



Testimony of Chirlane McCray  
First Lady, City of New York

**FY2020 Preliminary Budget Hearing: ThriveNYC**  
New York City Council Committee on Finance

March 26, 2019

Good afternoon Speaker Johnson, Chair Dromm and members of the Finance Committee. Thank you for the opportunity to testify today on ThriveNYC's important work to improve the mental health and well-being of our city's people, families and communities. I am joined at the table today by Susan Herman, Senior Advisor to the Mayor and Director of the Office of ThriveNYC, and David Greenberg, Associate Director for Health and Social Services at the Mayor's Office of Management and Budget.

As some of you may know, ThriveNYC was officially launched in November of 2015 as a plan to guide the city toward a more effective and holistic behavioral health system.

My own personal experiences called me to this work. I saw the effects of untreated mental illness and unaddressed trauma in my immediate and extended family, beginning with my parents when I was just a child. I saw how the stigma surrounding diseases like depression, alcoholism and bipolar disorder can prevent people from seeking help, or even from understanding and talking about what they're going through.

So many New Yorkers know what it feels like to struggle with mental illness and substance use disorders. Even more know what it feels like to worry about a loved one. With one in five New Yorkers suffering from a mental health condition in any given year, the other four in five are family members, friends, co-workers and neighbors, who often don't know what to do or where to turn. We are all affected.

In early 2015, City Hall and the Department of Health and Mental Hygiene began working closely together to address this widespread public health challenge. As part of this work, I joined Health Department officials for an 11-month information-gathering tour. Through listening sessions, group meetings, and targeted focus groups, we spoke with health experts and researchers, practicing clinicians, community service providers, faith leaders, educators, family members, and people with lived experience dealing with mental health challenges. We also met with Council leaders and members, who provided valuable insight and guidance.

These conversations helped identify critical mental health needs and gaps in the city's behavioral health services. We heard from immigrants and people of color about their struggles to find culturally-competent clinicians. We heard from educators who see how trauma prevents the children in their classrooms from learning. We heard from faith leaders and social service providers in low-income neighborhoods who saw the need in their communities, but lacked the tools and resources to help. We heard about the lack of affordability and accessibility of mental health services. And we heard from nearly everyone we talked to about the overwhelming stigma.

There are no quick fixes or one-size-fits-all solutions for these tremendous and complex challenges. ThriveNYC is working to remove the barriers to care so many people identified in those early listening sessions. We are working to close the treatment gaps that prevent New Yorkers from getting the care they need – when they need it. And, we are investing in prevention efforts and upstream solutions. If we wait to act until people are in crisis, we will always have people in crisis.

Just over three years since its launch, ThriveNYC has made demonstrable progress in its work to overcome stigma, build emotional resilience and wellness and connect people to care in the places they live, learn, worship and work.

Today, fifteen City agencies share responsibility for the implementation of Thrive-supported interventions, services and initiatives. Each one is grounded in research and evidence-based best practices. Thrive also partners with more than 400 leading healthcare organizations, community-based non-profits and service providers, and experts in research and academia. There is a role for every single person – from elected officials to faith leaders to neighbors and family members.

As our partners and many of the New Yorkers they serve will tell you, real change is starting to take hold in our city. The stories I hear as I travel across the five boroughs are different than those I heard four years ago.

For example, earlier this month I met Gary, a senior, husband, father and longtime resident of what he calls “old-school Brooklyn”. He shared how a Thrive program connected him to a counselor at his local senior center, who helped him navigate the emotional distress of undergoing major cardiac surgery.

In Queens at Voces Latinas, one of our Thrive partners, I met Yoani, a Mexican immigrant who escaped an abusive husband. She and her children are moving forward beyond the trauma through therapy – all because Thrive had a presence in their community.

I’ve spoken with so many people from marginalized communities who didn’t know how to connect to mental health services until Thrive met them where they were. Like Picasso, who was afraid of mental health counseling after being forced into gay conversion therapy in childhood. At one of our Runaway and Homeless Youth Centers, group therapy and peer counselors helped them cope with past trauma, and address their anxiety and substance use challenges.

Every day, Thrive is changing people’s lives for the better. That’s why so many leading organizations – including the American Psychiatric Association, the National Association of Area Agencies on Aging and the International Association of Chiefs of Police – have honored Thrive programs. And the International City and Urban Regional Collaborative recognized Thrive as an innovative global model. When I meet with mayors of cities across the country, they are eager to learn more about how to adapt Thrive’s approach for their own communities. New York City is leading the way on mental health.

Susan Herman, who is responsible for managing Thrive operations and working with our partners to advance Thrive’s vision, will share more about the evolution of this work and the progress Thrive is making in our communities. I am extremely confident in her and her excellent team.

Thank you again for this opportunity, and for the Council’s partnership and leadership in fighting stigma, improving access to mental health care, and creating a healthier, more resilient city for all New Yorkers.



Testimony of Susan Herman  
Senior Advisor to the Mayor and Director, Office of ThriveNYC  
New York City Council Committee on Finance  
Budget Hearing – ThriveNYC  
March 26, 2019

Good afternoon Speaker Johnson, Chair Dromm and members of the Committee on Finance. My name is Susan Herman and I am the Senior Advisor to the Mayor and Director, Office of ThriveNYC.

I want to thank the First Lady. New York is fortunate that she has used her platform to shine a light on this issue. I have spent almost my entire career advocating on behalf of people who are typically forgotten: victims of crime, many of whom experience profound mental health challenges. What I know from that work and the work I am now connected to through Thrive is that if we can build more resilience, mitigate trauma, and address mental health needs, we will have a stronger, safer, and healthier city.

The overarching aim of Thrive is to ensure that every New Yorker who needs mental health support has access to it, where and when they need it. With science-based initiatives, we complement the robust network of services provided by Health + Hospitals and the Department of Health and Mental Hygiene. We are not a new mental health system. We address needs that have gone unmet by traditional services and we pilot innovative strategies. This includes new services for historically underserved special populations. We also expand what mental health support looks like, because we know that a wide range of interventions can change the course of people's lives.

Thrive is also committed to mental health equity. It is important to recognize that the federal government has designated 21 neighborhoods in our city as mental healthcare shortage areas. As our programs have launched, we have made sure they include new resources in these neighborhoods.

