CITY COUNCIL
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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON MENTAL HEALTH,
DISABILITIES AND ADDICTION

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HELD AT: REMOTE HEARING

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Chairperson

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Joseph C. Borelli
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Scott Bloom
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SERGEANT BRADLEY: Start recording please. Good afternoon and welcome to today's New York City Council hearing of the Committee on Mental Health, Disabilities and Addiction. At this time, will all panelists please turn on their videos. Thank you.

To minimize disruption, please place electronic devices on vibrate or silent mode. If you wish to submit testimony, you may do so at testimony@council.nyc.gov. Again, that is testimony@council.nyc.gov. Thank you for your cooperation and we are ready to begin.

CHAIRPERSON AYALA: Good afternoon everyone. We are calling this meeting to order. [GAVEL] Good afternoon everyone, I am Council Member Diana Ayala, Chair of the Committee on Mental Health, Disabilities and Addiction and I would like to thank everyone for joining us today for this remote hearing.

This afternoon, we are holding an oversight hearing to examine increase drug overdose, depression and anxiety during COVID-19 and to hear legislation Intro. 2005 sponsored by Council Member Louis which is a Local Law in relation to reporting on mental health of New Yorkers during the COVID-19 public health crisis.

COVID-19 has brought emotional anxiety and socioeconomic uncertainties. The fear of contracting coronavirus, a deadly disease that has killed hundreds of thousands of people has been compounded by the ripple effects of the pandemic on a daily life.

For many, these concerns include exposure to infected sources, worry about infected family members, the loss of loved ones, school closures, and the pressures of home schooling children, the loss of childcare, job loss, economic insecurity, home confinement issues, ranging from social and emotional isolation to domestic violence concerns.

The inability to effectively manage preexisting physical or psychological conditions, inadequate access to supplies, such as groceries and money for rent and utilities, loss of employer sponsored healthcare resulting in lack of prescription medication and an overall shortage of pandemic related resources, such as timely testing and access to personal protective equipment.

Prior to COVID-19, nearly one in five American adults reported having a mental illness, serious mental illness or major depressive episode within the

past year. For many, the COVID-19 pandemic has served as to exacerbate preexisting medical mental health and substance use disorders and according to a July 2020 Kaiser Family Foundation tracking poll, 53 percent of adults in the United States reported that their mental health had been negatively impacted due to worry and stress over COVID-19, which is a significantly higher number than the 32 percent previously reported in March of this year.

Notably, barriers to accessing mental health and substance use disorder services during the pandemic compounded behavioral health problems and a recent study found that 13.3 percent of adults found new or increased substance use to be an effective coping tool for increased stress and anxiety.

In July, respondents to a Siena College poll reported that 59 percent of New Yorkers have been effected by or touched by opioid abuse, up from 54 percent two years ago.

According to Preliminary New York City Police Department Statistics, while overdoses have fallen overall in the first half of 2020, overdose deaths appear to have significantly increased during this time.

However, DOHMH has stated that it is currently too soon to tell if there has been a spike in overdose deaths due to the way that the data is tracked using anecdotal evidence rather than real time statistics.

According to some preliminary statistic, Queens saw a 56 percent spike in overdose deaths during the first five months of the year. Staten Island saw 58 overdose fatalities so far this year, representing an increase from 49 at the same time last year. Additionally, emergency medical technicians in New York City administered opioid overdose for narcotics 23 percent more than last year.

At today's hearing, the Committee looks forward to hearing from the Administration and community advocates about the programs and initiatives that are being utilized to address rising mental health challenges and substance abuse disorder and over those rates in New York. And learning about what the Council can do to continue to address the needs of New Yorkers throughout the COVID-19 pandemic.

I want to thank the representatives of the Administration who are here today from DOHMH and Thrive for their commitment to ensuring quality

mental health services are available to all New Yorkers and I look forward to hearing about what is being done to ensure that these services are delivered when and where they are needed. And the role that the City Council can play in supporting those efforts.

I also want to thank my colleagues as well as my Committee Staff, Senior Counsel Sara Liss, Legislative Policy Analyst Cristy Dwyer, Finance Analyst Lauren Hunt, my Deputy Chief of Staff Michelle Cruz and Chief of Staff Jose Rodriguez for making this hearing possible.

I will now turn this hearing over to Council Member Louis for brief remarks.

COUNCIL MEMBER LOUIS: Good afternoon everyone and good afternoon Chair Ayala and Members of the Committee on Mental Health. I want to thank you for the opportunity to discuss Intro. 2005 today. A key piece of legislation that I introduced earlier this year. As we all are intimately aware the impact of COVID-19 pandemic on the thousands who contracted the illness and overall wellbeing of our community was unthinkable. The realities of the pandemic have put an insurmountable amount of pressure on New Yorkers

who are forced to navigate a world that is riddled with anxiety.

I represent one of the hardest hit communities where families were devastated by the widespread loss of life. Struggled with social isolation due to stay at home orders and grew increasingly concern for their personal safety. As schools and small businesses were forced to close, thousands of New Yorkers became suddenly unemployed. Frontline and essential workers became overwhelmed and uncertainty surrounding the virus itself has created an environment which is incredibly detrimental to the mental health of our constituents of all ages.

My bill, Intro. 2005 which would require the Department of Health and Mental Health to generate a report on the mental health of New Yorkers during COVID-19 public health crisis that will provide us with insightful information to revolutionize how the city responds and offer support to the most vulnerable populations based upon data.

The COVID-19 pandemic has shown us that none of us are immune to the debilitating effects of mental illness. Even the most well adjusted person can feel isolated, hopeless and alone. It is critical that we

make a concerted effort to track and report on these issues before it is too late.

I have prioritized this bill because earlier this summer, I had some constituents and heard of incidents and even had a childhood friend Marquis Anendo[SP?] who died to these very circumstances. He took his own life because his mental health needs were unmet.

As we come to terms with our new normal, we recognize that this tragic situation is not unique. Intro. 2005 will ensure that we identify, track, and log these needs while paving the way for future relief. The trauma caused by COVID-19 will not be healed overnight and it may take us several years before we can fully recover. During this period, we must consider the mental health and wellbeing, physical wellbeing of all New Yorkers.

I want to thank you Chair Ayala for holding this hearing today as I look forward to today's testimonies and public discourse on mental health in New York City. Thank you Chairwoman.

CHAIRPERSON AYALA: Thank you Council Member Louis and I am sorry to hear about your friend, my condolences to you and his family.

And in addition to Council Member Louis, I want to welcome Council Members Ampry-Samuel and Borelli, who are also members of the Committee and who are present here today.

I am not sure who is testifying first, so it maybe —

COMMITTEE COUNSEL: Thank you Chair Ayala. I am going to now go over a couple of procedural items. My name is Sara Liss and I am Counsel to the Committee on Mental Health, Disabilities and Addiction for the New York City Council. I will be moderating today's hearing.

Before we begin, I wanted to remind everyone that I would be calling on panelists to testify. Everyone will be on mute until you are called on to testify, at which point the host will unmute you. I also want to remind everyone that there maybe a few seconds of delay for you to become unmuted and we appreciate your patience in advance.

Please listen for your name to be called. I will be periodically announcing the next panelists. At today's hearing, the first panel will be the Administration followed by Council Member questions and then the public will testify. During the

hearing, if Council Members would like to ask questions, please use the Zoom raise hand function and I will call on you in order. I will now call the first panel, members of the Administration to testify, which will include Dr. Hillary Kunins Executive Deputy Commissioner Mental Hygiene for the Department of Health and Mental Hygiene, Scott Bloom Director of School Mental Health Services, Office of School Mental Health, Department of Health and Mental Hygiene, Department of Education, and Susan Herman Director of ThriveNYC.

I will administer the oath to the Administration and this will include both those who are testifying those who will be answering Council Member questions. When you hear your name, please respond.

Do you affirm to tell the truth, the whole truth and nothing but the truth before this Committee and to respond honestly to Council Member questions? Dr. Kunins?

DR. HILLARY KUNINS: I do.

COMMITTEE COUNSEL: Thank you. Director Bloom?

SCOTT BLOOM: I do.

COMMITTEE COUNSEL: Thank you and Director Herman?

SUSAN HERMAN: I do.

COMMITTEE COUNSEL: Thank you very much and as soon as you are ready, you can begin testifying.

DR. HILLARY KUNINS: Thanks, good afternoon Chair Ayala, Council Member Louis, Member of the Committee. My first virtual hearing, getting used to the muting and unmuting.

I am Dr. Hillary Kunins, Executive Deputy Commissioner of the Division of Mental Hygiene at the Department of Health and Mental Hygiene and as you know, I am joined today by Director Susan Herman from the Mayor's Office of ThriveNYC and Scott Bloom Director of Mental Health in the Office of School Health.

On behalf of Commissioner Chokshi, thank you for the opportunity to testify today about the behavioral health challenges related to the COVID-19 public health emergency in New York City.

As you have already described, New Yorkers are facing unprecedented difficulties during this time. These difficulties are myriad and include illness and loss of life and loved ones as we just pointedly heard from the Council Member. Physical distancing, disruption of social connections, job loss and

financial insecurity and uncertainty as we transition through phases of reopening.

It is normal during this difficult time and even expected to feel overwhelmed, sad, anxious and afraid.

Unfortunately, Black, Latinx and Asian New Yorkers have experienced disproportionate health and social burdens from the pandemic. Like so many other health disparities, the consequences of COVID-19 are driven by underlying health as well as other inequities caused by structural racism. The Health Department has made it a priority to mitigate the pandemic's repercussions on our hardest hit communities.

I also want to mention that we anticipate that the behavioral health consequences of COVID-19 are likely to outlast the pandemic itself. Similar to past disaster, some of those consequences emerge both immediately and in the longer term. The Health Department is taking action to support both immediate and longer term behavioral health needs and particularly as I mentioned focusing on the communities as well as the providers most burdened.

First, I would like to tell you about what we do know about how the pandemic is effecting the behavioral health and wellbeing of New Yorkers. According to our Health Department Opinion poll, just recently released, that includes a survey of 1,200 New Yorkers age 18 and older, healthcare workers, adults with children in the household, adults afraid of interpersonal violence and adults who have a family member with a chronic health condition are more likely to report adverse mental health as a result of the COVID pandemic than other New Yorkers.

Our poll also shows that COVID-19 is having impact on anxiety and depression among adult New Yorkers. 44 percent of the people we surveyed reported symptoms of anxiety due to COVID-19 and more than one-third, 36 percent reported symptoms of depression in the prior two weeks.

Finally, 35 percent of adults with children in their household report that the emotional or behavioral health of at least one of their children has been negatively effected by the pandemic.

The reasons for adverse mental health also vary across race and ethnicity. So, for example, Latinx and Asian adults were more likely than White adults

to report a job loss or reduced hours of employment. These are factors that can lead to or be associated with worse mental health symptoms or outcomes.

Latinx adults in New York City were more likely than White adults to report feelings of financial stress, similarly a risk factor for adverse mental health outcomes.

During the pandemic, New Yorkers have had more contacts with NYC Well, which is you know, is the city's free and confidential behavioral health support and referral service supported by Thrive NYC. Contacts have increased since mid-March of this year compared to the 2019 average.

Additionally, as you know and as Council Member Ayala pointed out, New York City is still facing an opioid overdose epidemic. Although we do not know fully the impact of COVID-19 on overdose, we do know of the many challenges the pandemic has posed for people with opioid use disorder. Importantly, their need to stay connected to treatment and other services and know that disruptions in treatment can increase risk of overdose.

In response to these very serious statistics and information, the Health Department along with other

city agencies have employed a number of strategies to support New Yorkers during this challenging time.

