenges in implementing mental health care, create solutions to ensure the Asian community's mental health needs are met, and push for systemic change. In 2024, AAF published a policy agenda, in partnership with the Roundtable, that

highlights the gaps and barriers Asian New Yorkers face in accessing mental health care and provides recommendations on improving policies for more equitable mental health services.

Additionally, AAF has built the organizational capacity to provide mental health services among 6 organizations, which has resulted in over 12,800 Asian New Yorkers from 2020-2024 getting connected to mental health services from providers who speak their language and understand their unique cultural needs. In the last year, AAF provided 7,029 in-language, culturally competent mental health services to 2,819 Asian New Yorkers.

In 2022, AAF launched our online Mental Health Directory, the first-ever mental health provider database with over 650 service providers fluent in over 19 Asian languages who are committed to helping Asian New Yorkers find culturally relevant mental health support.[3] In 2024, AAF launched the Asian American Mental Health Hub, the first-ever, comprehensive digital platform, to increase access to mental health data, services, and resources tailored to New York's Asian community.[4] This hub includes resources that address mental health concerns in 10 Asian languages, such as how to address stress and anxiety linked to anti-Asian hate, bullying among Asian American Youth, and identifying mental health concerns among Asian seniors.

**Recommendations**

Based on our mental health expertise and the voices of our Roundtable partners, we urge the Council to consider the following:

1. Invest in CBOs that provide culturally and linguistically competent services to the Asian American community in New York City.
    - These organizations are deeply embedded in the community and already provide crisis support, but require funding to meet the growing demand for services.
2. Increase funding for mental health initiatives tailored to the specific cultural and linguistic needs of Asian Americans.
    - Launch city-funded campaigns that highlight 988 in Asian languages and promote through trusted community messengers like our Roundtable.
    - Ensure the city prioritizes restoring funding for the LGBTQIA+ Youth Lifeline so that LGBTQIA+ Asian New Yorkers receive the care they need from linguistically and culturally competent crisis workers.
3. Invest in a linguistically and culturally competent mental health workforce.

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[3] AAF Mental Health Directory. (2022). Aafederation.org. https://mhd.aafederation.org/

[4] Asian American Federation Mental Health Hub. (2024). Aafederation.org. https://mentalhealth.aafederation.org/

- Recruit interpreters with the linguistic and cultural competency to work with Asian clients, thereby decreasing reliance on Language Line.
- Ensure interpreters receive medical interpreter training and provide them with mental health support to address trauma incurred on the job.
- Expand the number of languages available via chat and text platforms, which are vital for younger populations and those who prefer written communication.

**Conclusion**

We must do more to protect the emotional well-being of Asian New Yorkers, especially Asian immigrants. CBOs have the proven skills and expertise to provide specialized culturally and linguistically competent mental health care our communities need; however, only with adequate funding and investment can they address these challenges. We at the Asian American Federation thank you for allowing us to testify and look forward to working with all of you to make sure our immigrant communities get the support they deserve. If you have any questions, you can contact me by email at sofina.tanni@aafederation.org.

**MEMORANDUM IN OPPOSITION**

**Int. No. 1385-2025 – Establishing a Construction Site Opioid Antagonist Program**

**Associated Builders and Contractors – Empire State Chapter (ABC)**, representing merit shop contractors across New York, submits this memorandum in strong opposition to Int. No. 1385.

The Associated Builders and Contractors (ABC) is a national construction industry trade association representing over 23,000 members nationwide. Grounded in the merit shop philosophy, ABC and its 68 chapters focus on developing skilled workers, ensuring ethical and safe project delivery, and promoting cost-effective construction practices that benefit communities. Our diverse membership spans all specialties, with a core focus on industrial and commercial construction.

**Overview**

Int. No. 1385 would mandate that site safety professionals, superintendents, or even construction workers on major building projects maintain and administer opioid antagonist kits in the event of an overdose on site. While well intentioned, this bill imposes inappropriate responsibilities on construction personnel who are not trained, licensed, or equipped to perform medical functions.

**Concerns**

1. **Clearly Defined Roles Already Exist**
   Site safety professionals and superintendents have specific and critical duties under the NYC Building Code. Their work focuses on ensuring jobsite safety, code compliance, and coordination of complex construction operations. Expanding these responsibilities to include medical treatment distracts from their core safety oversight role and undermines established safety protocols.

2. **Medical Intervention Should Be Left to Medical Professionals**
   Emergency treatment in overdose cases should remain the responsibility of trained, licensed first responders such as FDNY, EMS, and other medical personnel. Construction managers and safety professionals are not healthcare providers. Assigning them this responsibility creates confusion and shifts a public health obligation onto construction employers and workers.

3. **Liability Exposure for Non-Medical Staff**
   Even with liability disclaimers, superintendents and site safety professionals would remain vulnerable to lawsuits from individuals or families who claim improper administration of naloxone. This unnecessary legal risk places a significant burden on individuals and companies who are not trained medical responders.

4. **Practical and Logistical Limitations**
   No superintendent or site safety manager can be everywhere on a major construction project. Large sites span multiple floors, trades, and work zones. Expecting one or even several individuals to respond instantly to an overdose anywhere on the jobsite is impractical and could delay care.

5. **Unreasonable Burden on Construction Workers**
   The bill explicitly allows construction workers to be trained and expected to administer opioid antagonists. This is wholly inappropriate. Construction workers are hired and trained for skilled trade work, not medical intervention. Mandating that workers take on these responsibilities creates risks and distractions on jobsites where focus on construction safety is already paramount.

**Conclusion**
ABC acknowledges the seriousness of the opioid crisis, but Int. No. 1385 is not the solution. Construction sites are not equipped to serve as medical facilities, and construction professionals should not be expected to assume medical responsibilities. Instead, resources should be directed to ensure FDNY, EMS, and other first responders have the capacity and equipment to respond to overdoses quickly and effectively.

**For these reasons, ABC – Empire State Chapter strongly urges the City Council to reject Int. No. 1385.**

Respectfully submitted,

Brian Sampson, President
Associated Builders and Contractors (ABC)
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**###**

THE ASSOCIATION OF NEW YORK'S LEADING CONTRACTORS

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**STATEMENT OF THE BTEA TO THE NEW YORK CITY COUNCIL COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND ADDICTION**
**SEPTEMBER 26, 2025**

Good morning,

My name is Samuel Eluto, and I am the Director of Member Relations for the BTEA. I would like to thank Chair Lee and the members of the Committee on Mental Health, Disabilities, and Addiction for holding this important hearing.

The Building Trades Employers' Association (BTEA) represents more than 1,200 union construction managers, general contractors, and specialty trade subcontractors across New York City. Together, our members see firsthand the toll that the mental health and substance abuse crisis has taken on our workforce. According to the U.S. Bureau of Labor Statistics, in 2023 nearly 15,900 construction workers nationwide died from opioid-related overdoses and more than 5,000 died by suicide. The U.S. Substance Abuse and Mental Health Services Administration also reports that construction workers experience substance use disorder at twice the rate of the general adult population. Despite these staggering numbers, substance abuse remains a silent epidemic. Families often hesitate to speak publicly about overdose-related deaths, but the lack of publicity does not diminish the magnitude of the problem.

Too many of our colleagues and loved ones have been lost, and the BTEA is determined to confront this crisis head-on. Our members are leaders in construction safety, operating the safest job sites in New York City. Building on that commitment, the BTEA now provides resources focused specifically on mental health and substance use awareness. We host presentations, distribute educational materials, and partner with leading nonprofits and government agencies to expand support and break the stigma.

The BTEA strongly supports Intro 1385 because protecting worker safety means addressing both physical and mental health. Providing opioid antagonist kits and training ensures we can prevent fatal overdoses among construction workers. It is critical for the Department of Health and Mental Hygiene (DOHMH) to train staff, reduce stigma, and foster open conversations that save lives. DOHMH already distributes opioid antagonist kits in many industries; construction workers deserve the same protection on their job sites. This legislation will save lives. Thank you.

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# Testimony on B-HEARD

09/26/2025

My name is Mbacke Thiam. I am the Housing and Health Community Organizer at the Center for the Independence of the Disabled, New York (CIDNY). We are a nonprofit organization founded in 1978. We are part of the Independent Living Centers movement, a national network of grassroots and community-based organizations that enhance opportunities for people with disabilities to direct their own lives. CIDNY advocates for people with disabilities in the five boroughs of New York City.

Last year, on September 23, 2024, we strongly supported T2024-2048: Oversight - Behavioral Health Emergency Assistance Response Division (B-HEARD) and Responses to Mental Health Crises. Today we are here to advocate for the expansion of the B-HEARD program in the five boroughs of NYC, and to support Intro 1162-2025 (mandating the reporting of annual suicides), Intro 1385-2025 (construction site opioid antagonist program to address opioid overdoses) and Resolution 1049-2025 (calling on the United States Congress to introduce and pass, and the President to sign, legislation to incorporate mental wellness training within OSHA).

**B-HEARD Implementation**

In June 2021, New York City implemented a pilot program in East Harlem and parts of Central and North Harlem (police precincts 25, 28, and 32) in which both mental and physical health professionals respond to 9-1-1 mental health crisis calls. The program is called the Behavioral Health Emergency Response Division, or B-HEARD.

Each B-HEARD team is comprised of 2 EMTs and 2 paramedics from FDNY/EMS and a mental health professional, such as a licensed social worker, from Health & Hospitals (H+H). The program routes 9-1-1 mental health crisis calls to B-HEARD teams which can be reached by dialing 988. B-HEARD teams operate 7 days a week, 16 hours a day (9am-1am).

The goal of the program is to reach BHEARD when appropriate to help increase connections to community-based care, reduce unnecessary and involuntary transport to hospitals, and eliminate the unnecessary use of police involvement, resources, and brutality. We are urging the City to change this program to operating 24 hours a day, 7 days a week.

Additionally, CIDNY is advocating for this program to include trained peers from the mental health community to respond to a crisis with the B-HEARD team. CIDNY has been established from the peer-lead movement whereby trained people with disabilities provide program services and conduct advocacy initiatives to improve the lives for all people with disabilities. This model of peer intervention is needed by the mental health community in New York City to address mental health episodes. CIDNY is advocating to be included as a provider for this important peer-leading model.

**B-HEARD Expansion**

As of now, we believe there are 31 precincts with BHEARD teams:

- **The Bronx:** All precincts in the borough (12 precincts).
- **Manhattan:** Precincts 25, 26, 28, 30, 32, 33, and 34 (covering areas including Harlem, Washington Heights, and Inwood).
- **Brooklyn:** Precincts 63, 67, 69, 71, 73, and 75 (covering parts of Central Brooklyn, such as East New York and Brownsville).
- **Queens:** Precincts 104, 108, 110, 112, 114, and 115 (covering parts of Northwestern Queens)
- **Staten Island: None**

We are happy that all precincts in the Bronx have operating teams of BHEARD. We are concerned about Staten Island not having any BHEARD teams. And while it is good that the number of precincts in which B-HEARD operates has expanded to 31, we are encouraging the City to provide funding to implement BHEARD in all 78 police precincts in New York City.

**Supporting Int 1162, 1385 and Res. 1049**

As we know, the Committee of Mental Health, Disabilities and Addiction will hold further discussion on the following legislation:

- Introduction No. 1162 by Council Member Farah N. Louis, A Local Law in relation to requiring the Commissioner of the NYC Dept. of Health and Mental Hygiene to report annually on suicides that occur in the City.

CIDNY wants the Committee to know that we strongly support 1162. We believe that the City should disclose all suicides and Potential suicide moments in the City that have been reported, so we can have an average of the ones in which B-HEARD intervened.

- Introduction No. 1385 by Council Member Linda Lee, Local Law in relation to establishing a construction site opioid antagonist program.

As construction workers may not be knowledgeable about the detrimental impact of opioids, we support having an opioid antagonist program that will reduce the risk of overdose of construction workers in NYC.

- Resolution No. 1049 by Council Member Pierina Ana Sanchez, Resolution calling on the United States Congress to introduce and pass, and the President to sign, legislation to incorporate mental wellness training within OSHA-10 and OSHA-30 training.