In a short period of time, Thrive has grown from a great idea to a robust collection of evidence-based strategies. I will focus today on our budget, operations, and impact.

#### **Budget**

As reflected in the preliminary financial plan, our programmatic budget for FY20 is \$251.8 million dollars. A detailed breakdown has been given to you.

The majority of Thrive's funding comes from City tax levy, nearly 90%, with some resources coming from state and federal grants or private fundraising. Now, the budget of the Department of Health and Mental Hygiene reflects over \$100 million of Thrive programs. The Department of Homeless Services has over \$35 million and the Department of Education has \$29 million. The rest of Thrive's programmatic budget is spread across 10 other agencies and offices.



### **Change the Culture**

One of our guiding principles is changing culture by reducing the stigma associated with mental illness. When people have a physical health problem, they readily seek help. But too often, when people have a mental health problem, they feel ashamed. They feel alone. This has to change. One way Thrive is changing the culture is through Mental Health First Aid training. In the last three years, we have trained over 52,000 community members and over 48,000 front-line city workers. Because of Thrive, over 100,000 New Yorkers are now more comfortable talking about mental health, recognizing signs and symptoms of mental illness, and helping point people in need to relevant services.

Thrive is also changing the way City agencies think about mental health. Through Thrive, the City has – for the first time – made mental health a cross-agency, citywide priority. Our goal is to change how agencies think about mental health in the context of all of their programs, not just Thrive programs.

### **Expand Mental Health Support**

Thrive is also broadening the range of mental health support available to New Yorkers by creating non-traditional forms of care.

For example, we transformed LifeNet, the City's former suicide hotline, into NYCWell, which is now the most comprehensive mental health helpline in the country, available to anyone with any level of mental health need. We have made great strides in extending our reach. In its second full year, NYCWell responded to over 250,000 calls, texts and chats – over 150,000 more than LifeNet had in its last year.

Another example of innovation is our home visiting program. Before Thrive, healthcare professionals were visiting low-income, new parents in their homes to offer support during what is a stressful time under any circumstances. Now, because of Thrive, healthcare workers are also visiting every new parent living in shelter. This program has served over 3,800 families in shelters since 2015.

### **Create New Services for Special Populations**

We are also working to expand access to mental health services for groups of New Yorkers who are particularly vulnerable to mental illness – and have been historically underserved.

For example, crime victims rarely had immediate access to services in what is often a traumatic and isolating time. Before Thrive, victim advocates were available in just three precincts and now, as shown on the map behind me, this help is available at all of the City's 77 precincts. Every victim of crime now has access to immediate services right in their neighborhood through the Crime Victim Assistance Program or CVAP. As of this month, CVAP has helped 110,000 people navigate the emotional, physical and financial aftermath of crime. In addition, we have added clinicians to each borough's Family Justice Center to treat victims of intimate partner and family violence.



We have also focused on runaway and homeless youth. Before Thrive, the Department of Youth and Community Development's (DYCD) youth shelters and drop-in centers, which predominantly serve LGBTQ young people, had few onsite mental health resources. Now, clinicians are onsite in all 33 DYCD-funded runaway and homeless youth shelters. In the last three years, these clinicians have helped over 10,000 young people. Behind me is a map of the 147 shelters – those for youth, single adults and families – that, because of Thrive, have new onsite clinical services they did not have before.

We are also very concerned about New Yorkers with serious mental illness. Their needs are complex, and hospitalization often isn't the answer. In the last three years, Thrive has added resources to complement the many services that the City already provides for these individuals – to reach them in more ways and in more places. We have created two new types of mobile teams: Co-Response Teams (CRT) and Intensive Mobile Treatment (IMT) teams, and expanded two existing teams: Assertive Community Treatment (ACT) and Forensic Assertive Community Treatment (FACT) teams – which all serve people with serious needs. These teams work to intervene before, and stabilize people after, a crisis, helping people stay in their communities. They often connect clients to housing and treatment. They also re-connect clients to family members and help with medication if they have stopped taking it. There are currently over 50 mobile teams in the city with the capacity to serve over 3,500 people at any given time.

### **Strive for Equity**

As I noted earlier, we are striving for equity with Thrive and have paid particular attention to increasing access in mental healthcare shortage areas. The map behind me shows all of the new clinical sites we have added to neighborhoods across the city. This includes 10 different Thrive programs. Collectively, approximately 75% of all new clinical sites are in mental healthcare shortage areas.

For example, before Thrive, a fraction of the City's public schools – just 195 – had a clinician onsite. As you can see on the map behind me, through Thrive, another 173 public schools – mostly high-needs schools – now also have a clinician onsite. Approximately 80% of these new clinicians are in mental healthcare shortage areas. Because of Thrive, over 900 more schools have offsite clinical care in place. And through Thrive, every pre-K site across the city also has access to clinicians.

Another example focuses on older adults, who often feel isolated and suffer in silence. Before Thrive, The Department for the Aging did not fund onsite mental health clinicians in any of its senior centers. We now have onsite clinicians offering both screening and treatment in 25 DFTA-supported senior centers. These clinicians have treated over 700 people struggling with depression or anxiety. We will expand this program to up to 25 more centers next year.

These are just a few of our Thrive initiatives. Behind me is a map of the full range of new Thrive services, including those serving aging New Yorkers, crime victims, new and expecting mothers, individuals at risk of substance misuse, children and young people, and underserved neighborhoods. Together, these Thrive initiatives have pushed mental health support throughout our city – where it's never been before.

### **The Next Chapter of ThriveNYC**

As we move forward, we are committed to ensuring effectiveness and sustainability. And, as with any bold, new initiative, we need to look at the right indicators at the right time to help us refine our work. To give some perspective, Thrive initiatives are 2.5 to 3 years old. Many are doing things that have not been done before. In these early years, much of our attention has been focused on implementation and reach. We are now focusing more on refining our outcome measures to assess impact and are seeing positive indications. For example:

- Co-Response Teams, staffed by one clinician and two police officers, have served over 900 people. Ninety-five percent of their contacts with clients have been successful, leading to many fewer interactions with police and emergency visits to hospitals. These clients are not only mentally ill, but have also demonstrated escalating violent behavior.
- In our senior centers, clients were screened for mental health disorders. Those who began treatment were screened again three months later. Fifty-six percent of clients dealing with depression and 65% of seniors suffering from anxiety had improved.
- For young children exposed to traumatic events, identified by ACS, 48% of those engaged in treatment through our early childhood clinics have shown behavioral improvements, a good step toward mitigating early childhood trauma.