First, we work directly with our contracted Behavioral health and other service providers and help them transition to telehealth and virtual platforms to maintain access to care for New Yorkers. We help these providers identify new ways to deliver services, keep clients engaged, while at the same time adhering to the very important physical distancing guidelines. Through frequent outreach and communication with this provider community, we connected them with additional information and resources to support their ongoing operations.

We also funded a platform to address staffing needs for behavioral health providers during the peak of the pandemic in New York City.

We also developed and disseminated guidance for all behavioral health service providers, delivering virtual trainings on a wide range of topics, including how congregate care providers can adhere to physical distancing in their settings and also to participate and support contact tracing.

We provided information in training on financial sustainability, support to manage staff burnout,

grief and loss and to reduce substance use related harms created or exacerbated by the pandemic.

We made particular effort to engage and support providers who work with groups disproportionately affected by COVID. Including syringe service programs, opioid overdose prevention programs, providers who serve elderly adults with mental health needs and providers who work with immigrant communities to name a few. We will continue to work closely with these and other behavioral health providers.

In addition to supporting our provider community, we directly serve New Yorkers. We adapted several of our existing initiatives to meet the demands and challenges of this moment. We launched some new behavioral health services and partnered with other city agencies to implement new or adapted programs. And again, these initiatives really center communities disproportionately burdened by COVID, as well as other health disparities.

I will now highlight some of these new and more adaptive initiatives. First, we took swift action to help New Yorkers identify, understand and manage their responses to COVID-19. We released guidance

and public messaging around experiences of stress, anxiety and grief, resilience and emotional wellbeing and offered tools to cope with mental health challenges and to manage substance use.

To date, we have released 24 guidance documents which are available in 26 languages to directly support New Yorkers. We released several social media and media campaigns to encourage New York to call, text, or chat with NYC Well to obtain free and confidential support or referrals to services. And I will also mention, though not written in my formal testimony, we are going to be releasing a suicide prevention campaign which will start airing next week.

We also worked to maintain continuity of life saving services and treatments for New Yorkers who use drugs or have an opioid use disorder. We launched a new program, our methadone delivery system which reduces the need for visits to methadone clinics and makes medication available to patients who are in isolation or quarantine. We have made more than 1,300 deliveries since the programs launch in late April.

This program was made possible because of emergency regulations issued by the state and federal government and hopefully will be made permanent. We also have made naloxone, which as you know, a medication that can reverse an opioid overdose and can be administered by people. We have made naloxone available for free at 15 pharmacies in neighborhoods with a high burden of fatal overdose, in all isolation hotels, and worked with congregate care providers to make that available in their settings.

The Health Department is partnering now with the Department of Homeless Services to amplify outreach in neighborhoods where homelessness and public substance use are of concern. We are conducting outreach and engagement in collaborative teams to engage community members, offer engagement and referral to service and to provide naloxone as well as other needed items like sexual health kits.

We are working with the Mayor's Office of Immigrant Affairs to provide communities with immigrants with access to mental health resources that meet their needs. We have also worked with New York City Health and Hospitals, as well as their partners to create a resilience and trauma training

series to support healthcare workers and first responders.

In addition to these efforts, we have recently started up a new community education program in New York City's most impacted neighborhoods. This program provides a virtual presentation to address COVID-19's impact on mental health, health disparities and the impact of trauma, grief, and anxiety.

The program offers information about effective coping skills and mental health resources available in New York City to those most effected by the COVID pandemic. Between July, when the program launched and August, our initiative partnered with community groups to engage more than 1,300 New Yorkers and we strive to reach 10,000 New Yorkers by the end of 2020.

These are just a few of our highlights of our efforts to support New Yorkers over the last six months and this work has been built on the meaningful progress we have made over the last several years to increase access to mental health and substance use services through the administrations initiatives

including Thrive NYC, the Crisis Prevention and Response Task Force and Healing NYC.

We will continue to monitor our behavioral health data, continue to work with providers and listen to communities to design and enhance services to help New Yorkers through this pandemic.

Now, I would like to turn to the legislation being heard today. Intro. 2005 would require the Health Department to report aggregate counsel of mental health diagnoses and case data from across the behavioral healthcare system that have occurred since COVID-19 was declared a public health emergency.

The Health Department as you have heard, uses population level data and surveys to identify health trends across the city. We rely on a variety of data sources to track trends in behavioral health including citywide health survey's like the community health survey, emergency department data, data from our own health department programs and regular feedback from providers and community partners.

Several of our data sources also capture demographic information so we can evaluate differences across race and ethnicity, age gender and geography. We have shared today some provisional

findings for 2020 and additional population level monitoring is ongoing. However, the types of data requested in this bill, individual level case and service data are not reported to the Health Department, nor is this data accessible in an organized fashion.

Although health and behavioral healthcare providers, keep patient records which are only for people who seek care and have received a diagnosis. Providers do not submit this information to a centralized entity, nor do they have the capacity.

Nonetheless, the Health Department remains committed to using data to address and respond to the behavioral health needs of New Yorkers and we are happy to discuss with Council how we can best support the intent of this legislation. We rely on the feedback of our partners and City Council and members of the community, like those here to testify today. I want to thank you very much for your continued partnership, feedback and support as we continue to care for the health of New Yorkers during this critical time in the city's history. I am happy to take your questions.

COMMITTEE COUNSEL: Thank you very much. We now turn to Chair Ayala to begin questions.

CHAIRPERSON AYALA: Thank you Hillary. I mean, I think, I have so much, I have so many questions only because I understand the severity of this pandemic and the impact that it has had on the city and in the way that we typically provide services and the way that people know us to provide services. And so, first I want to commend you know, you because I know that the Department of Health has been working really hard around this pandemic and I want to acknowledge that.

I have a lot of questions regarding a significant uptick in drug use and what I am hearing and interpreting as a lack of access to services during the pandemic. In my district, which was one of the highest hit by COVID, had some of the highest rates of infection. Had some of the highest saturation of public housing developments for a lot of the infections were occurring. I have also seen a significant uptick in public drug use and we have heard countless stories from constituents and individuals on the street about the lack of access to programs, to staff because everyone is working

remotely. Some people not having telephones and not being able to access someone you know, immediately. Somethings seem to work really well and just some things seem to have kind of not worked as well.

And I can't help but notice that even in my community I am dealing with a very serious drug addiction epidemic within this pandemic, which is very challenging because it is a community that is facing a lot of challenges. We have the highest rates of domestic violence, of gun violence. You know, we were the hardest hit during this pandemic and now, we are also faced with a serious heroin use issue, which seems to be growing by the day and I wanted to kind of get your observations on what exactly you know, you feel that we did well and where there were areas that we could have done better that might explain why you know, some communities including mine are seeing such a significant increase in the number of individuals that are publicly using. And just wanted to really just kind of get a sense from you. You know, what are those things that you think worked well and where do you think that we could have done better?

DR. HILLARY KUNINS: Thank you Council Member Ayala and as you know that this is an issue that is extremely concerning to us at the Health Department, for us as a city, for us as a country.

We don't yet have indication; I want to just clarify for you about what our understanding is, that drug use itself has increased. We do do community surveys which will provide the information and don't have that yet similarly despite some of the reports that you just mentioned from other colleagues. We don't have finalized overdose data yet but will have soon.

What I do think you are sharing is the sense that public drug use has increased. One of the challenges to this pandemic is that places where people might have gone are less accessible. They are less accessible because of physical distancing guidelines. And so, while services can happen remotely, spaces to be to get a cup of coffee or so forth, may have been reduced because of pandemic precautions.

When you ask how we could have done that better, I think this is one of the things that we are learning and we are actively working with some of the spaces that have services for people who use drugs to

support them to reopen as safely as possible. So, the spaces are small and sometimes difficult to stay to balance the infectious disease risks with the need to deliver services in a closed space.

So, that has been a balancing act. We are working as services return to in person in communities. To do that safely and efficiently to address the issues that you were describing Council Member and I will say we, at the Health Department, working very closely with Department of Homeless Services have street outreach teams in place across different neighborhoods where we have heard concern to provide people resources and referrals every day of the week.

I think you had one more question embedded in what you just said.

CHAIRPERSON AYALA: I don't remember but do you, so when do we anticipate that these programs will become available to the public again?

DR. HILLARY KUNINS: So, some are already right now available and are as reopening happens considering it every step how much more available. Meaning, they have spaces where maybe in one phase it was 25 percent occupancy and in the phase 50 percent.

And so, as opening happens, they can accommodate more people safely. I can share with you that the majority right now of the service programs are accepting participants on site in a variety of fashions but that occupancy will loosen as the reopening loosens.

CHAIRPERSON AYALA: So, the Syringe program, so are we opening the syringe program, during again, and I'm sorry that I use — I use my district because again, it is always, you know, it is one of the highest needs districts but —

So, we, for instance, we have in East Harlem alone, we have one group that does syringe litter pickup. In the midst of the pandemic with all of the programs being closed, we are seeing a lot again of very active drug use but not enough syringe litter clean up. Is that a service that was also put on pause that will resume any time soon or is that, just you know, that we don't have enough resources to go around?

DR. HILLARY KUNINS: So, that service was not necessarily paused. As you know, the syringe service programs are involved with syringe pickup. As you know from our work in East Harlem and in the South

Bronx and it also involves our colleagues at Department of Sanitation and we will definitely bring that concern back and address it.

CHAIRPERSON AYALA: Yeah, I just, I really do feel that there is a lot more work that needs to be done in that area. You know, I am literally sitting across the street from you know, an encampment that is not you know, it is made of individuals that are not necessarily homeless but that the homelessness has kind of become secondary to their drug addiction. You know, so I have children that are literally walking down the street and are witness to individuals self-injecting in public. And you know, I feel and I am sure that my colleagues, you know, some of my colleagues can attest to you know, I feel desperate and I feel very you know, sometimes very much abandoned by the city in this respect because I haven't heard from anyone.

And I am sure that there is some data that gives us you know, a synaxis of those communities that are the highest hit. Where those resources should really you know be funneled in abundance right and it almost appeared like, and I get it because I was also you know, at home quarantined like everyone else and when

I came out of quarantine, I was very, very much thrown back by just the conditions out on the street and how desperate they are. And so, you know, I know that there is a lot of work that needs to be done. I know that there was an effort to provide naloxone at different pharmacies throughout the city. I believe there were 15. Can you tell us a little bit how what the selection process was? How did you identify those 15 and what the marketing around the accessibility of those resources was?

DR. HILLARY KUNINS: Absolutely. So, as you know, the Department has been aggressively distributing naloxone to community organizations over the last many years and under Healing NYC, we increased distribution to significantly more than 100,000 kids annually and of course with the pandemic with pausing in person group trainings because of risk of infectious disease, we looked for alternate distribution.

So, one of the strategies was to partner with 15 chain pharmacies in neighborhoods with the highest rates of overdose and basically give them city naloxone kits to be able to distribute for free to clients.

We sent out that message to our partner organizations, especially the syringe service programs, outreach programs to get that message out and to get kids out the door that way.

We also however, and importantly worked with our overdose, all of our registered opioid overdose prevention programs to convert to virtual trainings and to be able to mail kits out and not require that people come to an in person pick up point in order to obtain a kit.

So, we transitioned to mail that way. We also worked with all of our isolation hotel partners and the agencies running the isolation hotels to make naloxone kids available through that mechanism. So, though the pharmacies were one part of the strategy, they were not the entire strategy.

CHAIRPERSON AYALA: Was the prescription of methadone and buprenorphine also something that was mailed to clients?