We also support the incorporation of Mental Wellness Training in the OSHA 10 to 30 for construction workers. This program will help identify and acknowledge mental health issues. It will also help construction workers to seek therapy without concern about the stigma that is sometimes associated with having mental illness. This testimony is supported by Sharon McLennon Wier, Ph.D., MSEd., CRC, LMHC, Executive Director of CIDNY.

We thank the City Council for giving us the opportunity to testify. We look forward to working together and supporting people with all Disabilities including mental, emotional, behavioral, medical, sensory, and physical disabilities.

Thank you,
**Mbacke**

**Fountain House Written Testimony for the 9/24/2025 Hearing on Current Access and Operations of 988 in NYC Held by the Committee on Mental Health, Disabilities and Addiction**

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Thank you Chair Lee and members of the Committee for convening this important oversight hearing on current access and operations of 988 in NYC. The people of New York deserve a robust mental health crisis response system that addresses people's needs and Fountain House is appreciative of the Council's dedication to building this system.

For too long, many New Yorkers have been criminalized and experienced tremendous stigma for living with mental illness. For members at Fountain House and the more than 14 million people in America who live with a serious mental illness, mental illness is an ingrained part of everyday lives. It impacts relationships, ability to work, to finish school, to remain stably housed, and more. It has made people the target of undue harm, particularly in moments of crisis when help is most needed.

Since 2015, over 20 individuals have been killed by police officers while experiencing a mental health crisis in New York City, including Deborah Danner, a beloved member of the Fountain House community. Nationally about a quarter of all fatal police shootings involve someone experiencing a mental health crisis.

This is an unacceptable outcome for people in need of assistance, care and services. And, while many encounters with law enforcement responding to these crises are not fatal, they leave people harmed in numerous ways including lingering trauma and horrible encounters with the criminal justice system as well as unnecessary hospitalizations.

Emergency response to mental health crises should also avoid violence and jail bookings. Our crisis response system should be the front door to ongoing care, not to punishment and institutionalization.

We must move away from having 911 as the default number to handle all calls and while 988 holds great promise and we are grateful for all the progress made thus far, there is still a lot of work to do. There is a growing understanding of what the hotline does, in fact the demand for it is higher than ever as it goes into its third year, but it is still very underutilized and requires continued effort in awareness building. This requires fully funding the hotline to meet the

needs of New Yorkers as well as expanding marketing campaigns to raise awareness across the City. As we build awareness, which will certainly take time, it is crucial to create the infrastructure that allows for interoperability between 911, 988, and 311.

Within this system, we need mental health professionals in lieu of law enforcement, but also peers with lived experience. Peers can and should work in numerous parts of the system, from dispatch to onsite response to oversight of the system. To do this and make it a viable career option, the City should also explore raising the compensation for 988 call-takers to help retain this critical mental health workforce.

Peer workers can help us to quickly scale up our crisis response system to adequate staffing levels so it can meet the City's needs and promptly serve community members via phone or onsite care. Response teams must be able to come to people quickly to address urgent situations when necessary and they should be able to offer people short-term respite and community-based hospital alternatives if appropriate.

A well-functioning, comprehensive crisis response system will also go beyond only addressing issues occurring at the moment of crisis. Instead, we must see the entire continuum of services holistically with different touchpoints to help people during acute crises, as well as helping them with follow-up care in the community after and resourcing a robust system of programs to help them avoid crises in the first place.

Unfortunately, mental health care is far too hard to find for many New Yorkers. They wait on long waiting lists for community-based clinics or respite care and they have trouble finding providers in their area, especially those who accept their insurance and who deliver culturally competent care. DOHMH's data reports that half of the roughly 500,000 New Yorkers who experienced serious psychological distress in recent years did not get the medication or treatment they needed. The truth is that there are too many barriers preventing access to the ongoing, community-based mental health care that can help people avoid a crisis or stabilize after one.

Closing this gap in care will involve New York City continuing to work on expanding proven, effective community-based models, including respite centers, supportive housing, peer models, and clubhouses like Fountain House. These programs not only meet people where they're at but fill a void in our health care system by supporting the full humanity of a person living with mental illness and opening doors to a meaningful life.

FOUNTAIN HOUSE

And, in order to measure the efficacy of the system as we work to improve it, the City should be more transparent in reporting about the progress and outcomes of our crisis response system and programs. Understanding more about how these encounters happen, what kinds of programs people are ultimately connected to and, crucially, self-reported experiences of individuals and families who receive this care will help us tremendously as we adjust and improve these systems.

This has all been urgently needed for many years but it is even more important given the current federal climate and cuts. We have already seen the Substance Abuse and Mental Health Services Administration end the 988 Suicide & Crisis Lifeline's LGBTQ+ Youth Specialized Services program this summer. This specialized service for LGBTQ+ young people previously handled about 10% of all 988 contacts and its elimination raises concerns about the mental health support for LGBTQ+ youth, a population already experiencing high rates of suicide and suicidal ideation. The City should do everything in its power to restore these services and provide needed ongoing supports for this vulnerable population, and others, during this time of great uncertainty and fearmongering.

Even more than direct cuts to 988, the significant legislative changes to Medicaid, SNAP, and other programs is likely to disrupt access to mental health care for many people and create ripple effects across the broader mental health system. The considerable federal Medicaid spending reductions passed in HR1 could lead states to scale back spending, including on desperately needed behavioral health services.

We hope New York City will seize this moment as an opportunity to invest in much-needed change in our mental health crisis systems and infrastructure to save lives and get people connected to appropriate care. We encourage you to read our full report of recommendations informed by our community that is the basis for this testimony. We know that those closest to the problem are closest to the solution, especially in working to build a compassionate and helpful system that is responsive to both short- and long-term needs. Thank you very much.

**New York City Council Oversight Hearing on Current Access and Operations of New York City's 988 Suicide & Crisis Lifeline**

**before the**

**Committee on Mental Health, Disabilities and Addiction**

**on**

**Friday, September 26th at 10:00am**

**Testimony By: Maggie G. Mortali, MPH (she/her)**
**Chief Executive Officer**
**National Alliance on Mental Illness of New York City (NAMI-NYC)**

## INTRODUCTION

Good morning, Chair Lee, and Members of the Committee. My name is Maggie Mortali, and I am testifying on behalf of the National Alliance on Mental Illness of New York City (NAMI-NYC), which is the *only* nonprofit providing free, direct, and extensive peer *and* family support to New Yorkers caring for someone living with serious mental illness. I also serve as a Steering Committee member of the Correct Crisis Intervention Today of NYC (CCIT-NYC). Thank you for holding this important oversight hearing.

**OUR WORK**

NAMI-NYC is one of the largest affiliates of the National Alliance on Mental Illness, the nation's leading grassroots mental health advocacy organization. For more than 40 years, NAMI-NYC has been a voice for the mental health community across the city. We provide advocacy, education, and peer-led support services to individuals living with mental illness, their families, and the broader public, all completely free-of-charge. Our programs are led both for and by those directly affected by mental illness, and they reflect the diversity of New York City.

**SUPPORT FOR INT 1162-2025**

Before addressing the topic of today's oversight hearing, I want to affirm NAMI-NYC's support for Intro 1162-2025. While suicide prevention requires year-round attention, this month, National Suicide Prevention Month, underscores how urgent this work is. This bill would require annual reporting on the number of suicides in New York City, broken down by demographic and geographic data. These data are essential to develop targeted prevention strategies. I urge the Committee and the full Council to support this legislation.

**988 – Opportunities and Challenges**

988, the Suicide and Crisis Lifeline, represents both tremendous promise and serious challenges. Its creation marks a generational shift away from treating mental health crises as law enforcement matters and toward treating them as public health matters. When someone is in crisis, they deserve a response rooted in care, not criminalization. By connecting people to trained counselors, clinicians, and peers, 988 saves lives. It reduces reliance on 911 and the need for police involvement. New York City has the chance to lead the nation in building a system that is equitable, trustworthy, and lifesaving.

NAMI-NYC appreciates the Council's attention to ensuring the success of 988.To strengthen the system, the city must invest in public campaigns to raise awareness and build trust, expand organizational capacity, ensure equitable access, and create full integration with 911 and 311.

The need is clear. Too many New Yorkers still do not know 988 exists. Others are reluctant to call, fearing police involvement, involuntary hospitalization, or child welfare reporting. Without trust, the system will not be used. Callers report mixed experiences: some connect with a counselor quickly, while others wait too long. With our city's scale, capacity must grow to meet demand. Language access is critical. In a city where nearly half of households speak a language other than English at home, 988 must be able to serve callers in real time, in their preferred language.

Communities of color, immigrant communities, LGBTQ+ youth, and people with disabilities experience higher risks of crisis and poorer outcomes. We appreciated the Council's efforts to restore funding in this year's budget to help protect these communities.

The Office of Community Mental Health's *2023 Annual Report on Critical Gaps in the Mental Healthcare System in New York City*[1], acknowledged what we already know: 911 is the

[1] Wong, E. (2023). (rep.). 2023 Annual Report on Critical Gaps in the Mental Healthcare System in New York City. NYC Mayors Office of Community Mental Health . Retrieved March 23, 2023,

wrong entry-point for most mental health crises. Dispatchers often cannot redirect callers to 988 counselors or peers who would be the most effective responders. We need formal protocols to ensure interoperability between 911 and 988, and we need to be transparent with the public about what kind of response a 988 call will trigger. New Yorkers must know when it is appropriate to call 988, and when 911 is necessary.

## THE NEED TO INVEST IN THE DECRIMINALIZATION OF MENTAL ILLNESS

NAMI-NYC recognizes the intent of the Behavioral Health Emergency Assistance Response Division (B-HEARD) pilot program to shift crisis response to social workers and Emergency Medical Technicians (EMT). But we have deep concerns with how it is being implemented. We have urged the City Council and the Administration to create a crisis response model that is fully funded, available citywide, operating 24/7, peer-inclusive, free of police involvement, and staffed by independent responders. The current B-HEARD program, coordinated out of the Mayor's Office of Community Mental Health (OCMH), does not meet these standards.

Since 2015, at least 20 people have been killed by police officers while experiencing a mental health crisis in New York City. Police officers are not social workers. They are trained to neutralize threats, not to support someone in psychiatric distress. The result of this misalignment has been tragic: 20 New Yorkers who should be alive today are gone, and their families and loved ones are left grieving. We can and must do better. These tragedies demonstrate the urgent need to remove police from crisis response and to center peers and mental health professionals as first responders when someone is experiencing a mental health crisis.

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from https://mentalhealth.cityofnewyork.us/wp-content/uploads/2023/02/2023-OCMH-Annual-Report.pdf.

## RECOMENDATIONS AND CONCLUSION

To fulfill the promise of 988, we urge the Council and the Administration to:

- Fully fund and staff 988 to meet the city's call volume, with training in cultural competency and de-escalation.
- Ensure follow-up services so callers are connected to local supports, including peer and family programs like those at NAMI-NYC.
- Launch multilingual, culturally tailored campaigns to build awareness and trust.
- Involve peers, families, and people with lived experience in oversight, training, and evaluation.
- Create robust interoperability between 988, 911, and 311.

988 must represent a promise to New Yorkers: that in a moment of crisis, they will find help, not harm. This will only be realized if 988 has permanent funding, universal recognition, full accessibility, and strong connections to community-based services.

NAMI-NYC stands ready to partner with the Council, the Administration, and our nonprofit colleagues to strengthen this system. Together, we can build a crisis response model that saves lives, reduces trauma, and reflects our city's values of care and dignity.

Thank you for your leadership on this critical issue, and for the opportunity to testify today.

Respectfully,

Maggie G. Mortali, MPH (she/her)
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**MEMORANDUM OF OPPOSITION**

**To:** NYC Council Members, Committee on Mental Health, Disabilities, et al.
**From:** New York Construction Safety Alliance (NYCSA)
**Date:** September 25, 2025
**Re:** Opposition to Intro. 1385-2025 - Establishing a Construction Site Opioid Antagonist Program

The New York Construction Safety Alliance (NYCSA), which is a coalition of leading New York City based construction site safety companies, including MWBE site safety companies, opposes New York City Council Intro 1385-2025, introduced by Councilwoman Linda Lee, which amends the administrative code of the city of New York in relation to establishing a construction site opioid antagonist program. Notably, this Introduction requires the Department of Health and Mental Hygiene to provide 5 (five) opioid antagonist kits to every major building construction site for administration to individuals experiencing an opioid overdose.