As we build program capacity over the next several years, we will continue to partner with researchers to better understand the impact of our work. We are currently evaluating 19 initiatives, with more to come. And six more initiatives are already reporting outcome measures. Where appropriate, every Thrive program will have refined its outcome measures.

As with other public health strategies, measuring the population-level impact of Thrive will take time. Thrive alone will not address all of the factors that contribute to mental illness – such as poverty, violence, homelessness, financial insecurity, racism, and discrimination in all its forms. We also recognize that many other public and private entities are working to improve the mental health of New Yorkers.

With the combined efforts of many, we expect to see improvement in the citywide wellbeing index, less hopelessness among young people, less suicidality in general, and an increase in the number of people—both children and adults—with mental health disorders who are connected to care. We also expect to see a change in our culture. It is critically important that we eliminate all barriers – including stigma – that prevent people from getting the help they need. We will continue to engage with researchers to help us measure the variety of population-level outcomes we can associate with Thrive.

Mental health is everyone's responsibility and I look forward to continuing to work with all members of the City Council to advance this important work. Thank you for your time and I am happy to take your questions.

**ThriveNYC Program Budget - As of the FY20 Preliminary Budget**

\$ in millions		FY16		FY17		FY18		FY19	FY20	FY21+
Agency		Budget	Spending	Budget	Spending	Budget	Spending	Budget	Budget	Budget
ACS	Attachment and Biobehavioral Catch Up (ABC)	\$ 1.5	\$ 1.2	\$ 3.1	\$ 2.0	\$ 5.9	\$ 1.6	\$ 3.3	\$ 3.3	\$ 3.3
ACS	GABI - Trauma Svcs for Families	\$ 0.2	\$ -	\$ 3.3	\$ 1.4	\$ 3.7	\$ 1.0	\$ 3.7	\$ 3.7	\$ 3.7
ACS	Social-Emotional Learning ECE - Trauma Smart	\$ -	\$ -	\$ 4.2	\$ 0.3	\$ 3.4	\$ 2.2	\$ 3.4	\$ 3.4	\$ 3.4
ACS	Cognitive Behavioral Therapy Plus (CBT+)	\$ 3.0	\$ 1.6	\$ 1.4	\$ 1.0	\$ 1.4	\$ 0.8	\$ -	\$ -	\$ -
DFTA	Expansion of Geriatric Services: Volunteer Visiting	\$ -	\$ -	\$ 1.8	\$ 1.4	\$ 1.8	\$ 1.8	\$ 1.8	\$ 1.8	\$ 1.8
DFTA	Geriatric Mental Health in Senior Centers	\$ 0.8	\$ -	\$ 1.3	\$ 1.1	\$ 1.4	\$ 1.4	\$ 1.4	\$ 3.1	\$ 3.1
DHS	Mental Health Services in all Contracted Family Shelters	\$ 16.3	\$ 0.3	\$ 27.2	\$ 1.8	\$ 27.2	\$ 22.5	\$ 27.2	\$ 27.2	\$ 27.2
DOE	Mental Health Clinics in all Renewal and Community Schools	\$ 11.2	\$ 9.4	\$ 13.2	\$ 12.9	\$ 13.2	\$ 13.1	\$ 13.2	\$ 13.2	\$ 13.2
DOE	Mental Health Services for 50 High-Needs Schools	\$ -	\$ -	\$ 6.2	\$ -	\$ 6.2	\$ -	\$ 6.2	\$ 6.2	\$ 6.2
DOE	Social-Emotional Learning ECE - UPK	\$ -	\$ -	\$ 8.1	\$ 3.3	\$ 8.7	\$ 8.1	\$ 9.1	\$ 9.1	\$ 9.1
DOE	Mental Health Trainings (KOGNITO, YMHFA, MEP)	\$ -	\$ -	\$ 0.7	\$ 0.1	\$ 0.7	\$ 0.4	\$ 0.7	\$ 0.7	\$ 0.7
DOHMH	Mental Health First Aid	\$ 0.6	\$ 0.4	\$ 1.8	\$ 1.7	\$ 5.2	\$ 3.6	\$ 6.3	\$ 6.3	\$ 6.3
DOHMH	Media	\$ 3.9	\$ 3.8	\$ 10.8	\$ 10.8	\$ 2.0	\$ 0.5	\$ 2.0	\$ 2.0	\$ 2.0