DR. HILLARY KUNINS: So, one, we can't mail methadone or buprenorphine because they are controlled substances. So, they need to be picked up in person. However, important changes got made there as well. Methadone, the city Health Department

together with our colleagues at the state started up a home delivery program. Meaning, if somebody was receiving methadone treatment and was home, either in isolation or quarantine or themselves at high risk for complications of COVID, we were able to deliver methadone to them in their home, so that they themselves did not put themselves at risk for infection or somebody that they cared for. Or if they were isolating because of their own infection. So, that was a strategy to minimize both exposure and infection.

In terms of buprenorphine, similar regulations at the state and federal level enabled the city buprenorphine providers to start buprenorphine virtually. Meaning you didn't have to come in for an evaluation to an office but you could receive that care telephonically or by video and as an example, Health & Hospitals started up a virtual buprenorphine clinic, as did many of the buprenorphine primary care sites that the Health Department funds. So, that people could get refills or get an initial prescription either telephonically or virtually.

Sometimes they would need to go to the pharmacy to pick up the prescription, some pharmacies did do delivery.

CHAIRPERSON AYALA: I know the virtual services deem to be very popular. I just, I worry about those individuals that just don't have a means of communicating you know, because maybe they have no phone or access to phone or the technology that they would need to communicate effectively.

Can you tell us, is the city currently conducting active street outreach to narcotics users including offering services, clean syringes, sharp boxes and medication distribution since the pandemic began?

DR. HILLARY KUNINS: Yes, although if I may, to go back to your first question, your virtual telephone question, then I will jump to that.

So, I think for those of us who have been long time in the behavioral health field who probably approach the work with a strong feeling that in person is the best possible strategy, have had that idea really challenged in a good way. Which is that so many providers have been telling us that virtual care seems to be very effective at engaging people, clients, patients, participants and that participants

and patients really seem to like it. That it is a way, it is an easy way to show up for a visit or an appointment. Our providers are reporting higher than expected adherence rates showing up for appointments. And including with the care, which has its own challenges to children and families.

So, this has been extraordinary. There have been several strategies to help people who don't have access to telephones. Medicaid is supporting reimbursement. I will need to fact check myself here of minutes and phones.

We at the city have tried to be very flexible with contracted providers who wanted to provide access via minutes or telephones to their clients. So, we know that some of the technology access can be challenging and have taken steps to resolve some of that and I think this is really beginning what I hope to be a new era in behavioral health services that can use a menu of approaches to care for people. That include in person care, telephonic care, video care with reimbursement that includes ability to access technology and I think it will, I hope, leave us as the behavioral health sector more flexible in

how we think about and reach people. So, I do want to —

CHAIRPERSON AYALA: Is the reimbursement rate equal to what you would receive for in person?

DR. HILLARY KUNINS: So, for the moment it is. It is under at the state level, a temporary order but I think that we would very much be in favor of preserving that flexibility in reimbursement and equivalency.

Turning to your second question Chair Ayala around outreach. So, as I mentioned in my testimony and I will just amplify a bit more. We, as you probably know, have a small service called Heat, Health, Engagement and Assessment teams which are available to work with people pre and post crisis connect. In order to connect them with services. These are folks with behavioral health needs, whether mental health or substance use and also to work with communities to help refer to services. During the last month, in response to many community concerns around public drug use as you mentioned Council Member Ayala, we have worked very closely with Department of Homeless Services to conduct street outreach across the city in neighborhoods where we

understand there are concerns about public drug use or mental illness to work with folks to engage them, establish trust, offer referral to care and services, reconnect people who may have lost access to care, who may have been once in care and to also provide services like naloxone when people are interested.

We are out in communities seven days a week, eight hours a day across the city.

CHAIRPERSON AYALA: So, I am going to ask one last question. I want to acknowledge that we have been joined by Council Member Van Bramer. I will ask one last question and then I want to ensure that my colleagues have an opportunity to ask you questions as well, but what do you consider to be the biggest challenge when trying to connect and individual with serious mental illness to service because, often times and I have, you know, the Heat team is actually actively in my community now. I think that they are more active now than they were in the last few weeks because of also, there were some restrictions there.

But again, we saw that when the governor shut down the train stations that night, there were a number of individuals who again, you know, appeared to just be homeless but in reality, many suffer from

chronic mental illness that has not been addressed and it almost appeared that when the trains shut down, they were forced to come above ground and there were no resources or services available to them and often times in my conversations with outreach workers, you know, there is a lot of back and forth about what exactly would classify an individual as being chronically mentally ill.

I have an individual that I encounter every single day who wears no shoes, no shirt, is probably not even aware of time and place and you know, he continues just to be out on the street and you know, one of the things that I consistently hear about you know, why he is not receiving services is because you know, he is not a threat to anyone at the time that individuals are encountering with him.

But I find that leaving him out there without access to services is the equivalent of leaving a child who is not able to make decisions for themselves out on the street and that we are waiting for either this individual you know to pass away on the same street or to become so severely ill, that now our first encounter with him is in the emergency room.

And so, I always struggle with that and I wonder what it the biggest impediment that prevents us as a city from you know, truly connecting those that need the services the most to care, to adequate care. Unmute her please.

DR. HILLARY KUNINS: Sorry, I muted and then I couldn't unmute, sorry about that. You know, I think you raise you know, one of the challenging issues for not just us as a city but what is happening nationally. Which is, the intersection of mental illness with housing needs and service needs and I think the case that you describe, without knowing all the details, it is hard to know you know, exactly what happened and when. But some of the parameters include if a mental health team assess the person to have capacity that knows what decisions they are making and understands the consequences, mental health law would prevent that person from being hospitalized against their will.

Even if it appears to you or to me that the person is harming themselves. And so, there are some legal protections, civil rights protections for people with serious mental illness and I don't know

for sure whether this is the case in this particular instance of this individual.

With that said, there is so much that can be done and should be done and the city had been working before COVID across agencies, Department of Public Services, with the Health Department to problem solve around situations such as you are describing, where somebody seems to be in danger, where there is community concern in order to use every possible tool we can. Both directly provided services from the city as well as provider or contracted services.

And so, I am happy to hear more about that person afterwards and bring them to our problem solving group to see if we could not address that.

In general, we are at the city, reinvigorating efforts which had perhaps been a bit on pause during pause but we are reinvigorating every effort to coordinate services to make sure we are deploying every tool that we have to address the concerns that you are describing now Chair Ayala.

CHAIRPERSON AYALA: No, I appreciate it. I think it is something that I hear about often and you know, I think, you know, I would love to be able to work with you to try to share some of what I am seeing and

you know, see how we can be helpful at the Council because you know, ultimately we have the same goal but something seems to have shifted and I feel like, you know, I understand you know that you know, we couldn't control the governors choice to close the train stations for cleaning at night. But I think that there needed to be a better coordination of services to ensure that those people that were living in subway stations for years you know, some of them were accessing services. And I have a bunch of other questions but I want to give my colleagues very quickly an opportunity. I think we still have to hear from a few people including my favorite Dr. Herman. Sara do we have any?

COMMITTEE COUNSEL: We can turn now to Council Member Louis to see if she has any questions on her legislation or anything else.

COUNCIL MEMBER LOUIS: Thank you. I am working from another location, so I am trying to figure all this out, so I am sorry with all the moving around. I only have two quick questions. The first one, it was mentioned earlier, as we are having conversations about hardest hit communities, you shared earlier that you agency is partnering with Moya on different

kind of services. So, I just wanted to know if you could share further what communities receive those services during COVID, how is it being tracked? If you could just share some more information about how the services, how it is being tracked and how that information is going to be reported.

DR. HILLARY KUNINS: Let me speak even more generally including the work with immigrant communities but also about tracking generally. We do track where we deliver services, what neighborhoods are and who is receiving behavioral health services in the city.

We track that very granularly for some services and others we know are more citywide services like NYC Well. So, for any particular service, our goal is to deliver in places of highest need. So, for example, the community presentations that I am describing to you, we are going to be tracking them at the neighborhood level and are interested in making sure we reach communities that are highest hit. In other cases where we are funding particular organizations to then deliver the services, we know that their services have a particular catchment area and know which communities that they are generally

working with. So, for example, we contract with an organization called Hamilton Madison House which provides people who are Asian with mental health treatment and case management and are multilingual. That organization serves folks in the neighborhood where they are located as well as Asian speaking New Yorkers from nearby and other New York City neighborhoods.

And so that's one example and we are happy to go into — I am happy to go into more detail if you are interested.

COUNCIL MEMBER LOUIS: No, that's helpful. Thank you for that and we will have further conversations offline, I just wanted to hear briefly what that was looking at. And my last question and this was shared earlier, given the lack of accessibility to sites due to COVID, is there some type of plan to disaggregate the data to highlight the types of suicide that's been reported, so that we can understand what the agencies need to pull in what resources are needed? For example, we know when it comes to guns, we know we have to pull in NYPD, drugs, etc. Or when there is a spike in COVID and the city has to do like a hyper local response to bring cases down, I wanted to

know if the city would willing to explore that model regarding suicide rates when it comes to different things being utilized? Thanks.

DR. HILLARY KUNINS: Am I, yes, I am unmuted. Yeah, well, let me share what we know about suicide from prior years and just kind of say that New York sees particular patterns in methods of suicide that are generally away from firearms actually and towards other means. And so, our prevention efforts, both through individual community organizations focus on in addition to gun safety actually thinking about other strategies.

A main suicide prevention method is as you can imagine, access to mental health services and not just providing access but providing messages that getting help is okay and normal and lots of people need help. And trying to get messages like that through us directly from government but through community partners as well.

There are some key providers in the city who are expert in reaching younger people and specifically some communities all cite for example a fantastic program called Life is Precious. I believe that has City Council support that really provides tailored

approaches to young people as well as their families and has been active throughout COVID.

And so, sometimes and where New York City, I should also tell you historically, has had much lower suicide rates than the rest of the country. And so, we will continue to track and monitor and we would be very open to talking of course about new approaches and thinking about how to best use current resources to do new approaches, including hyperlocal ones, I appreciate you mentioning that.

We have been also very careful just speaking about our hyperlocal COVID response to being sure that those responses include access to mental health support where needed for New Yorkers coming in for those services as well.

COUNCIL MEMBER LOUIS: Happy to hear that you are open to new approaches, so look forward to having those conversations. That's all the questions I have Chairwoman, thank you.

CHAIRPERSON AYALA: I want to acknowledge that we were also joined by Council Member Cabrera. I am not sure if Council Member Borelli has a question. I know he is on the phone, maybe we can get back to him.

Okay, so I think that we can continue. I think Susan Herman is next, I believe Sara?

COMMITTEE COUNSEL: Yes, Director Herman is not delivering testimony, but she is available for questions.

SUSAN HERMAN: Happy to take questions.

CHAIRPERSON AYALA: Perfect, okay, I have questions for both of you. Well, I am not sure, I would love to learn a little bit more about the Well NYC calls. Because according to two recent reports and the Mayor's Management Report, New York City Well saw a 17 percent surge in calls during the height of the COVID-19 pandemic but still found that the hotline made 262,200 supportive connections for callers from July 1st of 2019 through June 30th of 2020.

Down from 274,000 calls the previous year and short of its 268,600 target. Could you explain you know, what those connections to care look like and how is this information tracked and what does the follow up look like? I am sorry, there is like three questions there. This is more for Susan.

SUSAN HERMAN: Who is this question for?

CHAIRPERSON AYALA: Susan.

SUSAN HERMAN: Okay.

CHAIRPERSON AYALA: An NYC Well question. If you want to answer it, that's fine to.

SUSAN HERMAN: I'll start and perhaps Hillary Kunins will jump in. Let me give a little bit of context here. The MMR pointed to targets that were raised in the later part of the year. We met the target that was set in the PMRR. We added new resources to NYC Well anticipating that there would be greater need and we did not make the annualized target that was then set after the new resources were made. But some context here I think is important.