**Overview of Intro. 1385-2025**
This bill would require the Department of Health and Mental Hygiene (DOHMH) to:

- Provide **five opioid antagonist kits** (such as naloxone) free of charge to every major building construction site.
- Provide **mandatory training** to Site Safety Professionals on administering these kits and **offer training** to all construction workers.
- Submit **annual reports** to the Mayor and City Council tracking kit distribution, training numbers, and kit usage.

**Opposition**
The New York Construction Safety Alliance supports efforts to address the opioid crisis. However, placing responsibility for this program on Site Safety Professionals is problematic and could undermine both construction safety and public health goals.

**1. Shifting Safety Roles Beyond Their Purpose**
Site Safety Professionals are trained and licensed to manage hazards such as falls, equipment operation, and compliance with building codes. They are not medical professionals. Assigning them responsibility for overdose prevention and response expands their role well beyond its intended scope. This risks confusion and distracts them from their core mission: preventing construction accidents and fatalities.

**2. Increased Liability and Legal Risk**
If Site Safety Professionals are expected to administer opioid antagonists during an emergency, questions arise about liability. What if the response is delayed, unsuccessful, or incorrectly applied? Without explicit protections, Site Safety Professionals could face personal or professional legal consequences for actions outside their area of expertise.

**3. Burden of Oversight and Administration**
Construction sites are already highly regulated environments with daily reporting, inspections, and compliance obligations. Adding the responsibility of managing medical kits — ensuring they are stored properly, kept current, and replaced when expired — creates an additional layer of administrative work for which Site Safety Professionals are not resourced or trained.

**4. Potential Distraction from Critical Safety Duties**
Construction remains one of the most dangerous industries in New York City. Workers face daily risks of falls, structural failures, electrocution, and heavy equipment accidents. Requiring Site Safety Professionals to oversee a medical intervention program could dilute their focus and undermine their ability to address these immediate and life-threatening hazards.

**5. Training and Practical Implementation Challenges**
The bill envisions city-provided training, but ongoing challenges remain: scheduling across multiple shifts, language barriers, refresher training, and ensuring consistent quality. These are issues better handled by public health agencies and employers rather than placing the responsibility solely on construction safety personnel.

**Alternative Approaches**
If the Council wishes to pursue this initiative, we recommend the following modifications:

- **DOHMH Responsibility:** Place full responsibility for training, kit maintenance, and oversight with DOHMH or other health-oriented entities, not Site Safety Professionals.
- **Employer Accountability:** Require employers to ensure access to kits and coordinate with DOHMH for training, rather than making Site Safety Professionals the primary point of accountability.
- **Legal Protections:** Provide strong liability protections for any worker who, in good faith, administers an opioid antagonist on site.
- **Pilot Program:** Test the program at a smaller scale before expanding citywide, to identify logistical and operational challenges.
- **Voluntary Participation:** Allow Site Safety Professionals who wish to receive training to opt in, rather than mandating the role.

**Conclusion**

The construction safety industry shares the Council's concern about opioid misuse and supports public health solutions to save lives. However, assigning Site Safety Professionals to oversee a medical response program is neither practical nor appropriate. Their role must remain focused on protecting workers from construction-related hazards, the job they are trained, licensed, and accountable for.

We respectfully urge the Council to amend or reconsider Intro. 1385-2025 to ensure that public health responsibilities remain with health professionals, while construction safety professionals continue focusing on preventing accidents on New York City's worksites.

# # #

DAVID MANDEL TESTIMONY
NYC COUNCIL COMMITTEE ON MENTAL HEALTH,
DISABILITIES AND ADDICTION
FRIDAY SEPTEMBER 26, 2025

GOOD MORNING MADAM CHAIRWOMAN AND
ALL DISTINGUISHED MEMBERS OF THE COMMITTEE.

I AM DAVID MANDEL, CHIEF EXECUTIVE OFFICER
OF OHEL CHILDREN'S HOME AND FAMILY SERVICES,
AN ORGANIZATION SERVING THOUSANDS OF INDIVIDUALS
AND FAMILIES THROUGHOUT NEW YORK CITY IN AN ARRAY
OF MENTAL HEALTH SERVICES.

THANK YOU FOR THE OPPORTUNITY TO SHARE OHEL'S
PERSPECTIVE ON SUICIDE PREVENTION AND RESPONSE.
THIS IS AN ESPECIALLY IMPORTANT AREA OF FOCUS
BY THIS COMMITTEE.

I WANT TO THANK THE CITY COUNCIL AND COUNCIL MEMBERS
FOR YOUR SUPPORT OF OHEL'S PROGRAMS
TO CONTINUE, AND TO EXPAND OUR SERVICES TO SO MANY.

JOINING ME THIS MORNING IS MS. AVIGAIL PLUTCHOK
WHO WILL SHARE HER THOUGHTS AS A PARENT
OF AN ADOLESCENT WITH SUICIDAL IDEATION.

IN ONE OF OUR LICENSED OUTPATIENT PROGRAMS,
OHEL'S EXPERTISE WITH SUICIDE CURRENTLY INCLUDES
150 CHILDREN, ADOLESCENTS AND ADULTS
WITH SUICIDE IDEATION, OR ATTEMPTED SUICIDE.

ADDITIONALLY, THROUGH OUR EXTENSIVE WORK
IN CRISIS AND TRAUMA,
WE RESPOND TO COMPLETED SUICIDES IN
COMMUNITIES THROUGHOUT THE METROPOLITAN AREA
PROVIDING TRAUMA, GRIEF AND BEREAVEMENT COUNSELING
TO INDIVIDUALS, FAMILIES; IN SCHOOLS
AND WHEREVER IT IS NEEDED.

DAVID MANDEL TESTIMONY
NYC COUNCIL COMMITTEE ON MENTAL HEALTH,
DISABILITIES AND ADDICTION
FRIDAY SEPTEMBER 26, 2025

OUR STAFF SPEAK SPANISH, MANDARIN, CANTONESE,

RUSSIAN, UKRAINIAN AND HEBREW.

WHILE OUR SERVICES SERVE A LARGE JEWISH CONSTITUENCY,

WE ALSO SERVE THE GENERAL POPULATION ACROSS ALL

CULTURES AND RELIGIONS.

WE HAVE HELD RETREATS FOR PARENTS WHOSE CHILDREN

HAVE DIED BY SUICIDE OR ACCIDENTAL DRUG OVERDOSE.

THESE RETREATS CAN BE ESPECIALLY POWERFUL FOR PARENTS

AS THEY FEEL THAT ONLY OTHERS EXPERIENCING

WHAT THEY HAVE, CAN TRULY UNDERSTAND.

WE THANK THE COUNCIL MEMBERS FOR YOUR CONTINUED

SUPPORT AND FOCUS ON THIS IMPORTANT

MENTAL HEALTH ISSUE.

I INTRODUCE NOW MS. AVIGAIL PLUTCHOK

TO SHARE HER THOUGHTS WITH YOU.

**David Mandel**
**Chief Executive Officer**

dm@ohelfamily.org
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Avigail Plutchok Testimony
NYC Council Committee on Mental Health,
Disabilities and Addiction
Friday September 26, 2025

GOOD MORNING MADAME CHAIRWOMAN AND

HONORABLE MEMBERS OF THE COMMITTEE.

MY NAME IS AVIGAIL, AND I LIVE IN BROOKLYN, NY.

PROFESSIONALLY, I HAVE BEEN A PRACTICING OCCUPATIONAL THERAPIST

FOR MORE THAN 20 YEARS, HAVING GRADUATED

FROM DOWNSTATE MEDICAL CENTER.

MORE RECENTLY, I COMPLETED A SECOND MASTER'S DEGREE IN SOCIAL WORK.

IN MY PERSONAL LIFE, I AM A MOM.

ONE OF MY CHILDREN STRUGGLES WITH MAJOR DEPRESSION

AND, AT TIMES, WITH THE DESIRE TO CONTINUE LIVING.

I AM HERE TO SHARE MY PERSONAL EXPERIENCE,

WHAT IT WAS LIKE TO STRUGGLE TO ACCESS HIGH-QUALITY, TIMELY SERVICES

FOR OUR CHILD HERE IN NEW YORK.

I AM HERE TO SHARE THE PARALYZING PAIN

AND BLINDING FEAR THAT OUR FAMILY FELT

WHEN TERRIFIED FOR THE LIFE OF OUR CHILD.

Avigail Plutchok Testimony
NYC Council Committee on Mental Health,
Disabilities and Addiction
Friday September 26, 2025

I AM HERE TO SHARE, FROM PERSONAL EXPERIENCE,

THAT FAMILIES NEED AN INCREDIBLE AMOUNT OF SUPPORT,

TRULY LIKE OXYGEN, EVERY SINGLE DAY,

IN ORDER TO REMAIN STRONG ENOUGH TO FIGHT THE UPHILL BATTLE

OF FINDING AND MANAGING THEIR LOVED ONE'S CARE,

WHILE SIMULTANEOUSLY TAKING CARE OF ALL OTHER RESPONSIBILITIES.

I APPRECIATE THE OPPORTUNITY TO SPEAK WITH YOU THIS MORNING

AND HOPE MY SHARED EXPERIENCE CAN HELP IN SOME WAY

WITH LEGISLATION AND SERVICES FOR THOSE STRUGGLING

WITH WANTING TO CONTINUE TO LIVE.

I HAD ALWAYS CONSIDERED MYSELF STRONG AND SELF-RELIANT.

YET, WHEN MY CHILD BEGAN TO SERIOUSLY STRUGGLE, I WAS FLOORED.

I COULD NEVER HAVE IMAGINED THE LEVEL OF TERROR I WOULD FEEL,

NOR THE DEPTH OF SUPPORT I WOULD NEED.

IT WAS AS IF I WAS LIVING IN THE WORLD,

BUT NOT REALLY LIVING IN IT.

YOU ACTUALLY NEVER REALLY KNOW WHERE YOU ARE GOING TO BE,

WHAT YOU ARE GOING TO BE DOING,

OR HOW YOUR DAY'S SCHEDULE IS GOING TO GO

BECAUSE AT ANY MOMENT, YOU MAY GET A CALL-

YOUR CHILD IS IN CRISIS, AND YOU WILL NEED YOU TO DROP EVERYTHING.

YOU DON'T TALK TO PEOPLE, YOU DON'T HAVE THE TIME OR ENERGY,

AND EVEN THOUGH OTHERS MAY CARE,

THEY CAN'T TRULY UNDERSTAND THE FEAR OF COMING HOME

AND WONDERING WHETHER TO FIRST MAKE DINNER—

OR FIRST CHECK IF YOUR CHILD IS STILL ALIVE.

AND SO YOU ARE LEFT PROFOUNDLY ALONE.

FOR ME - THE DUALITY OF FUNCTIONING IN EVERYDAY LIFE

WHILE CARRYING THIS TERROR AND ANXIETY, HAND IN HAND,

WAS NEARLY UNBEARABLE.

OUR CHILD'S STRUGGLES BEGAN IN ADOLESCENCE,

ROOTED IN THE ISOLATION EXPERIENCED DURING COVID.

WHEN OUR CHILD FELT UNSAFE WITH HERSELF AT HOME,

SHE WAS BRIEFLY HOSPITALIZED.

AFTER DISCHARGE, OUR FAMILY FACED THE HARSH REALITY:

DESPITE LIVING IN ONE OF THE LARGEST CITIES IN THE COUNTRY,
WE COULD NOT FIND HIGH-QUALITY COMPETENT CARE
COVERED BY OUR INSURANCE.
THIS WAS NOT THE TIME WE WANTED TO GAMBLE ON QUESTIONABLE,
OUR CHILD'S LIFE WAS ON THE LINE.