DOHMH	School Mental Health Consultants	\$ 1.2	\$ 0.8	\$ 8.3	\$ 6.0	\$ 10.5	\$ 8.8	\$ 10.5	\$ 10.5	\$ 10.5
DOHMH	Social-Emotional Learning ECE	\$ 1.1	\$ 0.1	\$ 2.7	\$ 2.7	\$ 3.6	\$ 1.6	\$ 3.6	\$ 3.6	\$ 3.6
DOHMH	Public Health Diversion Centers	\$ 0.7	\$ -	\$ 5.8	\$ -	\$ 9.0	\$ -	\$ 9.5	\$ 9.5	\$ 9.5
DOHMH	Talk to Your Baby	\$ 1.7	\$ 0.9	\$ 0.9	\$ 0.9	\$ 0.5	\$ 0.5	\$ 1.1	\$ 1.1	\$ 1.1
DOHMH	Expansion of Newborn Home Visiting Program	\$ 1.8	\$ 0.7	\$ 2.0	\$ 1.6	\$ 2.0	\$ 1.7	\$ 2.0	\$ 2.0	\$ 2.0
DOHMH	NYC Well	\$ 1.0	\$ 1.0	\$ 12.1	\$ 12.1	\$ 12.1	\$ 12.1	\$ 12.1	\$ 12.6	\$ 12.6
DOHMH	Peer Specialist Training Expansion	\$ -	\$ -	\$ 2.5	\$ 2.0	\$ 1.6	\$ 1.3	\$ -	\$ -	\$ -
DOHMH	CUNY - Mental Health Digital Platforms	\$ 0.3	\$ 0.3	\$ 0.8	\$ 0.8	\$ -	\$ -	\$ -	\$ -	\$ -
DOHMH	Workforce Summit	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ -	\$ -	\$ -	\$ -	\$ -
DOHMH	Expanding Access to Buprenorphine Treatment in Primary Care Settings	\$ 0.1	\$ 0.1	\$ 0.3	\$ 0.2	\$ 0.4	\$ 0.2	\$ 0.4	\$ 0.4	\$ 0.4
DOHMH	Coordinated Mental Health Planning	\$ 0.6	\$ 0.1	\$ 0.6	\$ 0.4	\$ 0.4	\$ 0.2	\$ 0.4	\$ 0.4	\$ 0.4
DOHMH	Mental Health Service Corps	\$ 1.5	\$ 1.4	\$ 18.0	\$ 16.5	\$ 33.2	\$ 28.1	\$ 47.5	\$ 45.6	\$ 43.8
DOHMH	Thrive Learning Center	\$ 0.1	\$ 0.1	\$ 0.2	\$ 0.1	\$ 0.2	\$ 0.7	\$ 0.6	\$ -	\$ -
DOHMH	Early Years Collaborative (EYC)	\$ 0.1	\$ 0.1	\$ 0.2	\$ 0.2	\$ 0.3	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1
DOHMH	Create Employment Opportunities for Individuals with Developmental Disabilities	\$ -	\$ -	\$ 1.0	\$ 1.0	\$ 1.0	\$ 1.0	\$ 1.0	\$ 1.0	\$ 1.0
DOHMH	Mental Health Innovation Lab	\$ 0.1	\$ 0.1	\$ 0.8	\$ 1.0	\$ 1.1	\$ 1.2	\$ 1.6	\$ -	\$ -
DOHMH/DHS/NYPD	NYC Safe	\$ 14.0	\$ 11.3	\$ 21.0	\$ 19.9	\$ 26.0	\$ 19.8	\$ 36.0	\$ 36.0	\$ 36.0
DVS	Veteran's Outreach Program	\$ -	\$ -	\$ 0.6	\$ 0.6	\$ 0.6	\$ 0.6	\$ 0.6	\$ 0.6	\$ 0.6
DYCD	Mental Health Services in all Runaway and Homeless Youth (RHY) Shelters	\$ 1.6	\$ 1.6	\$ 2.0	\$ 1.9	\$ 2.0	\$ 2.0	\$ 2.0	\$ 2.0	\$ 2.0
ENDGBV	Relationship Counseling for all Foster Care Teens	\$ 0.3	\$ 0.2	\$ 0.2	\$ 0.1	\$ 0.2	\$ 0.1	\$ 0.2	\$ 0.2	\$ 0.2
ENDGBV	Mental Health Services in all Family Justice Centers	\$ 2.0	\$ -	\$ 3.3	\$ 0.7	\$ 3.3	\$ 1.7	\$ 3.3	\$ 3.3	\$ 3.3
H+H	Mental Health and Substance Abuse Programming for all Youth at Rikers	\$ 1.7	\$ 0.4	\$ 3.8	\$ 2.2	\$ 3.7	\$ 3.6	\$ 3.8	\$ 3.8	\$ 3.8
HRA	Connections to Care JobsPlus	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.7	\$ 2.5
Multi-Agency	Expanding Access to Naloxone	\$ -	\$ -	\$ 3.3	\$ 2.6	\$ 9.6	\$ 9.6	\$ 9.3	\$ 9.3	\$ 9.3
NYPD	Victim Advocate Program	\$ 1.8	\$ 0.1	\$ 5.0	\$ 5.0	\$ 9.2	\$ 9.2	\$ 14.7	\$ 14.7	\$ 14.7
NYPD/DOC	Crisis Intervention Teams / Training	\$ 5.3	\$ 5.3	\$ 3.2	\$ 3.4	\$ 6.9	\$ 6.9	\$ 4.4	\$ 5.3	\$ 5.3
OEO	Connections to Care	\$ 2.1	\$ 2.1	\$ 5.5	\$ 5.5	\$ 6.5	\$ 6.5	\$ 6.5	\$ 6.5	\$ 6.5
OEO	Evaluations	\$ 2.0	\$ 0.6	\$ 1.9	\$ 0.5	\$ -	\$ -	\$ 1.3	\$ 1.3	\$ 1.3
OLR	Thrive in the Workplace	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1.2	\$ 1.2
<b>Total ThriveNYC</b>		<b>\$ 78.7</b>	<b>\$ 43.9</b>	<b>\$ 188.9</b>	<b>\$ 125.6</b>	<b>\$ 224.7</b>	<b>\$ 174.6</b>	<b>\$ 250.9</b>	<b>\$ 251.8</b>	<b>\$ 251.8</b>