First of all, that target is for calls, texts and chats and one of the lessons that I think we've learned and Dr. Kunins mentioned this when she was talking about how we've been really sort of excited to realize how much people are taking up virtual and telemental health services and how much people are accessing the information and the resources they need in different ways. I would just say two things. First, in April of 2020, we had 120,000 visits to the NYC Well website, which is about a 400 percent increase from the April the year before.

So, the target is about calls, texts and chats but I would say that we have an enormous number of people who seem to be getting what they need by going to the website, finding resources and going there directly. And that's good, however people access services is a good thing.

CHAIRPERSON AYALA: Absolutely.

SUSAN HERMAN: The second thing I would say is that we welcomed the fact that during this pandemic the state created its own COVID related helpline and whenever we advertised NYC Well during the pandemic, we advertised the state helpline as well.

So, again, we are very happy to have people access services no matter what door they walk through. So, that's a little bit of context here. I think the website is serving people very very well. We are still getting over around a 1,000 calls, texts and chats a day. That's a lot of people who are reaching out to us. So, we are very pleased with what's happening.

CHAIRPERSON AYALA: I think I have mentioned this at a previous hearing but I had a young lady that suffers from anxiety and she ask and she was like you know, who do I go to? You know, I don't have a

therapist at the moment and I said, well, have you tried — I was actually trying to like low key undercover see how effective the call center is. And she actually was very impressed with it. I didn't share any information beforehand and was very pleased with the outcome of the call and felt that you know, in the moment she was having a very serious panic attack that the person that she was talking to helped you know, kind of walk through it and she actually texted back and said, why didn't you share this information with me sooner? I wished that I had known.

But I think that that's always something that we struggle with is how do we ensure that as many people that need these services know that these services are readily available. I think, I will acknowledge that I have seen NYC Well pretty well promoted throughout my community and the people that I have spoken to seem to be you know, respond very well to the services that are being rendered. But when you talk about connecting supportive connections, what does that mean? What kind of services are you connecting individuals to?

SUSAN HERMAN: So, first of all when somebody calls NYC Well, they are talking to either a trained counselor or a trained peer, depending on what their choice is and sometimes that conversation, that supportive counseling is all they want and need. Sometimes people want to be referred to either individual counseling or group counseling and as you can, by looking at the website, they will ask you where you are, whether you want to receive service in your own neighborhood or a neighborhood where you frequent and any particular kind of service that you are looking for and they will offer you resources.

And what we know from surveying people who have called NYC Well and they are surveyed by people other than the person who spoke to them, is that we are not only offering services to at least 1,000 people a day but we are offering good services. People are satisfied, they feel helped and they are satisfied with the service. So, we are getting very good feedback from people.

CHAIRPERSON AYALA: I agree, do you find that — well, has outreach in communities that were highly impacted by COVID increased and if so, is that

outreach linguistically appropriate for those communities.

SUSAN HERMAN: We are doing outreach in all of the languages that the city recommends. I don't remember whether it is eight but in all the languages. We advertise in local ethnic press, local media, text messages sent out by the city. We had television PSA's in the early times of the pandemic. We also use the email lists that many other parts of city government use.

So, the community affairs officers at the NYPD sent out information about NYC Well. The Community Affairs unit in City Hall sent out repeated messages about NYC Well. We've sent out messages about it from the health providers around the city, radio messages, radio PSA's. We have really, we've reached out in numerous ways.

CHAIRPERSON AYALA: Now, I'm not sure if you track this data, but did you see the increase in the number of young people that were utilizing NYC Well as a tool?

SUSAN HERMAN: I would have to get back to you about young people but my guess would be that they are using the website very frequently.

CHAIRPERSON AYALA: I mean, I would imagine that they are texters, so they might you know, find it convenient but it brings to mind, is Thrive working in tangent with the Department of Education to ensure that our young people are aware of these resources?

SUSAN HERMAN: We are. We have been. We also, I mean, I think we may get into that later but we have trained teachers in social and emotional learning. Part of that training is also knowing where to refer people if necessary and how to do that.

We have provided and will be, you will see soon, sort of a release of new campaigns to reach young people specifically rather than just adults. But we also produce, the office of Thrive produced a guide for how to access mental health resources while staying at home and if you go on our website as about 38,000 people have looked at this guide since the pandemic began, you will see that the guide is divided into sections. So, there are special resources for veterans. There is special resources for older New Yorkers and there are special resources laid out for children and young adults and that message, the existence of this guide has gone out to all city agencies so that they are also telling all

of the people that they reach in their own networks and it is certainly part of what DOE knows about and can access.

We have also created special publications for the DOE, specifically on dating abuse and domestic violence geared to young people. And worked with NGBV on that, the Mayor's Office to prevent gender based violence and all of these things — is what a new service?

CHAIRPERSON AYALA: Are those new services?

SUSAN HERMAN: All of these guides?

CHAIRPERSON AYALA: Yeah.

SUSAN HERMAN: These are all things that we did during the pandemic to make sure we were reaching every body as well as possible.

We had everything from phone banking to flyering, in general putting flyers and one sheeters into some of the food that was distributed around the city to putting flyers under doors in NYCHA housing. We tried to reach everybody in every way that we could as our services were continuing.

CHAIRPERSON AYALA: So, in the executive budget, the Fiscal Year 2020 budget was increased by $3.8 million for the expansion of NYC Well. However, in

Fiscal Year 2021 Adopted Budget, the budget decreased to $12.6 million. Does that impact the number of counselors?

SUSAN HERMAN: It will not have an impact on the number of counselors. We added resources so that NYC Well could add staff and we are just monitoring the situation and if we need to adjust the budget again, we will.

CHAIRPERSON AYALA: Okay, I don't know who would respond to this but with the number of individuals that were released from Rikers Island specifically and from some of the local community jails during the pandemic, of those individuals that required connection and service for behavioral health services, how were those connections made considering that you know, most of the world went virtual at the same time.

SUSAN HERMAN: So, one of the groups of people that we have identified are particularly vulnerable are people returning to communities from some form of detention or incarceration, which is why again, the guy has a separate section for people who are justice involved or returning to communities. We have given information to all of the alternatives from

incarceration organizations, The Mayor's Office of Criminal Justice to Correctional Health Services. They all know what kind of resources are available, which agencies are particularly in tune to that population and which ones have mental health services in particular.

So, it is very targeted work to make sure that they can refer people to the organizations that will serve them.

CHAIRPERSON AYALA: Now, one of the concerns that we had with the transition of individuals from shelter setting to hotels was that there may be individuals that were being housed differently that had behavioral health needs. That would now be isolated and alone in private rooms in a hotel setting.

I am sure that proved to be challenging as well but I am curious to see how you know, services have shifted to address and ensure that those individuals living in shelter were not deprived of mental health and behavioral health services.

SUSAN HERMAN: Services shifted with those individuals, just as you said. It was very challenging, it is challenging. Thrive has funded

clinicians in 100 family shelters and added to some of the mobile treatment teams, mobile crisis teams and mobile treatment teams that serve in large part, certainly the mobile treatment teams, in large part, serving people who experience homelessness. And all of that work, trying to serve people where they are, whether it is on the street or in a shelter, has been helpful and has continued during the pandemic. One thing I think is important to note is that the work that we do in conjunction with DOHMH and H&H to bolster the level of field services that we provide as a city, you often hear about it in terms of people who are or have serious mental illness. And they are not able to participate in mental health treatment regularly at a clinic and so we go to them and try and keep them engaged in therapy.

And that is true and that is the fundamental purpose of those teams, but all of those teams in their work with people, are working to help everything that contributes to the mental health of that person including housing insecurity.

So, one of our teams, the intensive level treatment team, that one particular kind of team who serves the people who have really the most difficulty

staying engaged in services in large part because their transient. The population that is moving around. Those teams have seen 48 percent of their clients who had experienced homelessness before they were engaged with those teams, then have access to and be living in stable housing.

So, we are not only helping their mental health situation, we are helping their housing situation which in turn bolsters their mental health.

CHAIRPERSON AYALA: Hillary, do you want to add something to that? I thought I saw you raise your hand.

HILLARY KUNINS: Yes. So, Susan covered it beautifully. I did want to just add that we, during the making sure that folks in shelter and in hotels had access to all the services that they need, we closely coordinated with Department of Homeless Services, with NISUM, Emergency Management, with Mayor's Office of Criminal Justice to really be able to deliver to people in hotels in isolation. Whether it was ongoing care or new care that they needed for behavioral health, as we are speaking about today but other services as well. We work very closely partnering with those agencies to make sure that

every service we have in contracts, Susan mentioned some of them, was available for clients or New Yorkers who needed to isolate or quarantine. I will also add, we worked closely with Department of Homeless Services. We used during the height of the cases, did wellness checks by telephone to people in isolation and in that way we were able to offer general support but also to identify unmet behavioral health or other needs.

CHAIRPERSON AYALA: Thank you, thank you for that. So, one question that I had that I don't think that I really asked appropriately was regarding the shuttering of the psychiatric beds, so we received a lot of calls of concern and I actually didn't even realize that the psychiatric beds had been shut down. How has that effected the delivery of service? Are those beds now you know, active? Are they available since the pandemic seems to have kind of you know, settled a little bit and each of those beds for COVID beds isn't as dire.

DR. HILLARY KUNINS: Right, so just also to be clear, the beds were mostly converted to beds for physical health, intensive care unit and so forth.

They were not you know, simply shuttered, just to clarify by and large.

So, as you know the state controls bed authorization and so, they have been more clearly doing that regulation. However, we have been in very close contact with them to both bring concerns from the city as well as to understand what the future plans are for those beds. As I understand it, some have reopened. Some have continued to be made available for potential resurgence. We have not heard specific issues around longer wait times for psychiatric beds but we, I would say share your concern and are talking about it with the state and will continue to do so.

CHAIRPERSON AYALA: So, how was an individual that was picked up with psychiatric needs and maybe need an inpatient treated or triaged if those beds are not available?

DR. HILLARY KUMINS: Some were open throughout the pandemic, just to be clear. So, in some cases it might have necessitated for example a transfer to another site. Sometimes and ideally within the institution where the person came into the you know, in the system, that the person might have come into

the emergency department, sometimes needing to go outside that system.

CHAIRPERSON AYALA: Do you know how many psychiatric beds off the top of your head? I don't remember how many psychiatric —

DR. HILLARY KUMINS: I would have to look that up to.

CHAIRPERSON AYALA: And in comparison how many of those beds were lost throughout the pandemic.

DR. HILLARY KUMINS: I will have to get back to you on that.

CHAIRPERSON AYALA: I would appreciate that. Alright, I am not sure if any of my colleagues have any further questions. Did Council Member Borelli — I don't think he is with us anymore.

Okay, well, thank you guys. Thank you so much. I think you know, again, I would love to have an offline conversation I think about the current state of the city and you know, more specifically communities where we have seen a significant increase in drug use and public drug use. I am really concerned about ensuring that those individuals are — you know have access to the resources that they had pre-COVID and that you know, we are not losing sight

of them you know, in the midst of all of the other priorities that are competing with each other at the moment. I think that you know, this is public health crisis within another public health crisis and we need to acknowledge it as such. And we at the Council are committed as always to doing our part in helping you know both agencies to do the best job possible because your success is our success.

And so, I thank you for coming and testifying today. Thank you.

COMMITTEE COUNSEL: Thank you very much. That concludes the questions for this panel. We will now turn to public testimony. All public testimony will be limited to three minutes. After I call your name, please wait a brief moment for the Sergeant at Arms to announce that you may begin before starting your testimony.

The first panel will include Ravi Reddi, Zaynab Tawil and Joy Luangphaxay. As soon as you hear your name, wait for the Sergeant and you can begin once he unmutes you.