I THREW MYSELF INTO RESEARCH, LEARNING ABOUT ADOLESCENT
MENTAL HEALTH IN-PATIENT TREATMENT PROGRAMS IN NEW YORK.
I WAS CONFUSED AT THE MINIMAL AVAILABLE CHOICES FOR SPECIALIZED,
COHESIVE AND ALL-ENCOMPASSING ADOLESCENT TREATMENT.
I REALIZED THERE WAS A PROBLEM WHEN I COULD NOT FIND
A SINGLE IN-PERSON PHP OR IOP PROGRAM WITH IMMEDIATE OPENINGS
THAT MET A HIGH STANDARD OF CARE AND ACCEPTED OUR INSURANCE.

I REALIZED THERE WAS A PROBLEM WHEN THE LACK OF AVAILABLE SERVICES
ACTUALLY MADE ME FEEL AS THOUGH MY CHILD
WAS THE ONLY TEENAGER IN NEW YORK CITY STRUGGLING IN THIS WAY.
AND I KNEW THERE WAS A PROBLEM WHEN WE FINALLY SENT HER
TO A RESIDENTIAL PROGRAM IN CALIFORNIA—ONLY TO FIND THAT MANY
OF THE TEENS THERE WERE ALSO FROM NEW YORK.

OUR SOLUTION, IMPERFECT THOUGH IT WAS, WAS TO COBBLE TOGETHER

OUR OWN INDIVIDUALIZED TREATMENT PATH FOR OUR DAUGHTER,

FINDING THE RIGHT PEOPLE AND PROGRAMS, PIECING IT TOGETHER

RESOURCE BY RESOURCE, EXPERT BY EXPERT.

SLOWLY, WE BUILT A CIRCLE OF CARE, TIGHTENING IT BIT BY BIT WITH LOVE,

SKILL, AND SUPPORT, REFINING IT DAY BY DAY.

THIS IS STILL OUR JOURNEY TODAY.

AS PARENTS, WE LEARNED THINGS NO ONE HAD EVER TAUGHT US.

TO GIVE OUR CHILD THE BEST CHANCE AT RECOVERY,

WE HAD TO LEARN THE SAME SKILLS THEY WERE BEING TAUGHT,

SO WE COULD SUPPORT THEM IN REAL TIME.

WE HAD TO WORK ON OURSELVES, MANAGING OUR OWN ANXIETY,

CLEANING UP "OUR SIDE OF THE STREET",

ATTAINING HIGHER LEVELS OF EMOTIONAL WISDOM,

SO THAT WE COULD BE SAFE, STEADY, AND CLEAR MIRRORS.

WE HAD TO BECOME A SPACE IN WHICH OUR CHILD COULD CO-REGULATE

WITHOUT OUR OWN ISSUES GETTING IN THE WAY OF HER HEALING.

MY OWN JOURNEY LED ME TO COMPLETE MY MASTER'S IN SOCIAL WORK
WITH MY PERSONAL COMMITMENT TO IMPROVING
MENTAL HEALTH CARE FOR FAMILIES.
BECAUSE, AS THE SAYING GOES: *NOTHING CHANGES IF NOTHING CHANGES.*

I AM HERE TODAY TO SAY: WE MUST DO MORE FOR THOSE WHO STRUGGLE
TO WANT TO REMAIN LIVING IN THIS WORLD.
WE NEED TO BE INTENTIONAL, AND WE NEED TO COLLABORATE,
AND WE NEED TO BUILD STRONG CIRCLES OF HELP AND HOPE.

WE NEED MORE EXCELLENT PROGRAMS IN THE CITY,
RANGING FROM HIGH-QUALITY PREVENTION AND COMMUNITY-BASED SERVICES,
TO PHP, IOP, INPATIENT CARE, AND COMMUNITY REINTEGRATION,
AND WE NEED THEM TO ACCEPT MORE INSURANCES.

WE NEED INSURANCE COMPANIES TO BE CHALLENGED TO COVER
THE GOLD STANDARD OF CARE, INCLUDING EVIDENCE-BASED GROUP THERAPY,
LONGER TREATMENT DURATIONS PROVEN TO EFFECT LASTING CHANGE,
AND COVERAGE THAT DOESN'T REQUIRE FAMILIES TO BATTLE
EVERY STEP OF THE WAY, INCLUDING FINANCIALLY.

IT IS NO EXAGGERATION FOR ME TO SAY. THAT I HAVE LITERALLY SPENT HUNDREDS OF HOURS ON THE PHONE WITH OUR INSURANCE COMPANY, HOURS THAT WERE NEEDED ELSEWHERE.

IF I HAD TO NAME A STRONG TAKEAWAY FOR YOU TODAY,
IT WOULD BE THIS: WE, AS PARENTS AND FAMILY MEMBERS,
CARRY A HEAVY BURDEN OF STRESS, FEAR, AND TRAUMA IN RESPONSE
TO OUR CHILD'S STRUGGLES,
AND WE NEED SUPPORT.
WE ARE NOT "EXTRA" TO THE TREATMENT PROCESS, WE ARE ESSENTIAL.
WE MUST HAVE ACCESS TO THE SAME SKILLS OUR LOVED ONES ARE LEARNING,
SO WE CAN SPEAK THE SAME LANGUAGE,
PRACTICE THOSE SKILLS TOGETHER IN REAL TIME,
AND CREATE AN ENVIRONMENT THAT BEST SUPPORTS RECOVERY.
THIS MAY VERY WELL BE THE SINGLE MOST IMPORTANT FACTOR
IN OUR LOVED ONE'S HEALING.

OF COURSE, WE ALSO NEED TO PROVIDE MORE EFFECTIVE SUPPORT FOR INDIVIDUALS STRUGGLING WITH SUICIDE IDEATION, WITH ATTEMPTED SUICIDE, AND UNFORTUNATELY FOR TOO MANY FAMILIES, WITH COMPLETED SUICIDES, WITH THE GOAL OF HELPING THEM NOT ONLY TO SURVIVE,

BUT TO CYCLE OUT OF THE MENTAL HEALTH SYSTEM

AND INTO FULLER, HEALTHIER LIVES.

FINALLY, I'D LIKE TO SHARE WITH YOU SOMETHING DEEPLY PERSONAL.

THREE DAYS AGO, WHILE DRIVING IN OUR CAR, MY DAUGHTER SHARED WITH ME

SOMETHING SHE HAD WRITTEN THE PREVIOUS DAY.

BEFORE I READ IT TO YOU, I'D LIKE TO SHARE SOMETHING SHE WROTE

3 YEARS AGO ON A PAPER, I KEEP IN MY WALLET. I DON'T REALLY KNOW WHY.

MY DAUGHTER WAS AT THE BEGINNING OF TREATMENT

AND WROTE ABOUT HERSELF,

"YOU'RE A LAZY FAILURE WHO WASTED POTENTIAL.

GO BACK TO ROTTING IN YOUR BED. EVERYTHING DRIVES YOU CRAZY.

YOU'LL NEVER BE AT PEACE WITH YOURSELF.

YOU DID SO MANY DISGUSTING THINGS,

YOU'LL NEVER FEEL GOOD ABOUT YOURSELF.

THIS WORLD IS HORRIBLE ANYWAY.

JUST KILL YOURSELF."

SO, GETTING BACK TO A FEW DAYS AGO, WHILE DRIVING IN THE CAR TOGETHER,

I BELIEVE IT MAY HAVE BEEN ON THE WAY HOME FROM THERAPY,

MY DAUGHTER SHARED WITH ME SOMETHING SHE HAD JOURNALED

THE PREVIOUS DAY. SHE WROTE,

"REMINDER - IT'S NOT ALL BAD. MY PARENTS LOVE ME.

I HAVE FRIENDS THAT LOVE ME. I BELIEVE THAT THROUGHOUT MY LIFE,

THE RIGHT PEOPLE WILL COME AT THE RIGHT TIMES.

I WILL BECOME MORE COMFORTABLE WITH MY VERY STRONG EMOTIONS

AND I WILL LEARN TRICKS TO HELP COMBAT THEM WHEN NEED BE.

I BELIEVE I CAN EVENTUALLY TIP THE SCALE,

WHERE THESE SUFFOCATING EMOTIONS OF MINE

SERVE ME MORE THAN THEY HURT ME.

I BELIEVE THAT EXISTING AS MYSELF WILL GET LESS EXHAUSTING

EVERY SINGLE DAY, AND ALTHOUGH I KNOW PROGRESS ISN'T LINEAR,

I KNOW I AM PROGRESSING'.

MY DAUGHTER'S CURRENT GOAL IS TO BECOME A PSYCHOLOGIST

AND USE HER LIVED EXPERIENCE TO HELP OTHERS.

I AM HERE TO TELL YOU THAT GOOD MENTAL HEALTH TREATMENT WORKS.

**THANK YOU FOR YOUR TIME THIS MORNING.**

Samaritans
Working together to prevent suicide + help save lives.

**The Samaritans of New York, Inc. (Suicide Prevention Center)**
**Testimony of Fiodhna O'Grady, Director of Government Relations**
**NYC Council Oversight Hearing on 988**
**Friday, September 26, 2025**

Good morning, Chair Lee, members of the Committee, and colleagues.Thank you for the opportunity to speak today. My name is Fiodhna O'Grady, and I serve as Director of Government Relations for The Samaritans of New York, the city's only community-based suicide prevention center operating a fully confidential, 24/7 crisis hotline.

Samaritans fully supports all three proposed legislative bills under discussion today. We appreciate the Council's focus and continued oversight of the National 988 Hotline, a topic we are in deep discussions about in our role as one of seven members of the National Council for Suicide Prevention, including the Trevor Project. What was long considered a weakness, that our country's suicide prevention infrastructure is highly localized, has proven to be a strength in this moment. Local crisis services are uniquely positioned to respond to the needs of their communities. The priorities of callers in New York City, who are diverse, multilingual, and often navigate complex systems, are very different from those in other parts of the country.

Yet Vibrant, as both the federal administrator and the operator of NYC's local 988 line, must reconcile competing obligations: following federal guidance that increasingly conflicts with local realities while still ensuring that New Yorkers get the services they deserve. This dual role is fraught with conflict, and given the amount of public funding involved, rigorous and ongoing oversight is paramount, especially amid the fast-paced political shifts happening at the federal level.

Our concern for decades has been simple: **one size does not fit all.** Services like Samaritans exist precisely because communities need responses tailored to who they are and what they are facing—not a single national model.

Several issues regarding 988 require urgent and ongoing Council attention.

- **Transparency:** Clear public guidelines on how 988 interacts with callers, especially vulnerable populations, targeted at the federal level. This is especially concerning when it comes to 988's branding as "Confidential." The definition of "confidential" is expressed in the link at the bottom of the 988 webpage that is conditional where 988 is confidential *"except in the rare cases where there is imminent risk of harm to the person or to someone else, or where providing the information is otherwise required by law, should a person* ***be in danger of*** *harming themselves or others."* In these cases, though rare, the outcome can be that the caller is transported to a hospital without their consent. This outcome does NOT



Fiodhna O'Grady, Director, Government Relations, fogrady@samaritansnyc.org, [redacted] (212) 677-3009

appear to be written anywhere on the 988 website that we could find. This is in stark contrast to Samaritans' policy of 100% confidentiality and anonymity at its 400 worldwide centers. Research shows that persons hospitalized without their consent suffer trauma for up to multiple years after that experience.

- **Data Accountability:** Clarity on what data is collected and how it is used. Are they tracking the needs of LGBTQ+ callers and the social contributors to suicidality, such as poverty, justice involvement, immigration, and racial discrimination? Data must reflect lived realities to inform service delivery and measure effectiveness.

- **Equity:** Safeguards to ensure no one is turned away or underserved, and that 988 remains accessible to those who need it most.

As a city, we need to protect both the people who use 988 and the operations that make these services possible. I want to stress the stakes: when federal rules override local needs, it is the most vulnerable, the very people 988 was created to support, who bear the consequences. If we fail to safeguard equity and accessibility now, those downstream impacts will ripple through our mental health and suicide prevention systems for years to come, and the cost will not only be measured in strained services but in lives lost.