Thrive  
NYC



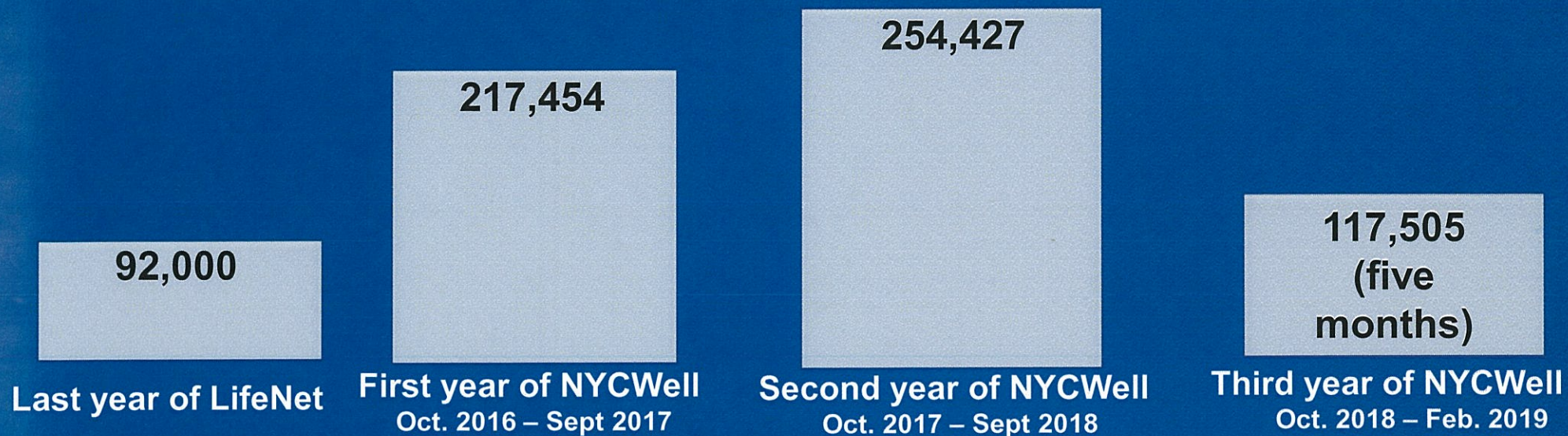


# 100,000+

**New Yorkers trained in Mental Health First Aid**



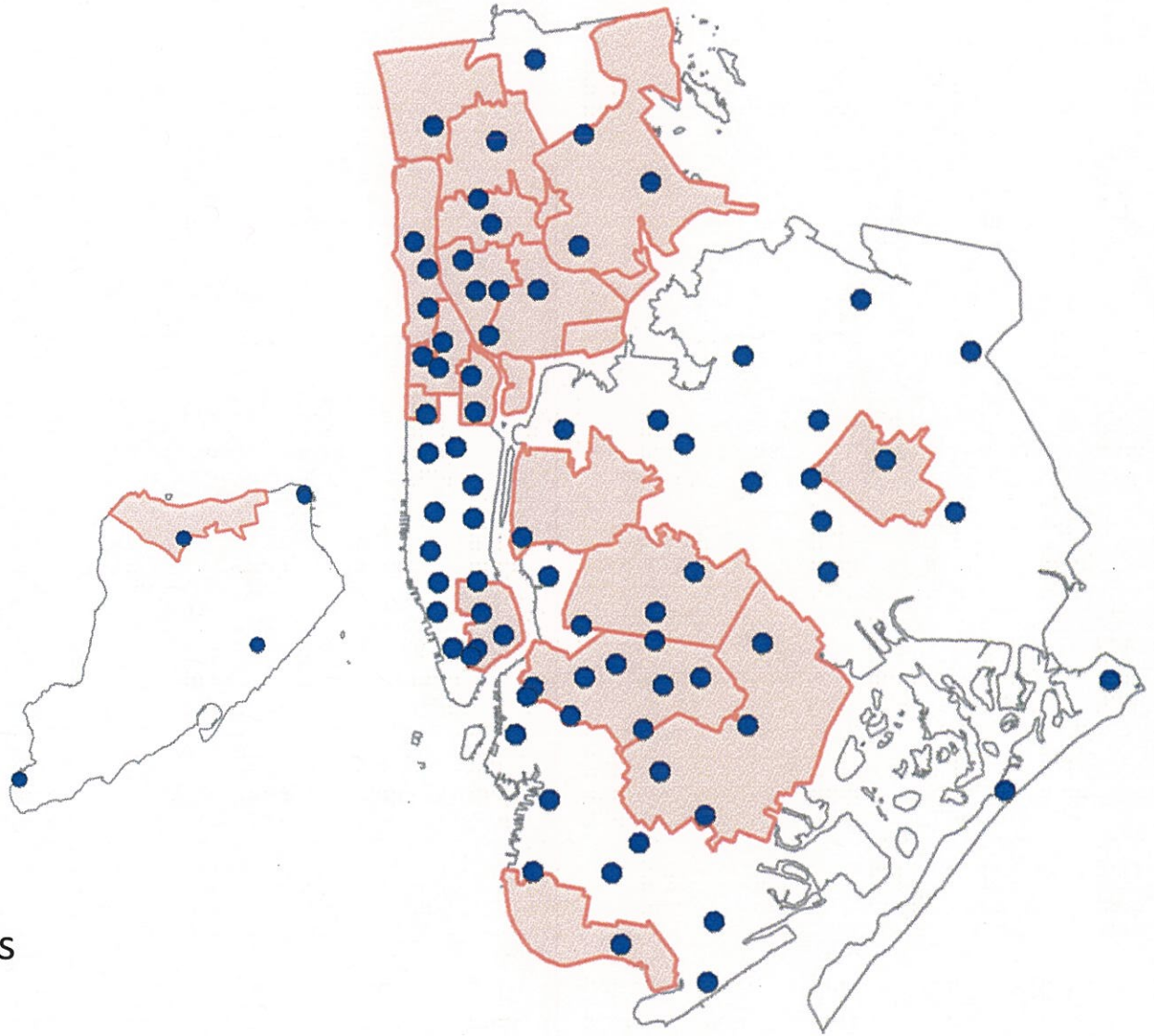
**NYCWell has  
answered over  
560,000 calls,  
texts and chats**