I would also like to remind any Council Members who have a question that they can use the Zoom raise

hand function to ask a question of any particular panel and they will ask after all three panelists go.

So, we will be beginning with Ravi Reddi and as soon as the Sergeant queues you, you can begin. Thank you.

SERGEANT AT ARMS: Time begins now.

RAVI REDDI: My name is Ravi Reddi and I am the Associate Director for Advocacy and Policy at the Asian American Federation.

I want to thank the Committee for holding this important hearing. Our community needs now more than ever culturally competent mental health services and robust mental health reporting.

The COVID-19 pandemic has resulted in a 35 percent increase in deaths compared to the five year average and a 6,000 percent in Asian unemployment claims compared to this time last year.

The economic damage hit our small businesses harder and earlier than the general economy and many of our seniors won't leave their homes due to rising anti-Asian harassment and violence.

Since 2000, the Asian population in New York City increased by 21 percent and two out of three in our community in the city are foreign born. So, simply

put combined with an Asian poverty rate of 14.1 percent in the city, rates of senior poverty higher than city average and almost one in two Asian New Yorkers having limited English proficiency. The mental health crisis in our community is real and getting worse.

And while Intro. bill 2005 has the potential to be impactful, robust mental health reporting will likely show that an important feedback is broken. Our mental health providers, while managing their own stress, anxiety, and depression are balancing their personal wellbeing with the wellbeing of our community. Our partners are conducting thousands of wellness calls adding mental health check-ins to other basic needs work like meal deliveries and continue to provide low income Asian New Yorkers with innumerable services. But from 2002 to 2014, the Asian American community received a mere 1.4 percent of the total dollar value of New York City social service contract and 0.2 percent of DOHMH contract dollars.

Before the pandemic, Asian senior programs were receiving only 2.7 percent of the total DFTA contract

dollars and no Asian nonprofit has their own meals contract always serving as a subcontractor.

This process was broken long before the pandemic, but the kind of mental health legislation being proposed here provides an opportunity to reconstitute and always should have been. Across this where data represents the breath and efficacy of community driven mental health approaches and then drives greater funding to programs that work, like those of our partners who will be speaking shortly.

To that end, our questions regarding Intro. bill 2005 focus on systemic issues in the city's reporting mechanisms. Questions the city should ask include, what kind of data will be collected? How will it be collected? Who will be collecting? Who will be expected to provide the data? And what will the data represent?

And we must be clear, any additional reporting cannot contribute to the already significant burdens being placed on our community service partners without additional funding and capacity. Data gathering that can accurately measure the impact of community driven programs are necessary to give us a wider perspective of the level of need and types of

services that work for the Asian community. Like the incorporation of mental health into services like food delivery for seniors and other nonclinical programs. And as an extension of the conversation on this bill, significant long term investment should prioritize Asian led, Asian serving community based organizations that are already doing the work —

SERGEANT AT ARMS: Time is expired.

RAVI REDDI: Within our community and in enabling other mental service providers to expand culturally competent mental health capacities.

Without expanding culturally competent services, which allow for greater points of access, there are fewer ways to collect accurate data and the Asian community will continue to be rendered invisible by existing data collection. Robust data gathering and programs at work should be part of the same process.

So, on behalf of the AF, I want to thank you for letting us speak with you about COVID-19's impact on our community and how we can move forward together.

Policies regarding mental health service delivery require nuance discussion and we look forward to working with the Committee and individual Council

Members to make sure New Yorkers of every background get the mental health services they need. Thank you.

CHAIRPERSON AYALA: Thank you Ravi. Thank you so much for that.

COMMITTEE COUNSEL: Thank you. Our next panelist will be Zaynab Tawil. You can begin after the Sergeant queue's you. Thank you.

SERGEANT AT ARM: Time begins.

ZAYNAB BASEM TAWIL: Hello Chairperson Ayala, Members of the Committee on Mental Health, Disabilities and Addiction. I want to thank you guys so much for the opportunity to testify before you here today.

My name is Zaynab Tawil and I am a Mental Health Case Worker with the Arab American Association of New York.

To say that there is a profound mental health crisis in New York's Arab American community would be an understatement. Since our organization was founded nearly 20 years ago, the lack of mental health care available to Arab Americans and the stigma surrounding accessing, it has done a great deal of harm in our community.

For years, families and lives have been irreparably damaged or as a result of lack of access to affordable accessible mental health care for Arab Americans. And as a result of that working to alleviate this crisis, has been a cornerstone of triple AAANY's work. Since the beginning of the COVID-19 pandemic, these challenges have intensified severely. Families and individuals in our community are starting to crack under the pressures of loss of income, at home schooling, domestic quarantine and countless other mental health stressors caused by COVID-19.

Repairing the damage to mental health this pandemic has done is work that will take years. The legislation being considered here today though is a critical first step. By creating the first concrete measures of this pandemics effect on mental health, we can start to develop programming to combat these effects and hopefully speed recovery for millions across New York.

Arab Americans of all ages and from all backgrounds have been acutely effected by the mental health affects of this crisis. Of particular worry though is the alarming jump in incidents of domestic

and partner violence, both reported and unreported our community has seen.

It is an unfortunate truth that in some traditional Arab households, it is all too common that women can find themselves victimized in hands of abusive partners who wheeled absolute power over their lives.

Before COVID, organizations like AAANY provided women at risk of falling into these situations with resources and information that could protect them from abuse. And we have fought to keep doing so throughout COVID-19. However, at home quarantine, loss of access to culturally acceptable spaces outside the home and increasing household tension surrounding at home schooling and loss of partner income have put thousands of Arab women quite literally in situations where their lives are on the line.

In my work with clients, I have seen a shocking number of women I work with reporting partner abuse. Even more alarming though, is the number of women in abusive relationships my colleagues and I were working with before the pandemic, now have stopped

reaching out to us all together due to their partners cutting off access.

As this pandemic shuts down doors and cuts off our community from mental health resources, we anticipate these negative impacts will increase and intensify the longer the crisis goes on.

While it is clear that COVID has severely impacted the severity of our communities mental health crisis, without concrete measurements of this impact it will be impossible for us to shift to programming to address these new challenges.

In providing exactly this bill, it will not only help organizations like AAA but will give a voice to countless victims of domestic violence.

SERGEANT AT ARMS: Time is expired.

ZAYNAB BASEM TAWIL: Suffering behind closed doors. We want to thank you again as we approach the grim hallmark of 200,000 Americans dead due COVID-19. We must keep focused on our city's recovery after this is all over and ensure that mental health and wellbeing of our city is essential to recovering and rebuilding in the wake of this crisis. Thank you guys so much.

CHAIRPERSON AYALA: Thank you so much. That was great.

COMMITTEE COUNSEL: Thank you. Our next panelist is Joy Luangphaxay.

SERGEANT AT ARMS: Time begins.

JOY LUANGPHAXAY: Oh, sorry. Good afternoon my name is Joy Luangphaxay, I am the Assistant Executive Director of Hamilton Madison House. We are a nonprofit settlement house located in the lower east side and with the largest outpatient behavioral health provider for Asian Americans on the East Coast.

Currently, we operate five mental health clinics, a personalized recovery orientated service program and a supportive housing program for individuals with mental illness in two locations, in Manhattan and Queens.

Our staff are bilingual and we provide service in Chinese, Korean, Japanese, Cambodian, and Vietnamese. In the last decades, Asian Americans continue to be the fast growing population in the New York Metropolitan area. Approximately 70 percent of Asians in New York City are immigrants. Currently, at Hamilton Madison House, behavioral health programs

including our mental health and addiction services, 80 percent of our program clients identify as first generation immigrants and report challenges as contributing factors to their mental health symptoms.

For Asian Americans, access to behavioral healthcare is already challenged based by a variety of factors from lower utilization rates becoming a culture stigma to a lack of funding for culturally linguistic competent providers. As a number of COVID cases increases, so the symptoms of anxiety and depression. In our mental health clinics, we saw a 25 percent increase of referrals since March 2020. Clients in services for the first time, meaning they never sought services prior to COVID-19.

We found that other providers were not accepting new patients due to the increase and demand as well as private practitioners such as private psychiatrists closing their practice during the pandemic causing a greater burden on organizations like Hamilton Madison House to back for the clients that were left in limbo.

During admissions 30 percent of the clients reported in their first time seeking mental health service only sought treatment as it was affecting

their ability to sleep or manage tasking their daily life due to fears about COVID-19. They also reported not being aware of — or a newly admitted client had been hospitalized due to severe depression and with suicide ideation due to his recent job loss during COVID-19. In a review of our programs in the last six months, HMH conducted analysis of program trends. 20 percent of the HMH charts reviews indicated an increase in mental health symptoms due to anxiety over financials, affordable housing and potential employment loss due COVID.

The findings included that clients have also not received mental health services approximately two months after their onset of the symptoms.

After clients were not able to seek service in their native language, therefore they were not able to avoid measures in increasing their mental health symptoms. At HMH we have always made it a priority for prevention and education. In the first months of COVID 19, we provided trainings for providers and caregivers on elder abuse, trauma informed therapy and overall general strategies on how to support loved ones with anxiety and depression. We increase our number of weekly —

SERGEANT AT ARMS: Time is expired.

JOY LUANGPHAXAY: Calls with clinicians to conduct brief check-ins to provide that meet their concrete needs.

Hamilton Madison House would like to recommend the following solutions to help our communities overcome the barriers of access to seek services. Due to the stigma, mental health service in the Asian community, please make resources available in various languages.

At this time, funding for wrap around services such as case management is required. Increase capacity and funding for mental health. Provide additional support service into the treatment of care. This also includes support groups, mentorship, legal aid and benefits counseling. Increase access to mental health services by funding organizations that have the ability to train and educate provider in other languages. We strongly urge the Committee on Mental Health, Disabilities, and Addictions not to forget about the Asian population and address these growing issues by allocating appropriate funding to increase mental health resources to our community. Thank you.

CHAIRPERSON AYALA: Thank you Joy. So, I hear this a lot and I just, I wanted to kind of gauge from you guys. So, is language access the biggest impediment to access to care in your network? I think that they are muted Sara.

JOY LUANGPHAXAY: Right now, the services that our clients are not able to receive is access to language service. There is a huge stigma, like I shared in our community and finding providers that speak their language both therapists and psychiatrics providers have been very difficult. A lot of the providers that are not in our clinic have actually wait list or have not accepted any new clients, so yes.

CHAIRPERSON AYALA: Ravi, Ravi had had something to add.

RAVI REDDI: And also, just you know, going off of what Joy said, you know I think you know at a higher altitude, there are a lot of systemic challenges. So, figuring out which impediment is kind of the greatest. You know, there are the immediate critical needs but then there is also you know, cultural stigma. There are funding streams that have been neglected for quite some time before

the pandemic and we are seeing a lot of weaknesses in our service streams because of that. Especially when you know, this crisis is hitting us disproportionately. We actually have information showing that our small businesses have been — were closed on earlier and harder and you know, across our community, we are seeing mental health needs show up in different ways and are being impacted by different systematic factors.

So, I can get you more information on that afterwards from our organization as well.

CHAIRPERSON AYALA: I would appreciate it, thank you so much. Okay, Sara, I think we are good for the next panel.

COMMITTEE COUNSEL: Thank you very much to this panel. Our next panel will include Alice Bufkin, Lauren Curatolo and Jamil Hamilton. As before, please wait for your name to be called and then the host will unmute you and the Sergeant will queue you to begin. So, we will begin with Alice Bufkin, when the Sergeant queues you, you can begin. Thank you.

SERGEANT AT ARMS: Time begins now.

ALICE BUFKIN: Good afternoon, my name is Alice Bufkin, I am the Director of Policy for Child and

Adolescent Health at Citizens Committee for Children. We are a multi-issue childrens advocacy organization committed to ensuring every New York child is healthy, housed, educated and safe.