Samaritans applauds the 988 service and, at the same time, recognizes that New Yorkers need options that they can trust. One-size-fits-all doesn't always work. New Yorkers need trusted, independent alternatives. Safety and trust matter. Research shows that providing people with options when they are in crisis increases the likelihood that they will seek help. Fear of consequences keeps people from reaching out. Samaritans' 24-hour, non-religious, suicide prevention and crisis hotline's promise of absolute anonymity ensures that New Yorkers in crisis have a unique, safe, and trusted point of entry to seek support. The NYC Council's continued support of Samaritans' hotline helps ensure New Yorkers receive this life-saving service they deserve.

More options save lives. The more ways people can seek help, the more likely they are to get support.



Fiodhna O'Grady, Director, Government Relations, fogrady@samaritansnyc.org, [redacted] (212) 677-3009

Child Mind Institute

Testimony submitted by The Child Mind Institute

Presented to the NYC Council Committee on Mental Health, Disabilities & Addiction

Hearing on 988 Suicide & Crisis Lifeline Access and Operations

September 26, 2025

Child Mind Institute

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New York, NY 10022
212.308.3118
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Chair Lee, Council Members, and distinguished committee members,

On behalf of the Child Mind Institute, thank you for the opportunity to provide testimony on the importance of the 988 Suicide and Crisis Lifeline and the legislation before you today. We commend your leadership in ensuring that New York City continues to strengthen its response to the growing youth mental health crisis.

I am Safiya Addison, Vice President of School and Community Programs (SCP) at the Child Mind Institute. Our team stood with Councilmember Bottcher at City Hall in 2023, alongside Education Chair Joseph and Mental Health Chair Lee, to advocate for schools to provide information about 988 to students. We are honored to continue that work with you today.

At the Child Mind Institute, we are dedicated to transforming the lives of children and families struggling with mental health and learning disorders- and we know that mental health disorders are real, common and treatable. As the nation's leading independent nonprofit in children's mental health, we provide gold-standard care, deliver educational resources to millions of families each year. Our school-based prevention, intervention, and training programs across New York City have made significant strides by reaching more than 10,000 students annually, prioritizing schools where at least 65% of students receive free or reduced-priced lunch.

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**The Challenge**

Today schools are on the frontlines of this crisis. Educators and school-based mental health professionals face burnout and role overload as they support unprecedented levels of student anxiety, depression, trauma, and suicidality. Students—especially those from structurally marginalized communities—often encounter long waitlists or no access to care at all. Without timely intervention, far too many young people slip into crisis.

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**SCP's Integrated School Programs**

To meet this challenge, the Child Mind Institute developed **Integrated School Programs**—a scalable, evidence-based approach to building mental health capacity in K–12 school communities. Our model combines three components into phased solutions:

- Professional learning for educators and school-based staff
- Targeted student interventions delivered in schools
- Digital tools and resources to extend reach and sustainability

A cornerstone of this work is our **Mood Service**, which provides modified Dialectical Behavior Therapy (DBT) group sessions for students in grades 5–12 living with mood instability, anxiety, depression, emotional dysregulation or suicidality. These services are delivered during the school day, at no cost to families, and are designed to build emotional resilience, distress tolerance, and stronger coping skills.

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**Student Impact**

Students often come to our program overwhelmed, discouraged, and hurting— whether they are struggling with self-injury, suicidal thoughts, or the inability to manage strong emotions. Through our Mood groups, they learn coping strategies, mindfulness, and emotion regulation skills that help them believe things can get better. By the end of treatment, we consistently see:

- **69% of students** show clinically meaningful reductions in overall emotion regulation difficulties.
- **42% improve** their clinical classification on measures of depressive symptoms.
- **69% increase** their use of coping skills.

Child Mind Institute

215 East 50th Street
New York, NY 10022
212.308.3118
childmind.org

Behind these numbers are stories of resilience:

- A sixth grader who entered our group with suicidal thoughts and frequent outbursts learned mindfulness and distress tolerance strategies. By discharge, he was no longer experiencing suicidal thoughts and transitioned to ongoing care.
- A high school student disengaged and struggling with self-injury learned to practice paced breathing and self-soothing skills. By the end of group, she had no safety incidents and was connected to therapy.
- A fifth grader paralyzed by perfectionism and anxiety practiced mindfulness until she was able to lead a school performance, she once thought impossible.

Since launching this program, SCP has supported **295 students across 21 NYC public schools**, helping them move from crisis to coping and from despair to resilience.

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**Connection to 988**

These outcomes underscore the heart of 988. Crisis lines are only as strong as the systems they connect to. When a student or family calls 988, they must be met not only with compassion in the moment, but with pathways to real, ongoing care. Programs like ours demonstrate how that continuum can function: **988 connects, schools support, and students recover and thrive.**

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**Recommendations**

To strengthen 988 for children and families, we recommend:

- **Awareness & Education:** Investing in school-based outreach so students and families know 988 is safe, supportive, and youth-appropriate.
- **Youth-Competent Crisis Response:** Expanding training for 988 responders in child development, trauma-informed care, and cultural responsiveness.
- **School Integration:** Building formal pathways between 988 and schools to ensure students in crisis are connected to evidence-based supports.
- **Transparency & Data:** Disaggregate suicide and crisis call data- by age, race/ethnicity, and neighborhood.
- **Sustainability:** Ensure long-term funding for the youth mental health workforce so crisis response does not fall on overburdened educators.

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**Closing**

New York's young people deserve more than survival—they deserve hope, skills, and the belief that things can get better. By investing in programs like SCP's Mood Service and strengthening the 988 Lifeline, we can build a city where every child has timely, compassionate, and effective support.

Thank you for the opportunity to testify. **We again thank the Council for its ongoing support of mental health initiatives in schools and communities, and we look forward to building on this partnership**

Sincerely,

Safiya Addison

**Safiya Addison**
Vice President, School and Community Programs
Child Mind Institute
Safiya.Addison@childmind.org
718.801.3990

The Jewish Board

New York City Council Committees on Mental Health

Oversight Hearing on Mental Health, Disabilities and Addiction:
Current Access and Operations of New York City's 988 Suicide & Crisis Lifeline

Submitted: September 26, 2025
Bridget McBrien, Director of Government Relations, The Jewish Board

The Jewish Board is one of New York City's largest human services organizations, serving approximately 35,000 New Yorkers of all ages and backgrounds across the five boroughs. Our programs primarily support low-income individuals and families navigating mental health challenges, histories of abuse, and intellectual and developmental disabilities.

Every 16 hours, a New Yorker dies by suicide. At The Jewish Board, we have seen this crisis up close. Between 2021 and 2023 alone, 166 of our clients attempted suicide—many more than once. Of those, 73 percent required hospitalization or an emergency room visit. Many of our therapists are newly licensed LMSWs who often feel unprepared to assess or respond to suicide risk. Until recently, our 375 clinicians working across outpatient clinics and our One Call Intake Center—the organization's behavioral health access hub—had little training in evidence-based practices to identify, prevent, and treat individuals at risk.

In 2023, with a $2 million grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), supplemented by private foundation partners, The Jewish Board launched a *Zero Suicide* initiative across nine outpatient clinics and our One Call Center. Over two years, this evidence-based prevention model has transformed our approach to suicide prevention. By embedding universal screening, clear intervention pathways, and expanded access to treatment, we are now better equipped to identify risk early and provide life-saving care. This investment reaches more than 11,000 clients in our clinics and 3,500 callers to our One Call line annually. The Jewish Board is proud to be one of only 17 organizations nationwide selected by SAMHSA to implement this model.

We are grateful to the City Council for convening this oversight hearing and for your steadfast commitment to the mental health of all New Yorkers. Continued federal support through SAMHSA is critical to sustaining and expanding initiatives like *Zero Suicide*. At the same time, local investment remains essential. The Council's support of community mental health providers has been vital, but further investment in evidence-based training for the behavioral health workforce is needed. For example, The Jewish Board's Social Worker Residency Program—designed to train and retain early-career clinicians—is currently funded entirely by private foundation dollars. Without more supportive government contracting, innovative programs like this remain at risk.

Thank you for your time and consideration, and for your partnership in strengthening New York City's mental health system.

**Testimony**

**New York City Council**

**Committee on Mental Health, Disabilities & Addiction Oversight Hearing**

**September 26, 2025**

Thank you, Chair Lee and members of the committee, for convening this hearing on the current access and operations of New York City's 988 suicide & crisis lifeline. My name is Kandra Clark, and I am the Director of Policy with Urban Pathways. Urban Pathways is a nonprofit homeless services and supportive housing provider serving single adults. Last year, we served over 2,500 unique individuals through a full continuum of services including street outreach, drop-in services, safe havens and stabilization beds, extended-stay residences, and permanent supportive housing in Manhattan, Brooklyn, Queens, and the Bronx. We also offer a wide range of additional programming to meet the needs of the people we serve, including our Total Wellness, Employment, and Advocacy programs. We hold City contracts with DHS, DOHMH, and HRA. Urban Pathways is also a member of CCIT-NYC, a coalition working to ensure we fund nonpolice responses for individuals experiencing mental health crises.

Urban Pathways is here today to testify in support of fully funding 988 and utilizing it as a dispatch system for mental health crisis calls in New York City. 988 is an underutilized tool that has tremendous promise to support people in mental distress across New York City. 911 should no longer remain the default number for these types of calls. There is an urgent need for the New York City Council to take immediate action considering the dismantling of resources at the federal level. We request you do the following:

1. Fully fund the 988 hotline; a new study found that New Yorkers use the hotline more than those in most other states, ranking fourth out of 50 states.

2. Create the infrastructure to utilize 988 as a dispatch system for mental health crisis services, including B-HEARD, which would allow for call transfers between 911, 988, and 311.

3. Train and equip operators working within all three systems to dispatch appropriate responses without fear of retribution.

There is no time to wait. Countless New Yorkers have been traumatized by inappropriate responses to mental health crisis calls. Since 2015, over 20 individuals have lost their lives at the hands of police officers while experiencing a mental health crisis in New York City.

After decades of advocacy by CCIT-NYC, Urban Pathways and others, we appreciate New York City's attempts to shift crisis response to a more person-centered approach. To be the most effective, The City must adequately invest in programs like 988 and the B-HEARD pilot so they can thrive.

Thank you for the opportunity to testify. Please help us create a system that ensures mental health crisis calls are appropriately responded to. Together, we can ensure that no one is criminalized because of their mental health status.

For more information, please contact:

Kandra Clark, Director of Policy
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212-736-7385 ext. 233

WC&C

ASSOCIATION OF WALL CEILING & CARPENTRY
INDUSTRIES OF NEW YORK INC

# TESTIMONY BEFORE THE NEW YORK CITY COUNCIL
# COMMITTEE ON MENTAL HEALTH, DISABILITIES AND ADDICTION
# SEPTEMBER 26, 2025

Good morning Chair Lee and members of the Committee on Mental Health, Disabilities and Addiction. I am Patrick A. Wehle, Executive Director of the Association of Wall Ceiling & Carpentry Industries of New York ("WC&C"). WC&C represents nearly two hundred union signatory interior contractors responsible for much of the carpentry work across New York City. I greatly appreciate the opportunity to offer testimony in support of legislation that will address the tragic rate of suicide that is crippling the construction industry.

It is common knowledge that construction work is inherently dangerous. The men and women who build our City regularly face risks that many of us do not, including falls from height, electrocutions, struck-by incidents, caught-in-or-between events, the list goes on. While these threats to their safety are real and require constant vigilance, there exists a crisis of greater significance that is not receiving nearly enough attention. Construction workers are dying of suicide at rate far higher than any other occupation.

Across America, construction workers are nearly six times more likely to die from suicide than from injuries resulting from all workplace hazards combined, including falls – 6,428 construction worker suicides in 2022 alone. In 2021, 22% of all male worker suicides occurred in construction. In New York City, 269 construction workers dies of a drug overdose in 2020, more than twice any other occupation.