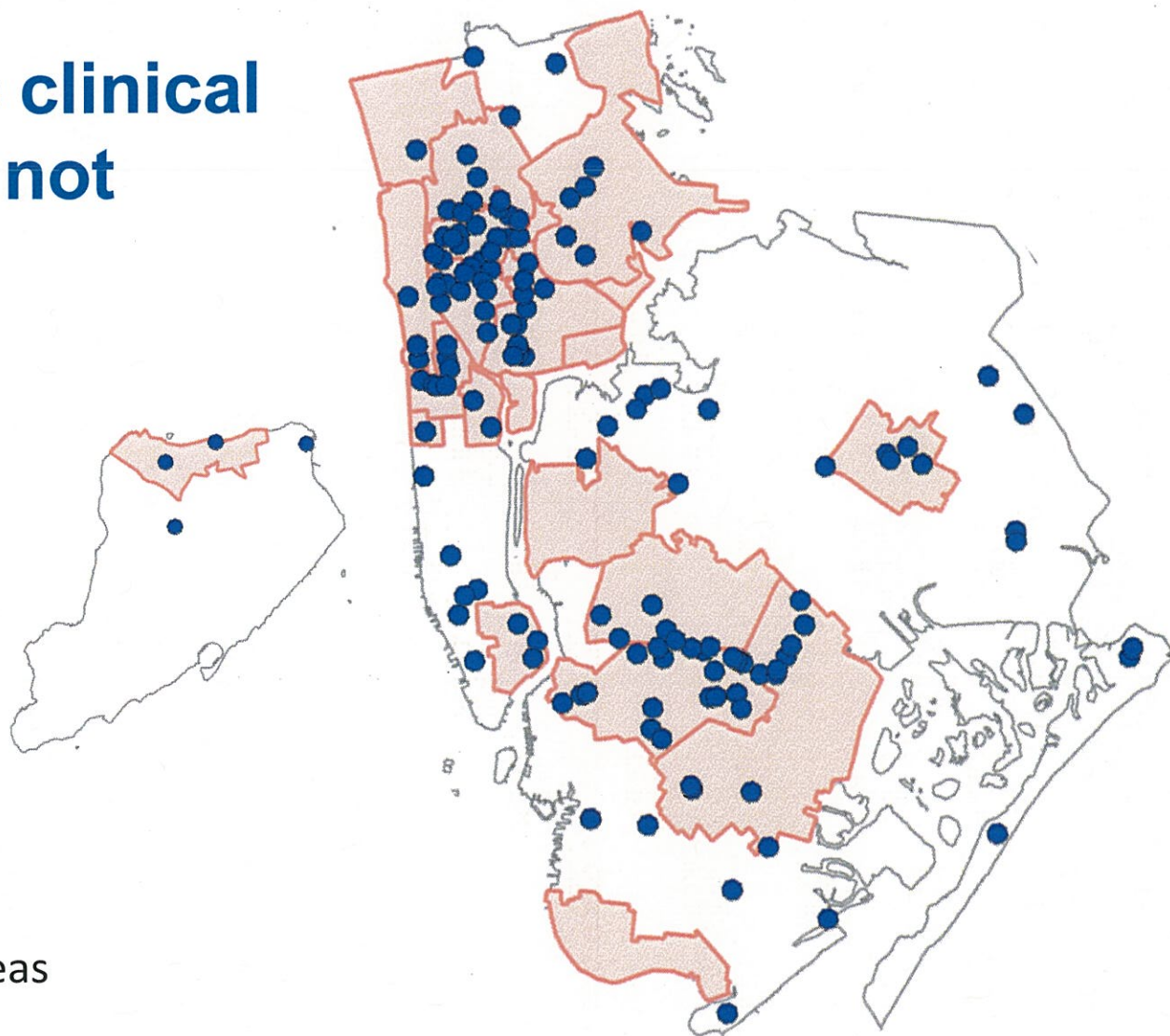
**Victim advocates  
are now available  
in every precinct  
in the city**

- Precincts with victim advocates
- Mental healthcare shortage areas



**147 shelters have clinical services they did not have before**

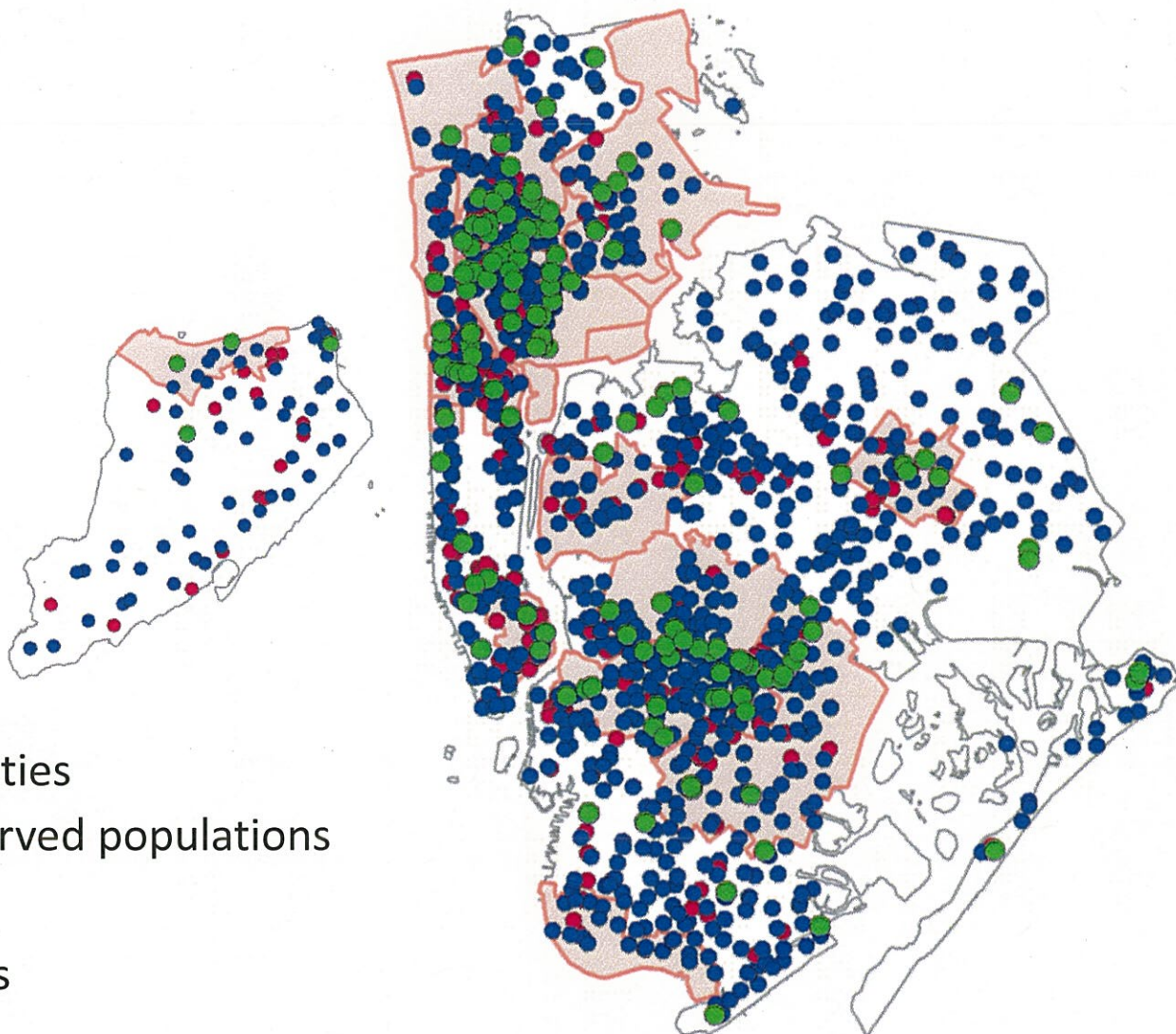
- Shelters with new clinicians
- Mental healthcare shortage areas