I would like thank Chair Ayala and all the members of this committee for holding this really important hearing today. I will be submitting some written comments with additional detail but during my time today, I want to touch on a few items.

First, COVID-19 has undoubtedly exacerbated the behavioral health needs of New Yorkers, in children in particular but it is important to acknowledge that even prior to this pandemic, far too many children lack access to adequate behavioral health services.

In our state, suicide is the second leading cause of death for children 15 to 19 and half the children with a mental or behavioral health diagnosis don't receive the treatment that they need.

We heard some really valuable data from DOHMH today. We also know that the CDC has been really seeing it's pulse data post-COVID and in some of that data they found that almost half of youth in the New York metropolitan statistical area, age 18 to 24, experienced depression or anxiety. About a quarter

seriously considered suicide in the past week. That's higher than any other age group.

So, as we have heard today, the factors driving these spike include things like family job loss and economic insecurity, loss of loved ones, lack of access to mental health services, toxic stress of racism.

So, as the City Council and the Mayor consider how to address many of these challenges, we offer a few recommendations. First, we recognize that the city has been placed in an untenable position given the economic crisis. We join many city leaders in urging the state to explore revenue options and to extend barring authority to New York City. However, even barring additional state and federal assistance, we believe that austerity now will inhibit recovery and risk long term harm to marginalized children and families.

We need to protect those service families rely on to weather these hardships. That includes those services in DOH and in community based organizations that offer behavioral health services and other supports.

One area where we have already seen budget cuts, impact social and emotional supports for young children is the proposed cuts to community schools. As you know, community schools provides a host of social services to tens of thousands of students including services that are trauma informed and designed to center student emotional and mental wellbeing. We can't claim a true investment in the social, emotional and mental health of students while at the same time cutting the very services that help support them.

We therefore urge the City Council and city leadership to prevent the proposed community schools cuts from taking effect.

The newly proposed bridge to school plan provides a really valuable trauma informed framework for schools. We do think we need additional targeted supports and services to students, families and educators, so that they can make these proposals a reality.

We also believe that investment and whole school approaches need to be accompanied by strong clinical support for those students who have a higher level of need and to truly support students, schools must

recognize that many students are facing new trauma as a result of COVID and that punitive to disciplinary practices like suspensions, expulsions, involvement of the police are not great responses to childrens behavioral health needs.

And the last thing I will just say is that without tackling the digital divide, we really won't see equitable access to behavioral health supports and other supports as well.

So, I just want to thank you for your time today. Thank you.

CHAIRPERSON AYALA: Thank you so much. You guys are doing such great work. I really appreciate it.

COMMITTEE COUNSEL: Thank you. Our next panelist will be Lauren Curatolo and as before, when you hear the Sergeant queue your name, you can begin your testimony. Thank you, you can begin as soon as you are queued.

SERGEANT AT ARMS: Time begins now.

LAUREN CURATOLO: Good afternoon Chair Ayala and Members of the Committee. My name is Lauren Curatolo, I am so happy to be here to talk briefly about the critical work that the Center for Court Innovation has been doing during this devastating

time. We all know that this time has disproportionately impacted people of color, people in the communities that we serve.

So, the Brooklyn Mental Health Court, Bronx Community Solutions and the Midtown Community Court where I serve as Director, have done tremendous, tremendous work to ensure that clients have had continuous access to mental health services, overdose prevention services and harm reduction services.

I know that our written submission details just some of the work that is being done center-wide. I would like to focus on a pilot program that the Midtown Community Court in partnership with Fountain House and Midtown North Precinct, along with the NYPD's Behavioral Health unit has been working on. It is really exciting; it's called Midtowns Rapid Engagement Program.

As you know, on January 1st, New York's Bail Reform legislation went into effect and as a result, thousands of individuals are now being released with desk appearance tickets from police precincts and asked to return in ordinary times to court 21 days later for their arraignment.

So, for many individuals who are living with serious mental illness, drug addiction, housing instability, food insecurity, and who may be encountering the police at a moment of crisis and need immediate support, this moment of arrest is critical.

So, Midtown Rep, this program would fill a gap that currently exists by staffing a social worker and peer navigator on call to the Midtown North Precinct who would engage individuals in voluntary services after that person is released from the precinct.

We are really thrilled about this partnership and we've been spending a lot of time working with Fountain House and with the NYPD to see how we can make this project really work for people who are going to need critical services at the time of their arrest. And really our social workers at the center are the experts in supporting people living with mental illness and drug addiction issues, along with linking them to the stellar community based organizations that we partner with and have really strong relationships that we have built over the last 25 years as Midtown Community Court.

So, we are really looking forward to rolling out this pilot in the coming months and having the support of Council as we do that.

So, thank you so much for your time. I really appreciate it and thank you for letting me be here to talk.

CHAIRPERSON AYALA: Thank you Lauren and if we can be helpful, please feel free to reach out.

COMMITTEE COUNSEL: Thank you very much. Our next panelist will be Jamil Hamilton and as soon as you are queued by the Sergeant, you can begin. Thank you.

SERGEANT AT ARMS: Time begins now.

JAMIL HAMILTON: Thank you to the members of the City Council for the opportunity to submit this testimony today. My name is Jamil Hamilton and I am the Manager of Public Policy and Advocacy for the National Alliance of Mental Illness in New York City, better known as NAMI New York City.

For nearly 40 years, NAMI New York City has been committed to helping families and individuals effected by mental illness build better lives through education, support and advocacy.

Through our help line, education classes, support groups, public education programs and other programs and services, we were able to impact the lives of over 29,000 people in Fiscal Year 2020, which is a 52 percent increase over Fiscal Year 2019.

During the COVID-19 crisis, the importance of healthcare access has never been more clear. Unfortunately, mental health care is often excluded from COVID-19 public health response plans. Let's be clear, mental health is public health. NAMI New York City strongly believes mental healthcare must be a key component of our city's COVID-19 recovery plans.

The COVID-19 pandemic is a traumatic event that has impacting the mental health of nearly everyone. NAMI New York City has seen first hand the increased need for mental healthcare services during this time.

During the last two weeks of March alone, we saw a 60 percent increase in the number of calls to our helpline and that increase has held steady in the six months since. The pandemic is not only impacting families and individuals already familiar with mental illness, we are also receiving inquiries from individuals who have never experienced a mental health challenge prior to COVID-19. The constant

stress of worrying about finances, health and overall quality of life is taking a large toll on the emotional and mental wellbeing of New Yorkers. Now more than ever we need the City Council to invest in mental healthcare and ensure all New Yorkers are able to access the quality mental health services they need and deserve.

The City Council must work to minimize healthcare disruptions by ensuring that psychiatric units and other mental healthcare facilities have proper level staffing, PPE and beds. We are hearing far to many stories from healthcare providers and patients who say that hospital psychiatric units are reducing their capacity, discharging patients prematurely or closing all together.

Some examples of closures which we have talked about already include New York Presbyterian, Brooklyn Methodist Hospital which closed their psychiatric unit, New York Presbyterian Hospital, New York Presbyterian Allen which is in Inwood. They closed their psychiatric and detox unit and Northwell Health Methadone Clinic has closed.

We ask the City Council to conduct an investigation to why this is happening and what can

be done to prevent it. NAMI New York City believes legislation introduced by Council Member Louis is an excellent first step towards understanding the impact of COVID-19 on New Yorkers.

In addition, we believe the City Council should work to commission a comprehensive task force to thoroughly understand the current state of mental health in New York City and what policy changes should be implemented to improve it. This task force should release updates regularly and should include representatives from city agencies, community organizations, providers and families and individuals impacted by mental illness.

Finally, NAMI New York City believes it is crucial —

SERGEANT AT ARMS: Time is expired.

JAMIL HAMILTON: That the City Council increase funding for mental healthcare services. We understand the historic budget challenges facing the city but we cannot balance our city's budget on the backs of the most vulnerable New Yorkers.

Now more than ever we must invest in community organizations like NAMI New York City that are

providing critical mental health services and supports.

We are working harder than ever to provide services to more people than ever but we cannot do it alone. We need support from City Council to make sure we can provide education and support to the ever increasing amount of New Yorkers impacted by mental health challenges.

As always, NAMI New York City is ready to partner and work with the City Council Members to find solutions and make sure mental health is a key component of COVID-19 crisis response plans.

Thank you for your time and please do not hesitate to reach out if we can be of further assistance. Thank you.

CHAIRPERSON AYALA: I will definitely be calling you Jamil, but I have a question, the Inwood beds, I know that there was a reduction in the number of psychiatric unit beds pre-pandemic. Are you suggesting that the remaining beds were also taken offline?

JAMIL HAMILTON: From our understanding and we have been working with NAMI New York State and NYSNA, the New York State Nurses Association. Our

understanding is that all the beds have been closed but this process has been very opaque and not very transparent.

So, you know, we could have the wrong information but unfortunately because it is not a transparent process, we are not quite sure. But from our latest information it is closed, so folks in that area, which is a working class area and predominantly people of color, they now don't have access to these inpatient services.

CHAIRPERSON AYALA: Understood, thank you so much. Thank you for that.

JAMIL HAMILTON: Absolutely.

COMMITTEE COUNSEL: Thank you to this panel. Our next panel will include Hindy Hecht, Ronald Richter and Nadia Chait. As before, when you hear your name, please wait for the Sergeant to queue you and you will be unmuted and you can begin. Hindy Hecht will be the first to go. As soon as the Sergeant queues you, you can begin your testimony. Thank you.

SERGEANT AT ARMS: Time begins now.

CHAIRPERSON AYALA: Hindy, you are muted, hold on. Can you try to unmute yourself? Oh, you came in and out, try it again. Can somebody help her?

HINDY HECHT: How about now?

CHAIRPERSON AYALA: There you go, yes.

HINDY HECHT: Can you hear me? We are good? Okay, give me one second, okay. Again, my name is Hindy Hecht, I am the Director of Operations and Community Services at OHEL Children's Home and Family Services.

As we have all seen the pandemic is stressing an already stressed population. Normal has been redefined, a baseline of anxiety has become a new normal for many who never experienced anxiety prior to COVID-19. There is a heightened anxiety the amount of lows have been experiencing anxiety pre-pandemic. And for those who are managing their mild symptoms prior to the outbreak, the COVID-19 experience has pushed them over the edge.

During a time of increased isolation and tension, people struggling with managing addiction have become destabilized. Drug deaths are increasing the COVID related fatalities. Those that are not dying from coronavirus but have conditions secondary to COVID. There has been an uptick in drug overdoses with many struggling with mental health issues, self-medicating and isolation with no one to call for help.

Support systems have become dismantled. For many, the multipronged interventions that have sustained them have been reduced solely to medication. Group therapies have stopped, in person visits have stopped. Many of those with mental illness reportedly do not have access to technology that would enable them to participate in remote mental health visits via telehealth.

The term social distancing has created greater barriers. The need is for physical distancing but the need is for social connectedness. Social distancing has created further isolation, loneliness, urgency and desperation on the part of those who are facing mental health issues and OHEL.

During the height of the pandemic, we saw a huge uptick in calls related to anxiety and depression. Our community is suffering. Women living in abusive relationships afraid to leave, afraid to stay. Those living with mental health challenges desperate for interventions. Parents fearful of their children who have severe mental health challenges which have led to violence in the home and the everyday people in our community who are finding themselves so challenged. A man in his 30's in medical school who

has depression, had been managing his symptoms well but called us a loss because his school and library were closed due to COVID. These places were his haven where he escaped from his dysfunctional and chaotic home in order to study. He was extremely anxious that he would fail his medical exam which he had been working so hard toward. An executive in a long term care facility with no history of mental health issues, was experiencing a severe panic attack and anxiety related to COVID.