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Tel: (516) 478-5600 | Email: association@wcc-ny.com
www.wcc-ny.com

There are numerous factors that contribute to construction workers facing greater mental health challenges than the population as a whole. Males and veterans are heavily represented in the construction industry, and both have higher rates of suicide than the general population. It is common for many construction workers to travel wherever the work is, resulting in them being away from their families for long stretches of time. Additionally, there can be periods of job insecurity where furloughs are common and paid sick leave is a luxury. Finally, is the stress associated with inherently dangerous work. When injuries on the job occur, workers may be prescribed opioids which can lead to addiction. What this all amounts to is a perfect storm of deeply troubling characteristics that lands squarely on the broad shoulders of our colleagues in construction, and that cries out for government intervention.

Only once a problem is clearly analyzed can it be solved, and this crisis of suicides in construction suffers from a lack of measurement. By requiring the Department of Mental Health & Hygiene to report annually on suicides disaggregated by a number of variables including occupation, Introductory Number 1162 will allow us to better understand the significance of the problem in New York City, whether progress is being made to address it, and where to direct limited resources.

Given the prevalence of opioid use and addiction in the construction industry, requiring Naloxone be available on larger construction sites that require licensed safety professionals as provided for in Introductory Number 1385 has the great potential to save lives.

Finally, OSHA-10 and OSHA-30 training is designed for construction workers to recognize and address the hazards that can be present in the work they do. It is centered around the "Focus

Four", which OSHA characterizes as the four most likely causes of injuries and fatalities. Despite suicide being nearly six times more likely than fatalities resulting from all the Focus Four topics combined, suicide is not included among the Focus Four and is therefore not sufficiently addressed in OSHA-10 and OSHA-30 training. Resolution 1049 is a good step toward correcting the enormous missed opportunity by equipping construction workers across the country with mental wellness training that will help keep them safe and productive.

I thank you very much for taking on this issue of critical importance, and hope that the City Council will approve this legislation expeditiously. Thank you for the opportunity to testify and I would be happy to answer any questions you may have.

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My name is Evan Sachs (he/him or ze/zer). I am a member of ACT UP NY, an ambassador and editor for MaskTogetherAmerica, and the founder of the Washington Heights-Inwood Mask Bloc. As I mentioned in my oral testimony, the denialism surrounding the demonstrably ongoing pandemic (the emergency phase was ended, but not the pandemic designation itself) and the lack of basic, ground-level precautions in healthcare settings is a huge barrier to many people seeking mental-health help in situations where they might need to go to a healthcare facility in person. What I did not have time to say is that it is also a barrier to calling 988, 911, or other helplines that might result in people coming to one's own home to "help" — typically unmasked, creating many of the same issues that one would encounter in a healthcare setting, where somebody might come out of an encounter with police, social workers, or other professionals with not just one problem, but two. Even if an unmasked person doesn't believe themselves to be infected with an airborne illness such as COVID-19, there is a high chance (that they may have an asymptomatic infection that they could then pass on to the person they're "helping," who might not be so lucky. A meta-analysis of studies on asymptomatic COVID cases by Daniel P. Oran and Eric J. Topol, which you can read on the NIH website, found that, "Among the 43 studies using PCR testing … the proportion of persons who tested positive but had no symptoms at the time of testing ranged from 6.3% to 100%, with a median of 65.9% (IQR, 42.8% to 87.0%)."

This broad-scale denialism of a demonstrably ongoing pandemic and abandonment of ground-level basic protections that allow many of us to participate in regular life also contribute to declining mental health for many of the folks who either are already vulnerable and/or wish to avoid becoming (more) vulnerable in the future. High-quality masks are easy to wear when around non-household-members (as easy as wearing a shirt or pants out in public — yes, there are some people who genuinely do have trouble with both of those things, but those are rare cases, and those people are exactly the kinds of people we need to work extra hard to protect), and rather than restricting the ability to "live your life," they make it more possible for people to live their lives. Since one-way masking (i.e. if one or some people in a room or area mask, but some don't), while far better than nothing, only goes so far and is not nearly as safe as two-way masking (i.e. if all people gathering in a room or area are masking), the lack of masking not just in healthcare settings, but in other public buildings and events restricts many of us from being able to fully participate in life the way we might otherwise. That, in turn, can often impact our mental health both due to restrictions on hat we are able to do and due to watching just how much society at large has told us, through their actions, that they don't care about us, our health, or our lives. (Heck, apparently they don't care about their own health and lives, since even healthy, vaccinated people can get COVID that can, in turn, become Long COVID.)

This is not a result of the precautions that people like me take, but a result of other people refusing to do something that is as easy as putting on a shirt in the morning. This includes public

health officials and members of City Council, as well. While I am eternally grateful for the option to give oral testimony via Zoom, which improves accessibility on multiple levels for those who can't give testimony in person, I did not see a single masked face during the oral testimony today. This tells me that as much as members of City Council talk about caring about people's health and lives, they don't care enough to do something as easy as wearing a high-quality mask in public, which is especially when indoors or in crowded areas (whether indoors or outdoors). Not only is that dangerous to your own and others' physical health, but do you realize what an affront that is to people's mental health when they hear you saying how much you care with your words, but showing that you don't actually care that much with your actions?

September 22,2025

Kary Vicioso.

[redacted]

[redacted]

To whom it may concern ,

Hello my name is Kary Vicioso. I would like to give my testimony about an emergency call that I made to the NYC police department in March 2025. I made an emergency call to safely remove an individual that was causing arguments, physical injuries and family confrontation in my home in front of both of my children. After verbally asking this individual to leave my home the individual denied to, forcing me to call the police. When the police arrived to the scene this individual accused me of Assault third degree, causing for me to get detained for 5 days with handcuffs in my arms and in my legs in a NYC hospital. While I explained to the police officers that I did not commit this crime and tried to explain what actually happened, and continued to ask for an order of protection, I was listened to but detained afterwards.

This incident was then taken to Family Court and used against me with testimony from the same individual who accused me and testified saying that I stabbed him.

I defended myself against this allegation and responded with nothing but the truth and was told in Family Court that my testimony was not credible. I have been continuously accused and persecuted in family court with this incident being accused of putting my children in danger .

I would like to give my in person testimony of what making a police call to my residence for safety lead to for me.

Best Regards,

Kary Vicioso.

September 25,2025

To whom it may concern,

Kary Vicioso

[redacted]

Thank You.

My name is Kary Vicioso I'm a 26 year old female, single mother of two children. I have been living in NYC since I'm 8 years old. I'm now a legal US citizen. I'm here to testify in support of fully funding 988 and utilizing  it as a dispatch system for mental health crisis calls in New York City.

988 is an underutilized tool that has a tremendous promise to support people in mental distress across New York City. 911 should

No longer remain the default number for this types of calls. There is an urgent need for the New York City Council to take immediate action in light of the dismantling of resources at the federal level . I'm here requesting you do the following.

1-Fully fund the 988 hotline. A new study found that New Yorkers use the hotline more than those in most other states. Ranking fourth out of 50 states.

I have called 988 numerous times. I have called to receive counsuling services and assistance with making a CPS report. I under no circumstances believe that 911 it's the appropriate help line to call when there is a crisis going on. After having a perpetrator enter my home causing problems

In front of my two daughters I called 91- for assistance and I ended up being falsely accused of a crime and incarcerated for 5 days. Paying for a crime that I had no knowledge of and did not commit.

2- After this was done to me, after being falsely accused of a crime without the chance to defend myself because I receive mental health services I highly encourage that anyone that has a situation, while being in mental health services contact 988 instead of 911. And even before making their report introduce themselves as being mental health patients to protect themselves

from individuals like the ones who I encountered and police officers like the ones that I encountered. Each one of them

Participants of accusing me of a crime that I did not commit.

There is no time to wait countless New Yorkers have been traumatized by inappropriate responses to mental health crisis. Me being one of those New Yorkers myself. It has been 6 months since I suffered this traumatic event and until today I'm still paying the consequences .

This was added on my criminal record and then used against me in Family court to remove both of my children away from me and to deny me jobs in the healthcare system.

I contacted 911 to safely remove this individual from my apartment and to inform them about the situation and this is how they responded to me and my children.

Thank You for the opportunity to testify.

Please help us to create a system that ensures mental health crisis calls are appropriately responded to. Please help New Yorkers to not ever be responded by this type of police officers. We deserve a just system.

Together we can ensure that no one is criminalized, used, or humiliated because of their mental health status. No agency or organization should have the right to do this.

Best Regard's

Kary Vicioso.

Testimony for the Committee on Mental Health, Disabilities and Addiction

Hello. My name is Mark Major. I am a NY native and Harlem resident. I have CPTSD which presents as Persistent Depressive Disorder (dysthymia) since age 13 or so and have pursued treatment since then.

Back before Obamacare and mental health insurance parity I was trying to improve my mental healthcare, so I called NYC's Mobile Crisis team. What happened to me is a good example of how public mental health and hygiene efforts are undermined and become part of the problem rather than part of the solution, when frontline staff lack the Peer perspective.

I called Mobile Crisis and explained to a social worker that I wasn't satisfied with the treatment I was receiving from my local clinic and was trying to access more psychiatric and psychosocial services, but that I was not in crisis. The worker told me she would see what she could do and call me back. A week later I'm in my home minding my own business when the worker calls and begins asking me questions from a checklist. I explain that I have the usual passive suicidal ideation, but no acute suicidality or intent to self-harm. The worker puts me on hold, then gets back on the line and tells me that, against my wishes, she called 911. I tell her to call them back and tell them there is no need, but she refuses. Like experienced mental healthcare providers, experienced Peers know that passive suicidal ideation is common with my diagnosis; involuntary hospitalization is only warranted when the client/patient is acutely suicidal and reports a plan and intent to self-harm.

The police came to my home. I told them it was a mistake by the Mobile Crisis staff, and that I was in no danger. In retrospect, I should have locked the door and refused to cooperate without a warrant. But, growing up in NY, I will never forget when police gunned down Eleanor Bumpurs in her kitchen in response to a mental health call. And I didn't want the police making more of a scene in the hall of my building than they were already doing, so I went with them to the psychiatric emergency room. Unfortunately, I was honest with the young intern there about cannabis use. I'm in my 50's, been using cannabis for three decades, aware that some correlation has been shown between cannabis use and psychosis in adolescents. This intern insisted he "knew" that cannabis "causes" psychosis and coerced me into signing to admit myself by saying that he would admit me involuntarily if I didn't. The psych ER had insufficient beds, so I had to sleep overnight on a gurney in a corridor with people screaming in acute distress. I was released the next day, but the ER doc tripled my dosage of antidepressant medication, which caused me several days of the most acute panic attacks I've ever experienced. Eventually, another psychiatrist told me that my dosage should never have been tripled.

This was a traumatic experience which further undermined my faith in public health, mental health care, social services and the police; and was a vast and unnecessary waste of limited resources which would never have occurred if I had spoken to a Peer specialist or trained mental health professional rather than an inexperienced social worker. New Yorkers need a 988 system staffed by people capable of gauging and if needed dispatching a measured official response appropriate to the level of distress presented without overreacting and setting in motion chains of events that lead to experiences like mine and Eleanor Bumpurs.

I am a member of Fountain House, have recently completed the NYS Peer Certification coursework, applying for certification, and am now advocating for the role of Peers and Clubhouses in public health.

**From:** Mx. Daniels
**To:** Testimony
**Subject:** [EXTERNAL] Protect 988 / crisis lines
**Date:** Tuesday, September 23, 2025 1:00:02 PM

[redacted]

As a marginalized New Yorker that is impacted by chronic mental illness, poverty, transphobia, harassment and other forms of oppression I am severely impacted even when I'm at home resting but my mind is unrest. Since coivd19 I've been calling a crisis counselor every night when I felt alone, afraid, isolated and as if I had no one to support me without judgement. Not that every crisis counselors are amazing, but they are my lifeline when I don't have readily access to a therapist or evading an abusive person. With the trump administration stripping lgbtq sensitivity from the 988 crisis line, it will lead more vulnerable queer folks to self harming, being attacked, and dying / killed from a neglect in the social service system that we all subscribe too with our taxes. We all deserve regardless of how we identify access to state of the art care, that uplifts us, respects how we identify and provides us dignified care. 3/5 Americans have S.M.I, millions are disabled, poor, lgbtq, homeless, and in dire need of help. Let's uplift our citizens, dreamers, families and friends to a culture of empathy, restoration, and peace of mind with more funded social care that is trauma informed, competent of various identities and can address to people's needs to feeling safer.