**Approximately  
75% of new  
clinical services  
are in designated  
mental healthcare  
shortage areas**

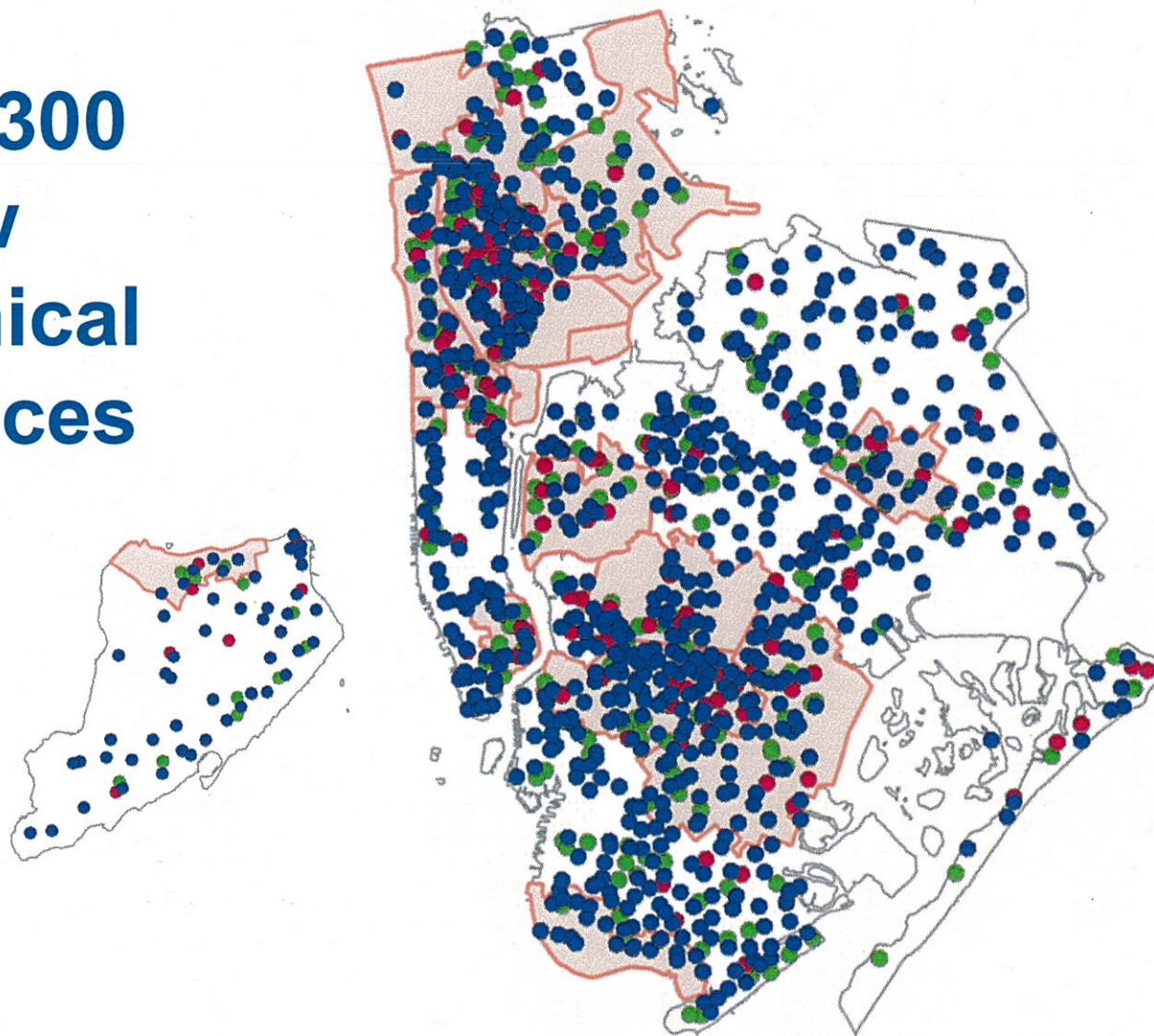
- New clinical services in communities
- New clinical services for underserved populations
- New clinical support in schools
- Mental healthcare shortage areas





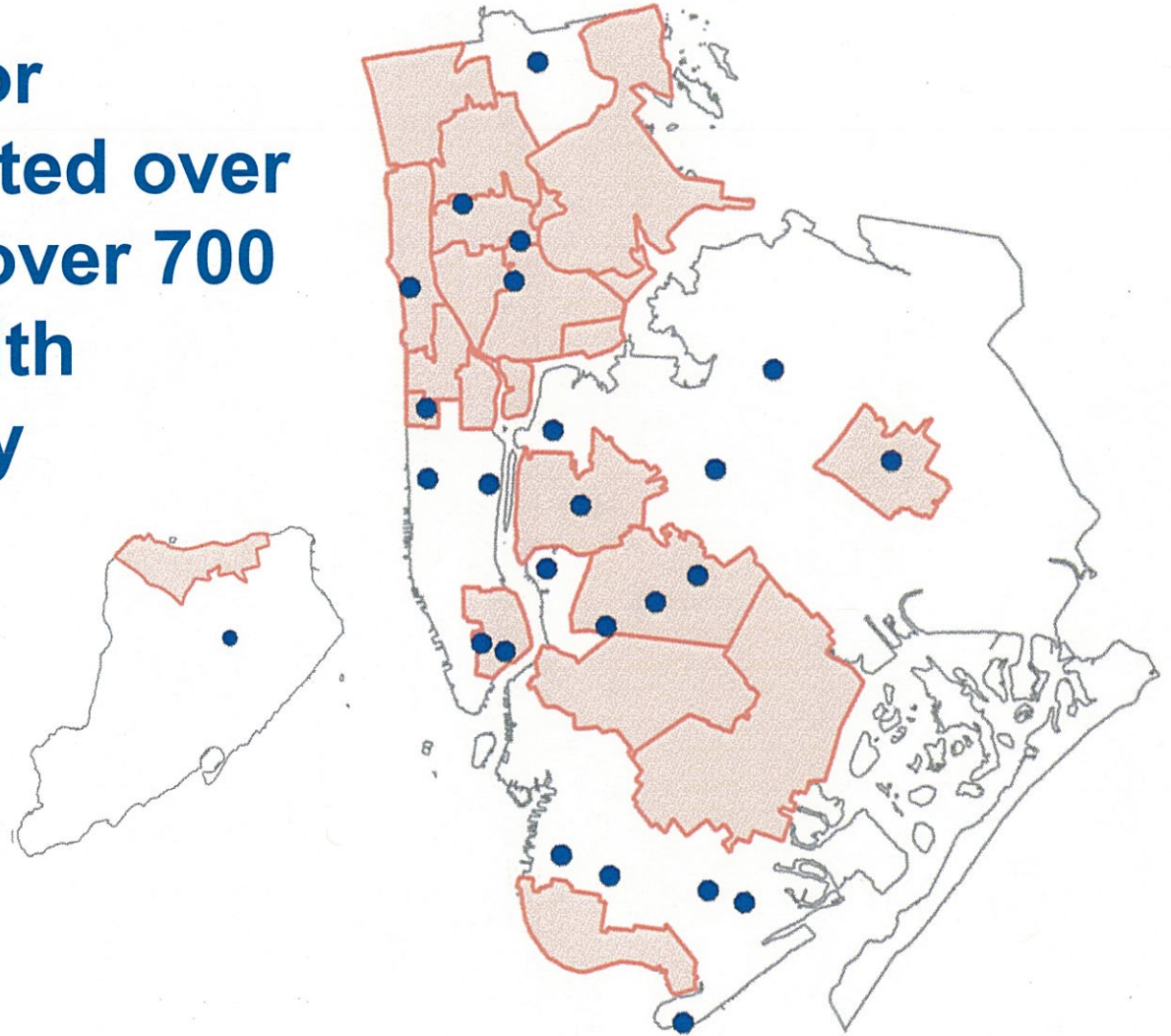
**Students in over 1,300  
public schools now  
have access to clinical  
mental health services**