He was terrified for the wellbeing of his patients and staff and felt a crushing burden to develop a plan that would ensure the safety of those under his care. The anxiety was crippling him and preventing him from doing his job.

The woman with anxiety who was managing her symptoms so well, holding down an excellent job, COVID triggered overwhelming anxiety in her, not due to fear of the illness but the fear over the economy, of needing to support her family, fear of the unknown.

She wanted to go to sleep early as was her only rest from her anxiety but at this point, even sleep alluded her and the stories go on. As the

presentation of height in mental health issues continues to trend upward, we must see an uptick in mental health services in order to meet the increased need.

OHEL needs continued support in order to expand our work with the community, in order to reduce the stigma, provide the necessary service and return our members to health both emotionally and physically. Thank you.

CHAIRPERSON AYALA: Thank you Hindy and thank you for your services.

COMMITTEE COUNSEL: Thank you very much. The next panelist will be Ronald Richter. As soon as you are unmuted and the Sergeant queues you, you can begin with your testimony. Thank you very much.

SERGEANT AT ARMS: Time begins now.

RONALD RICHTER: Thank you Sergeant and thank you Chair Ayala and Members of the Council Committee on Mental Health, Disabilities and Addiction. We so appreciate you taking the time for this hearing drawing attention to the issue of increased drug overdose, depression and anxiety during COVID-19. Thank you Council Member Louis for Introduction 2005, which would require the city to report on numbers of

formerly diagnosed or mental health related cases disaggregated by age, race and gender.

I am the Chief Executive of JCCA which has been working with New York's most vulnerable children and families since 1822. We see first hand the value of children's behavioral health services, child and family treatment, support services, home and community based services and are always advocating for an expansion of children's mental health services as part of Medicaid redesign.

Our skilled service providers work directly with vulnerable young people in their homes, schools and communities. We provide support to help clients engage with schools, receive consistent medical and behavioral treatment and avoid hospitalizations, avoid foster care, avoid placements in higher levels of care.

As you have heard today and I am sure before today, the stress of this pandemic is overwhelming and hitting our clients and communities that are already adversely effected by decades of systemic racism, over policing, and disinvestment in schools, social services and infrastructure. Many come from New York's communities where there is extraordinary

resilience, extraordinary strain, extraordinary creativity yet we see adverse childhood experiences, resulting in the kinds of damage that COVID did. What are our recommendations? Support for Intro. 2005, trauma informed care, children's mental health services should be expanded to include children in child health plus, eliminating barriers to access to care and service provision. Partner with schools to provide support to children as schools address the challenges of providing education during the pandemic.

Imagine trying to read and struggling with the trauma of COVID and learning virtually. Imagine being in foster care and moving from place to place while doing this. Integrate children's mental health services into frontline care, such as food banks, housing organizations. And finally, fully fund the indirect rate —

SERGEANT AT ARMS: Time is expired.

RONALD RICHTER: For nonprofit organizations. Thank you so much for your time and this opportunity and thank you Council Members for the work you do every day. Chair Ayala, it is great to see you.

CHAIRPERSON AYALA: Thank you. Thank you so much. You actually, you have a lot of really great points. I, you know, I have children in school as well and I don't remember getting a wellness check call throughout the last year and I think it is important because you know, children are impacted by many of the things that they are experiencing at home and in their communities. And I know just dating back a few months, while in the midst of the pandemic, every one in my house was like sick with COVID and the teachers were texting away. You know, you need to do your homework. You need to do this, you need to do that and there was no empathy or even an acknowledgement right, that a lot of these kids were living in a household that were you know impacted where individuals were you know, sick. Where individuals were dying, where there was food insecurity, where domestic violence was a real issue. So, I thank you for that because it is not something that we touched on today but I think it is something that we definitely need to monitor more closely, so thank you.

RONALD RICHTER: Thank you very much. I know you appreciate; the children take their queue's from

adults and adults have been super anxious and stressed and depressed and kids feel that. Kids who are nonverbal feel that and you know, our schools really need to be aware of that and to be checking in. So, we appreciate you. Thank you.

CHAIRPERSON AYALA: Thank you.

COMMITTEE COUNSEL: Thank you very much. Our next panelist is Nadia Chait. As soon as you are unmuted and the Sergeant queue's you, you can begin your testimony. Thank you.

SERGEANT AT ARMS: Time begins now.

NADIA CHAIT: Good afternoon Chair Ayala and distinguished members of the Council and thank you for the opportunity to testify today. I am Nadia Chait, the Associate Director of Policy and Advocacy at The Coalition for Behavioral Health. The Coalition represents over 100 community-based mental health and substance use providers, who collectively serve over 600,000 New Yorkers annually.

As has been highlighted today, the COVID-19 pandemic has presented an incredible challenges both for the clients we serve and for the providers who are working every day to serve them. This has been compounded with the social unrest around racism and

social inequity, as these pandemics really impacted the same communities. Additionally, substance use disorder and the opioid epidemic did not go away when COVID starting hitting our communities. Chair Ayala, you highlighted that in many cases the same communicates that have been hit so hard by the opioid epidemic have also been hit incredibly hard by COVID.

The dual impacts of these issues are a challenge that our providers are struggling to meet every day. One of the things that I think has been a positive that has come out of this is that we know that more people are reaching out for help. So, we have heard from our providers, over three quarters of them have seen an increase in demand for their services.

So, we know that our communities are aware that we are there and that they are reaching out for help. However, as has been highlighted today, there are gaps in access that limit our ability to provide services. Particularly you know, some workforce challenges and then of course the social distancing.

Our providers worked incredibly quickly and I want to thank both the state and city regulatory bodies for providing the flexibility to allow our providers to transition to telehealth. They did that

very quickly and they really worked with our clients to not have the digital divide be a barrier. We had providers who were going to folks homes providing them with phones, providing them with tablets, signing them up for data plans and in many cases, paying for that from the providers because it has not been consistently reimbursed by government.

And we have providers who continue to work in person and maintained programs open for clients who needed to access that. And I would also emphasize, telehealth has been very successful for many of our clients. We have seen show rates higher than we had before and we have seen that populations that we might not have anticipated.

So, for example, our providers who work with justice impacted individuals have reported a real increase in show rates among that population despite the fact that that is a population that tends to be quite marginalized. And so, I think it shows how telehealth is a good modality for some individuals. I do want to say quickly on Intro. 2005, we strongly support the intensions of this legislation. We are concerned that this could put a substantial reporting requirement on the behavioral health providers, so

that the city would have this data in a way that would not be feasible for providers at this moment and time when they are working so hard just to provide their core services every day. And so, we would like to work with you to identify what might be ways to get at this data —

SERGEANT AT ARMS: Time is expired.

NADIA CHAIT: That would not be burdensome to the providers. Thank you for the opportunity to testify.

CHAIRPERSON AYALA: Thank you Nadia, that was a really good point. I will make sure to raise it to Council Member Louis as well.

COMMITTEE COUNSEL: Thank you very much to this panel. Our next panel will be Gary Stankowski, Abraham Gross and Neil Pessin. As before, when you hear your name called, please wait for the Sergeant to queue you after you are unmuted. Gary, you can begin as soon as the Sergeant queues you. Thank you very much.

SERGEANT AT ARMS: Time begins now.

GARY STANKOWSKI: Hi, good afternoon. Thank you Chair Ayala and the Council for the opportunity to provide testimony. I am Gary Stankowski, the Chief Operating Officer at NADAP.

I am going to address some general client and provider experiences during COVID and also substance abuse screening for public assistance applicants. NADAP is a nonprofit based in New York City operating for 49 years. We are a multiservice organization providing substance use assessment services, case management, care coordination and health insurance enrollment into the New York State marketplace.

COVID-19 has had a devastating and long lasting impact on New York City residents. Particularly individuals with multiple or complex medical conditions, mental health diagnosis and substance use disorders. Many individuals have few resources and less ability to navigate the changing service delivery system that now includes virtual services and telemedicine.

Many also lack the resources to obtain needed care because of an inability to access Wi-Fi, the internet and computer hardware for virtual and telemedicine visits. As the COVID pandemic moves into the eighth month, the effect on vulnerable New Yorkers continues. Overall, individuals are less likely to seek treatment for medical and mental

health and substance use disorders on their own, due to health concerns about exposure to COVID-19.

Regarding screening public assistance applicants for substance use disorders, in response to federal and state welfare reform legislation, local social service districts are required to screening cash assistance applicants for substance use disorders. The New York City Human Resources Administration conducts a substance use screening questionnaire at job centers throughout the city.

When a positive response is obtained, the cash assistance applicant is referred to HRA Substance Use Centralized Assessment program for a substance use assessment conducted by a credentialed alcoholism and substance abuse counselor.

NADAP is the vender operating SACAP, the assessment program. Before COVID, approximately 400 individuals were referred weekly for assessments with about 75 percent coming from job centers and 25 percent from residential treatment programs.

During COVID, that number dropped to about 170 per week. In the beginning of August, that number dropped to approximately 55 per week. A decline of more than 85 percent with almost all referrals coming

only from residential treatment programs. This situation is counterintuitive because both substance use and the number of cash assistance applicants are increasing during COVID.

Commissioner Banks has stated that the number of applicants is the highest in the city since 1967. As a result of these two factors, the number of cash assistance applicants being referred for assessments should be increasing instead of decreasing. Substance use screenings at job centers need to identify individuals using drugs and alcohol and resume referring them for —

SERGEANT AT ARMS: Time is expired.

GARY STANKOWSKI: Assessments, so they can receive treatment when necessary.

As a result of applicants not being identified at the point of applying for cash assistance, thousands of people are not being referred to treatment. Thank you.

COMMITTEE COUNSEL: Thank you very much. The next panelist is Abraham Gross. As soon as you are queued, you can begin. Thank you.

SERGEANT AT ARMS: Time begins now.

ABRAHAM GROSS: Thank you Chair Ayala, Council Members Louis, Ampry-Samuel and any other public official of integrity for this opportunity. I submit this testimony for the record on behalf of myself and many other New Yorkers whose mental health have suffered from this travesty.

The travesty continues to harm the public. Beyond the suffering and the challenges for ones mental health that come is the challenge or the realization that public officials who have the resources and the mandate to help their constituents continue to show indifference to unnecessary suffering.

To date, my pleadings before elected officials have amounted in the best case scenario to a promise for email follow up which led to a generic correspondence and unanswered emails.

In the worst case scenario, public officials have transitioned from promising to help to receiving luxury affordable housing in the exact complex from which I was rejected.

Today, September 22nd, is the one year anniversary of me being forced in the public shelter for the first time in my life. Before this happened, I

begged public officials and public agencies whose mandate it is to help the homeless population, not to allow this to happen. I pointed out that there were hundreds of vacant apartments for which I was eligible. None of this made a difference. It is apparent that those decision makers have also not spent a day in their life in public shelter. There is nothing more harmful and destructive to a human beings mental health than being forced into a shelter.

Well, in fact, that is not true. The only thing that is more destructive and harmful is facing those challenges during the break of the pandemic. Which I have been facing despite hundreds of apartments for which I am eligible, vacant. Despite the admission that many of the luxury affordable apartments are going to ineligible applicants.

As I speak these words, I know that many Council Members are aware of the problem with affordable housing. Many Council Members know that it is an unspeakable horror that human beings should suffer from homelessness during the pandemic.

SERGEANT AT ARMS: Time is expired.

ABRAHAM GROSS: I am just going to finish this point please. While hundreds of apartments are vacant. This is so destructive to a persons mental health to see that public officials who can help and should help wont help.

Chair Ayala, I am pleading with you, please at least reach out, call me, and do what I humbly suggest is humanly warranted. Thank you for your consideration.