Mx. Je'Jae Cleopatra Mizrahi  (they/them)

**Testimony to the City Council Committee on Mental Health, Addiction & Disability**
**September 26, 2025**
**Submitted by Sarita Daftary**

Thank you for this opportunity to submit testimony regarding the 988 hotline. Like many New Yorkers, I was excited when 988 was announced, and hoped it could fill a great need for a public health focused response to mental health crises in our City.

In order to make 988 serve its fullest purpose, it needs to be fully funded, and should be integrated as part of the dispatch system for mental health crisis calls in New York City. 911 should no longer remain the sole dispatch number for these types of calls.

Last year, I saw a neighbor who showed signs of mental health distress. She was sitting on the sidewalk in a busy area, and seemed disoriented. She was trying to speak to people passing by though it was hard to understand what she was saying, and she was inadvertently sitting in a way where she was exposing herself. I wanted to secure emergency mental health support for her, so I called 988. I was told by the dispatcher that 988 does not provide emergency mental health responses for people on the streets – they could only send a team out to a residence (not someone in crisis on the street), and couldn't ensure swift arrival – I was told it could be a few hours. I learned that 988 could not dispatch a B-HEARD team, and was told I should call 911 or the precinct.

In theory, I could call 911, notify them of a person in a mental health crisis, and get a team of mental health professionals to respond, and thankfully, I live in a precinct where B-HEARD operates (the 75th). But when Win Rozario made the same type of phone call for himself, 911 chose to send police, and they took his life. That story should haunt all of us. I was certainly not confident that I could call 911 with the intention of summoning a B-HEARD team and actually get a non-police response. Finally, the 988 operator suggested I call 311 to request a homeless outreach team. When I called, the 311 operator asked how I knew the woman was homeless - I had to be honest that I didn't, there just didn't seem to be any other safe options for requesting support services in that situation. I'm not sure if an outreach team eventually came. I saw the same woman again several times after, again in what appeared to be distress. I wish I had the skills to help her myself, but I don't, and I am furious that our City, with all of its resources and creativity, has not figured out a way for her or other people in crisis to safely get help.

Based on this experience, I urge the City to work quickly to full fund 988; create the infrastructure to utilize 988 as a dispatch system for mental health crisis services, including B-HEARD, which would allow for call transfers between 911, 988, and 311; and train and equip operators working within all three systems to dispatch appropriate responses without fear of retribution.

Thank you,
Sarita Daftary
Brooklyn, NY

**From:** sandy welchman
**To:** Testimony
**Subject:** [EXTERNAL] 988 Suicide & Crisis Lifeline
**Date:** Wednesday, September 24, 2025 4:29:16 PM

[redacted]

Oversight - Current Access and Operations of New York City's 988 Suicide & Crisis Lifeline

Hearing Testimony

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

September 26, 2025

Presented by:
Shaindy Weichman Advocate Community Access [redacted]

Thank you Chair Lee and members of the committee for convening this hearing on the current access and operations of New York City's 988 suicide & crisis lifeline.

My name is Shaindy Weichman and I am a born and bred NYC resident and Community Access member. I am here today to testify in support of fully funding 988 and utilizing it as a dispatch system for mental health crisis calls in New York City.
988 is an underutilized tool that has tremendous promise to support people in mental distress across New York City. 911 should no longer remain the default number for these types of calls.
There is an urgent need for the New York City Council to take immediate action in light of the dismantling of resources at the federal level. I am here requesting you do the following:
1. Fully fund the 988 hotline; a new study found that New Yorkers use the hotline more than those in most other states, ranking fourth out of 50 states;
2. Create the infrastructure to utilize 988 as a dispatch system for mental health crisis services, including B-HEARD, which would allow for call transfers between 911, 988, and 311;
3. Train and equip operators working within all three systems to dispatch appropriate responses without fear of retribution.
There is no time to wait. Countless New Yorkers have been traumatized by inappropriate responses to mental health crisis calls. Since 2015, over 20 individuals have been killed by police officers while experiencing a mental health crisis in New York City.
After decades of advocacy by CCIT-NYC and others, we appreciate New York City's attempts to shift crisis response to a more person-centered approach. In order to be the most effective, The City must adequately invest in programs like 988 and the B-HEARD pilot so they can thrive.
Thank you for the opportunity to testify. Please help us create a system that ensures mental

health crisis calls are appropriately responded to. Together, we can ensure that no one is criminalized because of their mental health status.

Thank you

**Testimony New York City Council Board of Mental Hygiene Hearing 9/26/25**

## Oversight of the Board of Corrections and Department of Corrections Mental Hygiene Response

Good Morning, My Name is Tamara Begel, and I am an independent health care, mental health care, and justice advocate. I am here today to fight for basic human rights at Rikers and as a volunteer with the Beyond Rosie's and J4WT (Justice 4 Women Taskforce). Today, I want to highlight the urgent needs of the women being held in custody and the systemic failures of the Department of Corrections (DOC).

The DOC is violating the rights and health of those being held apart and denying them basic medical and mental health care. This must end now! The authority for making healthcare decisions must rest solely with Correctional Health Services Professionals (CHSP), not with Correctional Officers (CO). COs should not be able to with-hold medical visits by treating physicians based on “Safety,” “rehabilitative”, “behavioral”, or any other reason.

The board of corrections recognized this in its Second Report and Recommendations on 2024 Deaths in NYC DOC Custody, which identified this as a critical issue in the tragic death of Charizma Jones.

https://www.nyc.gov/assets/boc/downloads/pdf/Reports/DOC-Reports/Second-Report-and-Recommendations-on-2024-Deaths-in-NYC-Department-of-Correction-Custody.pdf

Charizma Jones, a 23-year-old woman, was repeatedly denied life-saving medical care for 77 days. Several medications prescribed for mental health have a "black box" warning for a life-threatening rash. Charizma Jones developed this rash Stevens Johnson Syndrome after a mental health med change. The extreme pain and suffering she endured for over two months was a direct result of the DOC's failure to grant her access to a doctor with this basic knowledge. Her death was preventable and entirely the fault of a system that repeatedly denied her care. She burned to death from the inside out, and her pain was so severe that her "behaviors" and demerits were likely desperate attempts to receive treatment.

To prevent another tragedy at the 9/9/25 BOC meeting I demanded:

1. Mandatory Training: All staff, including correctional officers, to screen for and obtain immediate medical attention for Stevens-Johnson syndrome, a known risk of several psychotropic medications. They need to understand the urgency of this condition.
2. * Accountability: We require an immediate review of the medical licenses of all professionals who failed to diagnose and treat Ms. Jones. The psychiatric protocols must also be examined by the Office of Mental Health and the Board of Psychiatry to ensure this never happens again.

3. Immediate Access: We insist that doctors and psychiatrists be the only ones to make medical and mental health decisions. Correctional officers should never be allowed to withhold medical visits based on "safety," "behavioral," or any other non-medical reason.
4. Transparency: We require that the BOC provide us with specific data on **cases** of Stevens-Johnson syndrome and other life-threatening conditions. We also demand that a medical director from Rikers facilities attend and testify at all future BOC oversight meetings to ensure transparency and accountability.
5. Prevention: We ask that the BOC provide us with the number of individuals diagnosed or suspected to have developmental disabilities, intellectual disabilities, or significant cognitive impairment due to traumatic brain injury. Add Masters level Board Certified Behavior Analysis to every unit, every waking shift, and increase staffing so people respond to emergencies!!!

From You, We demand

1. The DOC and BOC are behind in issuing their Reports on the Deaths of Those in custody. Usually they are issued after every fifth death. We have had 10 deaths in 2025 and not a single Report has been issued for this calendar year. Immediately compel these reports and ensure that they are completed and responded to with fidelity.
2. The report on Sexual assaults within the jail and prison system is also overdue, we ask that you compel this report and ensure that they are completed on and responded to with fidelity.
3. Have a formal review of Ms. Charisma Jones' death with your own set of recommendations and actions to be taken by the board and department of corrections and issue follow up measures that ensure those actions are faithfully enacted.
   The Board of Corrections simply asked that a memo be sent to all CO's indicating that they not block medical and mental health personnel from those directly impacted by the carceral system. That is not enough.

The protection of staff, while important, does not erase our responsibility to ensure the health and safety of those who are being restricted by the carceral system. Medical professionals are the only ones qualified to make medical decisions. Mental health is healthcare, and the authority of medical doctors, nurses and physicians assistants, psychiatrist, therapists, and social workers to see their patient should be absolute. Make it happen, immediately! A memo is not enough to enact change!

Make no Mistake: Charisma Jones aged 23 was severely and painfully tortured for 77 days. Her torture and subsequent death was a direct result of the Department of Corrections gross neglect. It should have never happened!!!

**Schools as Sanctuaries and Ensure all laws followed with regard to ICE detaining individuals**

As an educational, mental health, and systems advocate that has clients in New York City and a member of the Healthy Minds Healthy Kids Caregiver and Youth Council. I urge you to act on the federal governments overreach terrorizing our community.

Men have been permitted to cover their faces, without badges and signed warrants and are kidnapping people off the street, chaining them up and bringing them to unknown locations. The New York Times has documented how Immigration and Customs Enforcement ICE Agency has repeatedly violated constitutional precedent, law and basic human rights. These actions have resulted in the detention of people with legal visas and citizens. This behavior sanctioned by our federal government is racial profiling, a violation of the safety and fundamental rights of our neighbors. It must stop.

The psychological impact on our community, especially our children is immense. They already contend with the stress of school shootings, and now they face the added fear of gunned ICE agents showing up to their schools and detaining them and/or their parents. Our own State Assembly Member Phil Ramos confirmed that ICE showed up to snatch a parent within visual distance of Brentwood schools on the first day of school this year.

We demand that the City of New York City Council respond to this profiling, humanitarian, and human rights crisis by changing town code.

- **Require** that all ICE agents show a signed, legal warrant, a badge, and their full facial features, and follow up information before detaining anyone.
- **Insist** on a law that makes schools and the immediate surrounding areas sanctuaries, where warrants cannot be served for ICE activity.
- **Direct** all town and school personnel to remind those being detained of their rights, document and report any ICE activity, civil rights being violations, concerns and irregularities to the town, county, and state.
- Screen for and provide therapy to any children who have been traumatized by the fear that they or their family members may be separated by the actions of ICE.
- **Issue** a formal statement denouncing these unlawful practices and reaffirming the town's commitment to our diverse community.

This reign of terror must end! Our local and state governments must take a firm stance and insist that the constitution and rule of law are followed, rather than merely executive orders. We demand that the New York City Council stand up for all contained within its borders. Thank You!

**Current Access and Opperations of NYC’s 988 suicide & Crisis Lifeline**

As an educational, disability, mental health, and systems advocate with clients in the city and a member of the Healthy Minds Healthy Kids Caregiver and Youth Council. I am here today to testify in support of fully funding 988 and utilizing it as a dispatch system for mental health crisis calls in New York City.

988 is an underutilized tool that has tremendous promise to support people in mental distress across New York City. 911 should no longer remain the default number for these types of calls. There is an urgent need for the New York City Council to take immediate action in light of the dismantling of resources at the federal level. I am here requesting you do the following:

1. Fully fund the 988 hotline; a new study found that New Yorkers use the hotline more than those in most other states, ranking fourth out of 50 states. I have called when a young adult was in crisis hoping that a Be heard Peer could support them through the crisis and link to the Peer club house community. Unfortunately it was too late at night, and the only option was for an ambulance to take the individual to a hospital. The young adult was not safe to be on her own, but also was not sick enough to be hospitalized. The young adult declined help, and the mother did not want to put her child through the trauma of being forced into hospitalization. We have a solution where individuals can receive support, linkage to services, and counseling that can ensure the health and safety of our community if Peers are given a living wage to work around the clock, respond to mental health emergencies, and given the time, space, and pay needed to meet people where they are in crisis and help them find the supports they need.