- On-site clinicians in K-12 schools
- Off-site clinicians in K-12 schools
- Mental health support in pre-K
- Mental healthcare shortage areas



**Clinicians in 25 senior centers have conducted over 7,700 sessions with over 700 seniors struggling with depression or anxiety**

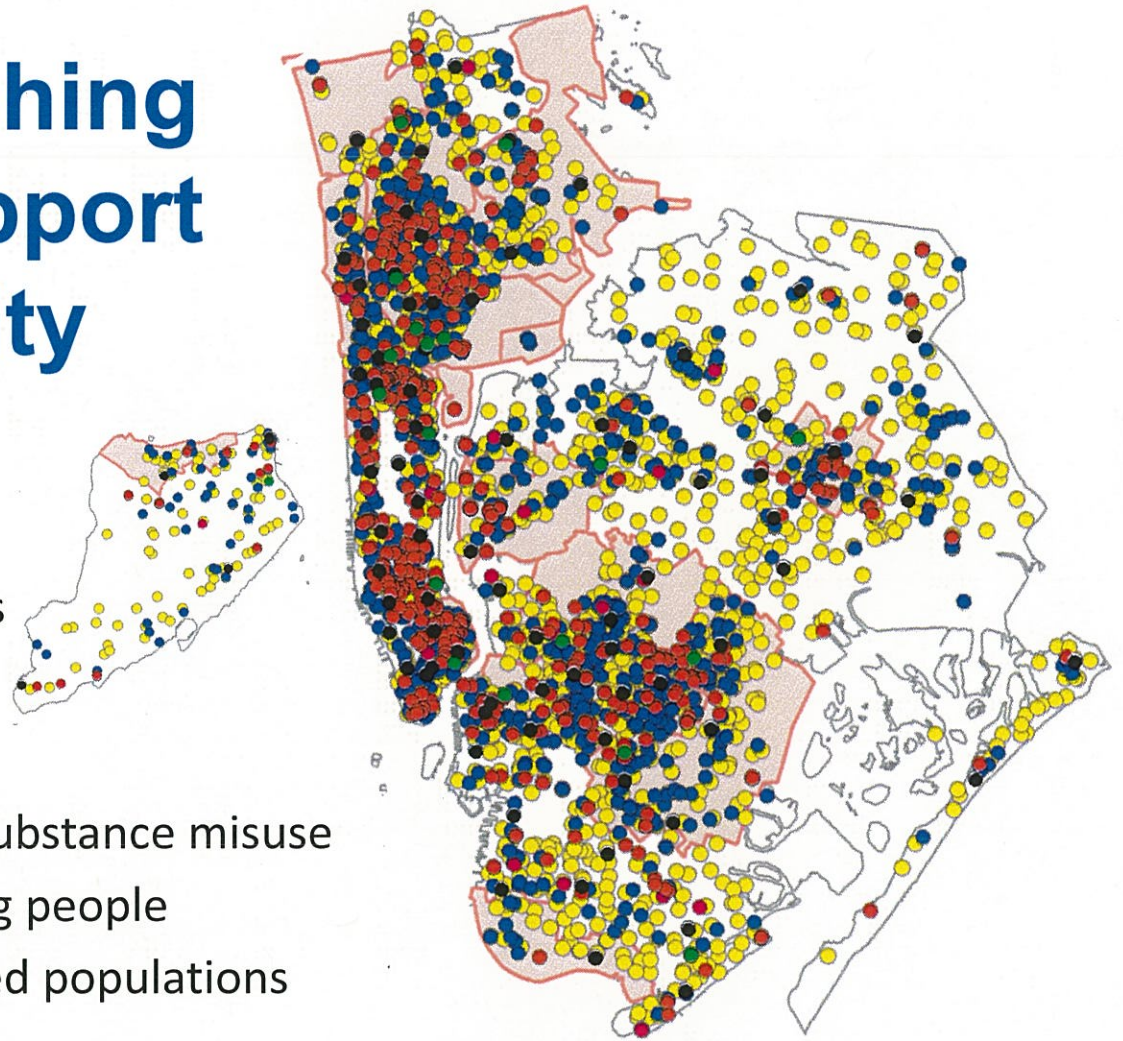
- Senior centers with new clinicians
- Mental healthcare shortage areas





# ThriveNYC is pushing mental health support throughout our city

- New services for aging New Yorkers
- New services for crime victims
- New support for mothers
- New services for people at risk of substance misuse
- New support for children and young people
- New clinical services for underserved populations
- Mental healthcare shortage areas



# 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:

Scott Bloom, Director of School Mental Health Services

Address:

52 Chambers St. NY, NY

I represent:

NYC DOE, Office of School Health

Address:

52 Chambers St. NY, NY

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