2. Create the infrastructure to utilize 988 as a dispatch system for mental health crisis services, including B-HEARD, which would allow for call transfers between 911, 988, and 311;

3. Train and equip operators working within all three systems to dispatch appropriate responses without fear of retribution. I have had to call the police on my own son with Autism in the midst of a mental health crisis. I have training as a behavior health technician, but one individual is not always able to de-escalate a situation. It is scary, heartbreaking, and done in desperation that you call police, because you loose control of the situation. You worry that the police will only treat your child as a threat and not see the child desperately dysregulated in need of support and connection, that only another individual can provide. Families today are isolated from family and neighbors. That extra pair of hands sometimes needs to be a stranger even if you are connected to mental health services, because in home services are severely under staffed, under funded, and not open and available in the midst of a crisis. A few years after the police response, when my son was in a better place, we were talking about how he felt during those times. He was terrified that they were going to hurt him. He received more trauma from seeing guns, bully sticks, and hand cuffs. This only reinforced that he was bad, a criminal, and his self-hatred. He had nightmares from those experiences. People in

mental health crises deserve treatment and care not forensic, cold, hard justice, and binding.

CCIT-NYC calls for police to be completely removed as first responders to nonviolent mental health crisis calls, and for peers – people with lived mental health experience – to be a mandatory element of B-HEARD teams. Response teams that include people with lived experience will help to achieve the B-HEARD pilot goals by shifting the model to a person-centered approach rooted in genuine connection and communal well-being. Two key goals of B-HEARD are to increase connection to community-based care and decrease hospitalizations. Yet just six percent of people who receive a B-HEARD response to a mental health crisis are transported to a community-based health care or social service location, and nearly 60% are still transported to the hospital. Peers have the skills and expertise to advocate for connection to community-based care and avoid unwanted and unnecessary transports to hospitals.

We must completely fund and extend the Be Heard Peer Led, emergency/Urgency Response to mental health crises. I have previously testified about the need for training for beheard teams to be trained for people of all ages, all abilities, communication styles, and those non-verbal. The hundreds of hours of training of peers uses de-escalation, connection, mediation, linkage to services, and time, these are not the tools the police use. I hope there has been follow up on Be heard responding to schools, and RTFs when transporting individuals to the hospitals, because peers are essential on those transports. All mental health calls should have a peer response. 13 days is not enough to training to respond in an emergency/urgency. I have called 988 and asked for Beheard (After 9PM and was told it wasn't even available and peers were not available.) 24 mobile crisis teams and 5 mobile crisis teams trained for children is not enough for a city the size of NYC. Please also fully fund a connection to the Trevor LGBTQ line with a direct transfer from 988. For urgent or emergency response an hour is too long. Be Heard seems ready to expand to 24/7 response and response to all 988 and 911 calls. It is time to fully fund them and expand our responses so every NY in crisis has access to a peer. Forget the urgent vs emergent distinction expand a Peer Led crisis, Daniel's Law Crisis response throughout NY 24/7/365 now!!!

There is no time to wait. Countless New Yorkers have been traumatized by inappropriate responses to mental health crisis calls.

After decades of advocacy by CCIT-NYC and others, we appreciate New York City's attempts to shift crisis response to a more person-centered approach. In order to be the most effective, The City must adequately invest in programs like 988 and the B-HEARD pilot so they can thrive. We ask the city council to tap into Daniel's Law funding and ensure more New Yorkers have access to peer led mental health crisis response that does not involve police.

**Enact Oversight of St. Christopher of Ottilie**

Thank you for the opportunity to testify. Please help us create a system that ensures mental

health crisis calls are appropriately responded to. Together, we can ensure that no one is criminalized because of their mental health status.
a review of the St. Christopher of Ottiller, RTF SCO is needed urgently. Patients are facing blatant medical racism and under/lack of diagnosis including extensive neglect by the social service systems of care. Patients are languishing in hospital settings for years on end without sufficient discharge plans, because they are falling through the crack because they have a developmental disability, but were hospitalized under OMH. Social workers are not applying for both benefits and our young adults are languishing unable to be placed. After five years in hospitals and RTFs MA was finally discharged to a group home with the help of the state's Inter-Agency-Resolution Unit which Mom, myself the advocate, the school district applied to, because the social workers refused to fill out the 175 pages of documentation needed to gain access.. I appreciate their help on this one case, but many are still stuck without discharge plan in an insufficient placement. St. Christopher of Ottilie lacked BCBA's despite catering to people with developmental disabilities who also had mental health disorders. Once one was obtained the egregious document that passed for a behavior plan contained pronouns of the wrong gender, with goals for someone who was hyperverbal when he was selectively mute and rarely said more then a sentence or two at a time, and the behavior plan was never followed when he eloped. He developed a later diagnosed moderate marijauna problem while being in-patient. Without follow-up by the agency due to not enough evidence or blaming it on other residents. Having case managers not follow up on elopement with responsible adults are out of the country, and not even offer meds at least daily or drop them off at his location was egregious. Not to mention that the elopement behavior plan was not followed. Justice center and the facility swept neglect under the rug.

I ask for your help in holding our RTFs accountable for ensuring sufficient discharge plans with all education, psychological, psychiatric, housing, and outside social service agencies even if they are outside of the DHOMH system and cross county lines. Finally, active case managers for transitions must be employed who understand all systems of care and can navigate between them to ensure services are rendered. It should not be up to a parent and volunteer advocate to work hundreds of hours to obtain documentation, engage all levels of the social service network, and do all of the leg-work with for profit and non-for-profit agencies. We need government oversight that holds the system of care accountable for providing services for all individuals.

We will gladly share the specifics of this case with your social service resolution team. However, to preserve the privacy of his protected health information, I ask for the specific contact info of the correct individual to share private and sensitive information.

No one should be in the hospital/RTF setting for three years ready to move to a lower level of care without a hope of placement. No one should obtain a moderate level drug problem while in an RTF. No one should be in our mental health system with unknown developmental disorder, unknown psychiatric disorder, intermittent explosive disorder for 5 years. The severity of this underdiagnosis is egregious, and I have seen it happen all too often in our BIPOC community.

Finally, I ask that you review all justice center complaints from Office of Mental Health, DHOMH,

Department of Education, Office of Children and Family Services, for St. Christopher of Ottilie and Andrus. Make sure to get their associated schools, because the frequency and severity of complaints are being hidden for each of these agencies by filing under different social service systems. There is an egregious lack of oversight by DHOMH. Thank You for your time!

Also thank you Counsel member Lee for the Call out for Court Navigators and Alluding to the Treatment Court Expansion Act!!!

Please feel free to follow up with me Tamara Begel [redacted]

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* 1

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Dr Jean Wright

**Address:** Executive Deputy Commissioner for the

**I represent:** Division of Mental Hygiene

**Address:** NYC DOHMH

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* 2

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Jamie Neaves

**Address:** Assistant Commissioner, Bureau of Mental Health

**I represent:** _____

**Address:** NYC DOHMH

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* 3

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Rebecca Linn-Walton

**Address:** Assistant Commissioner for the

**I represent:** Bureau of Addiction and Drug Use Prevention, Care and Treatment

**Address:** NYC DOHMH

*Please complete this card and return to the Sergeant-at-Arms*

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* | 4

I intend to appear and speak on Int. No. 2025 / 1162 Res. No. 4035 / 2025

☒ in favor ☐ in opposition

*Date:* 9.26.25

**(PLEASE PRINT)**

**Name:** SAFIYA ADDISON

**Address:** [redacted] BK, NY 11230

**I represent:** Child MIND Institute

**Address:** 215 East 50 th STREET

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* | 5

I intend to appear and speak on Int. No. 1345 Res. No. _____

☒ in favor ☐ in opposition

*Date:* 9/26/25

**(PLEASE PRINT)**

**Name:** Samuel Eluto

**Address:** 1325 Ave of Americas

**I represent:** BTEA Building Trades Employers Assn.

**Address:** 1325 Ave of Americas

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* | 6

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Fiodhna O' GRADY

**Address:** _____

**I represent:** SAMARITANS suicide prevention

**Address:** 61 GRAMERCY PARK AVE. NYC NY 10010

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# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* | 7

I intend to appear and speak on Int. No. _____ Res. No. _____

☑ in favor ☐ in opposition

*Date:* 9/26/25

**(PLEASE PRINT)**

**Name:** Christopher Leon Johnson

**Address:** [redacted]

**I represent:** Self

**Address:** _____

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* | 8

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Tanesha Grant

**Address:** 448 W 163 St

**I represent:** Parents Supporting Parent NY CCIT

**Address:** _____

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* | 9

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Alyssa Valenti

**Address:** [redacted]

**I represent:** _____

**Address:** _____

*Please complete this card and return to the Sergeant-at-Arms*

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card*

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Sofina Tanni

**Address:** 120 Wall St.

**I represent:** Asian American Federation

**Address:** 120 Wall St.

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card*

T2025-4035

I intend to appear and speak on Int. No. T2025-4035 Res. No. _____

☒ in favor ☐ in opposition

*Date:* 9/26/25

**(PLEASE PRINT)**

**Name:** Chaplain Dr. Victoria A Phillips - Dr. V

**Address:** 99 Wall St. #813 NY, NY 10005

**I represent:** Justice 4 Women Taskforce/Visionary Ministry/Suits Action

**Address:** _____

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card*

20

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Avigail Plotchotz

**Address:** [redacted] Brklyn, NY 11218

**I represent:** Ohel

**Address:** _____

*Please complete this card and return to the Sergeant-at-Arms*

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* 10

I intend to appear and speak on Int. No. _____ Res. No. _____
988 ☒ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Ruth Lowenkron

**Address:** 151 W. 30th St, NYC.

**I represent:** NY Lawyers for the Public Interest

**Address:** same

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* 11

I intend to appear and speak on Int. No. _____ Res. No. 988
☒ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Evelyn Cornthwaite - NYASSI

**Address:** c/o 151 W. 30th St, NYC

**I represent:** Correct Crisis Intervention Today - NYC

**Address:** same

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* 12

I intend to appear and speak on Int. No. _____ Res. No. _____
☐ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Avigail Plutchak

**Address:** _____

**I represent:** Self

**Address:** _____

*Please complete this card and return to the Sergeant-at-Arms*

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* 13

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** David Mandel

**Address:** _____

**I represent:** Ghel

**Address:** _____

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* 14

I intend to appear and speak on Int. No. _____ Res. No. _____

☑ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Kara Vicinanzo

**Address:** [redacted] Bx NY 10466

I represent: 988

**Address:** _____

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* 15

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Jordyn Rosenthal

**Address:** 1 State Street

**I represent:** Community Access & CCIT

**Address:** _____

*Please complete this card and return to the Sergeant-at-Arms*

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* 16

I intend to appear and speak on Int. No. _____ Res. No. _____

☑ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Evelyn Graham-Nyaasi

**Address:** [redacted]

**I represent:** CCITNYC

**Address:** _____

*Please complete this card and return to the Sergeant-at-Arms*

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* 17

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

*Date:* 9/26/23

**(PLEASE PRINT)**

**Name:** Patrick Wehle

**Address:** _____

**I represent:** WE&C

**Address:** _____

*Please complete this card and return to the Sergeant-at-Arms*

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* 18

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

*Date:* _____

**(PLEASE PRINT)**

**Name:** Maggie Mortali

**Address:** 307 W. 38th Street Floor 8 NY NY 10018

**I represent:** National Alliance on Mental Illness of NYC

**Address:** 307 W. 38th Street Floor 8 NY NY 10018

*Please complete this card and return to the Sergeant-at-Arms*

# THE COUNCIL
# THE CITY OF NEW YORK

*Appearance Card* 19

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

*Date:* 9.26.25

**(PLEASE PRINT)**

**Name:** David Mandel

**Address:** [redacted] Bronx

**I represent:** School Children's Health Conference

**Address:** _____

*Please complete this card and return to the Sergeant-at-Arms*