CHAIRPERSON AYALA: Thank you Abraham.

COMMITTEE COUNSEL: Thank you very much. Our next panelist will be Neil Pessin. As soon as you are unmuted and the Sergeant queues you, you can begin your testimony. Thank you.

SERGEANT AT ARMS: You may begin.

NEIL PESSIN: Thank you. Good afternoon Chairman Ayala and Members of the Committee on Mental Health, Disabilities and Addictions. My name is Neil Pessin and I am the Vice President of Community Mental Health Services at Visiting Nurse Service of New York and I appreciate the opportunity to testify about VNSNY, CMHS experiences through COVID and the importance of preventing cuts to the behavioral health programs. VNSNY is the largest non-for-profit

free standing homes community based healthcare organization in the United States and we are rooted in our commitment to New Yorkers and those most vulnerable among us. With critical support from the New York City Department of Health and Mental Hygiene, DOHMH and the New York City Council as well as ONH. CMHS provides home and community based behavioral services and case management services to vulnerable adults who are in every borough. Last year we provided over 120,000 visits to over 16,000 residents. We offer a variety of services; our mobile crisis teams serve as a safety net for individuals in need of assessment and linkage due to psychiatric crisis. Our Act program, community treatment programs provide multidisciplinary 24 hour 7 day a week community based treatment and support to people with severe mental illness. Many of whom are homeless, suffer from substance misuse and/or are involved with the criminal justice system.

Our homebased crisis intervention program offers an alternative to out of home placement for youth experienced in psychiatric distress. And our geriatric program has the goal of helping the older adults remain at home and out of institutional care.

Some of our geriatric programs are supported by the City Council.

About 67 percent of the adults and 90 percent of the children we serve are racial or ethnic minorities with the majority of them living in neighborhoods hit highest by COVID. Almost all are assured or qualify for Medicaid.

Since the beginning of the COVID emergency, we have provided critical behavioral health intervention to nearly 7,500 New York City residents. Never has a need for mental health intervention been so important to prevent isolation, escalation and institutionalization.

Those we serve have a higher incidents of trauma, anxiety and depression, as well as a need for assistance accessing benefits and necessities such as housing, food and medication.

We have found that the children referred during COVID have exhibited increased depression, isolation, disconnection from therapeutic services and dissolving of family cohesion. For adults referred during COVID as well as in our geriatric, we have seen an increase in the report of suicidal ideation, social isolation, paranoid beliefs, depression,

agitated behavior, substance use and alcohol misuse as well as seeing a continuous stream of referrals who become disconnected from their treatment.

It is vitally important that we continue to support the truth in mental health —

SERGEANT AT ARMS: Time is expired.

NEIL PESSIN: And prevent further cuts in our programs.

CHAIRPERSON AYALA: Thank you Neil. Thank you so much.

COMMITTEE COUNSEL: Thank you very much to this panel. Our next and final panel will include Will Robertson and Melissa Moore.

If you are hoping to testify and we have inadvertently left you out, please use the Zoom raise hand function, so that we can ensure to have you on the next panel. In the meantime, for Will and Melissa, when you hear your name called, please wait to be unmuted and for the Sergeant to queue you and then you can begin.

Will Robertson, as soon as you are ready, you can begin. Thank you.

SERGEANT AT ARMS: You may begin.

CHAIRPERSON AYALA: He is on mute. You can begin Will. Will, can you hear us?

COMMITTEE COUNSEL: Okay, we appear to be having some technical issues with Will, we can return to him as soon as he gets his sound back. In the meantime, Melissa Moore, you can begin as soon as you are unmuted and the Sergeants queue you. Melissa, when you are ready. Thank you.

SERGEANT AT ARMS: You may begin.

MELISSA MOORE: Good afternoon and thank you Chair Ayala and the Committee for the opportunity to speak at today's much needed hearing.

I am Melissa Moore, the New York State Director at Drug Policy Alliance, which advances evidence based drug policy that is grounded in science, compassion, health and human rights. And our work is aimed at reducing harms both from drug prohibition and drug use. We are deeply concerned about our community members who are most vulnerable during the COVID-19 crisis, including people of color, people in jails, prisons, and immigrant detention centers. People otherwise enmeshed in the criminal legal system, people without housing and those who use drugs or accessing treatment or in recovery.

We know that racism, stigma, discrimination and inadequate social safety net, including barriers to healthcare were impacting these communities long before COVID-19 but are amplified and compounded with the current pandemic.

People who use drugs are facing even more challenges to accessing life saving harm reduction services and medications for treatment than before. The racialized punishment of people who use drugs has not stopped and additional policing, surveillance and criminalization is already on display.

I am including DPA's all COVID-19 policy recommendations with my testimony for your records as well.

But with regard to overdose, I want to highlight that New York was already experiencing an overdose crisis before the COVID-19 crisis hit and we were losing a New Yorker every six hours to a preventable overdose death. COVID-19 has made the ongoing crisis in New York even worse. Putting people who use drugs in harm reduction services in jeopardy and the financial stress and housing insecurity impacting many New Yorkers, many have talked about today, plus disruptions and contaminations in the drug supply and

people using alone, have increased the danger for fatal overdose.

Unless we act, life saving services will be harder to access and overdose deaths will continue to skyrocket. We know that people are being arrested and criminalized for possessing syringes and medication for opioid dependency. This is because New York has a draconian law that puts people at risk being arrested for simply possessing syringes and also limits the number of syringes people can purchase at a pharmacy.

This undermines public health and can lead to people sharing or abusing syringes, which can contribute to contracting diseases like HIV and hepatitis C. And people also face huge challenges in accessing medication assistant treatment like buprenorphine, which we know is one of the most effective treatments for opioid dependency. And they can even be arrested and criminalized for possessing it. Whereas jurisdictions like Philadelphia and Burlington Vermont have decriminalized buprenorphine and recognize that it is a public health intervention, we haven't done that.

But I really want to focus today on the nexus of mental health and drug use and note that this Friday is the 8th Anniversary of when Mohammad Bob was killed by the NYPD after his mother called 911 for an ambulance. And last Friday, we revisited the death of Dwayne Critchett at the hands of the NYPD following his fathers 911 call for help when he was in a mental health crisis. And the Attorney General's Office determined not to charge the officers who killed him because of findings of drug use.

It is horrific that family members calls for help during a mental health crisis have resulted in the NYPD killing their loved ones.

SERGEANT AT ARMS: Time is expired.

MELISSA MOORE: We can't stand silent. We cannot stand silent in case after case where there is no accountability for law enforcement killing people in the midst of a mental health crisis and then the persons drug use is being used as a justification for their death. Let's be very clear, the drug word that diverted valuable resources away from community health and towards militarized policing killed Dwayne Critchett and far too many other New Yorkers.

New York must stop operating in a way that prioritizes and values criminalization and demonization over health responses that center a persons wellbeing when they are in crisis. And we need city leaders to make it abundantly clear that responses to mental health and substance use should have nothing to do with the police. It is beyond time to ensure that New York shifts our approach to mental health response away from police and instead reallocates those resources to city and health agencies, harm reduction programs and community based organizations, all of whom are better trained and equipped to address the acute crisis and actually keep our communities safe.

I welcome any questions you might have about the syringe criminalization or medications assisted treatment access or other overdoes issues. And thank you very much for having this hearing. This is certainly the moment to scale up harm reduction strategies that have been proven to be effective in fighting overdose and certainly not the time to criminalize such efforts. Thank you very much.

CHAIRPERSON AYALA: Thank you Melissa. I really appreciate that testimony. I am living more of that

in real life as we speak and I understand where you are coming from. I appreciate you all coming to testify and look forward to following up with a few of you afterwards. Are there any others? Did we rectify the Will Robertson call?

COMMITTEE COUNSEL: We're going to attempt to go back to Will now. We will give him a moment.

CHAIRPERSON AYALA: He was good and then he got muted again. Will, just try to unmute — well, he is on the phone, so somebody is going to have to unmute him.

WILL ROBERTSON: Hello, can you hear me?

SERGEANT AT ARMS: We can hear you. We hear you.

WILL ROBERTSON: Okay, thank you, alright. First of all, my name is Will Robertson Community Leader for Vocal New York. I am also a recovery coach at [INAUDIBLE 2:19:34]. A member of the Peer Network of New York and I also work with the Brown collective.

Anyway, what I really want to talk about, I wanted to talk about something a little different from what everybody has talked about. I am the type of person, I'm on the ground. During COVID, when COVID started, when everything shutdown, everything shutdown immediately. We didn't have a chance to

give a participants any warning or you know that we are not coming back out there to give you all syringes. We are not coming back out to give you naloxone or anything like that.

So, what we decided to do at the Peer Network of New York, we went back out there in two weeks. During that two weeks, we had to run around to try to get people to donate masks. Ran around asking for donations for PPE gear. In other words, so we could be protected because we didn't want to leave our participants out there like that.

When we got out there, the participants were so happy to see us. They were telling us they were using 30 needles. They were telling us they were using needles with blood in it and then rinsing it out with the water from the fire hydrant you know. And just to leave them out there just like that, we couldn't see it. So, the Peer Network was out there within two weeks from the pandemic. We were all out there working without pay just to serve to our community.

Okay, as things start getting better, as we started serving them with the syringes, we started picking up syringes, okay. Come to find out on an

average day, we would pick up anywhere between 800 to 1200 syringes in a day.

Councilperson Ayala, we worked in your community and we do see the public usage but I have to admit one thing, the participants got so trusted and comfortable with us, that we are talking to them just like they were people, you know because they are people you know. But when I say people, it's just that you know, I am able to talk to them and tell them stop throwing syringes around.

Alright, we put them in one place so we can come here we can pick them up you know. It's not that you all are disrespecting the neighbor but it is also respecting yourselves. You know, and we were able to talk to them like that. We asked them what is going on, what do they need out there? What the list is? Some said garbage can, garbage bags. Some others the ones that talk about what they need, some place to go to the bathroom because if you notice, especially in that area of the Bronx there is an increase of human feces all through the streets because they had no where to go to the bathroom. Because they did was they can't run through a restaurant, they can't run through the store.

SERGEANT AT ARMS: Time is expired.

WILL ROBERTSON: To go to the bathroom. A lots of times, we talk to the participants, like yesterday alone I talked to three participants. They called me up and said, can I talk to you, you know, they are getting tired of coming out there you know, doing what they are doing.

You know, but we established some type of relationship with them you know. You got to remember, each participant out there, a lot of people look at them and look at them with the stigma that they are nobody, but they are somebody. They are somebody mother, daughter, sons, fathers and they are out there. They are human beings you know. And another thing that we really got to start to do, we got to get prepared for the second wave. This shouldn't have been a problem for us to bust our butts looking for masks, looking for this, looking for that. Okay, we learn from the first wave. There might be a second wave, we are talking about within a month or so.

So, we have to be prepared for that. You know, all these cuts and stuff like that, that's not going

to help us. That's not going to help us and what we really have to do is remember —

SERGEANT AT ARMS: Time is expired.

WILL ROBERTSON: How reduction is not just giving out syringes. It's not just giving out — picking up needles. Any positive change and I have seen a lot of positive changes in some of the participants out there but like I said, we can't force them to do what they did but we are there for them. Thank you.

CHAIRPERSON AYALA: Thank you Will, thank you. I appreciate that because I know specifically talking about the second wave, there are a lot of concerns that individuals that are using together and not necessarily you know, don't have access or not using PPE while they are in these small quarters together. And so, that's something that's really concerning to us as well.

So, thank you. Thank you for your testimony and thank you all for coming today. Unless there is anyone that we have missed —

COMMITTEE COUNSEL: At this time, we have no others who are hoping to testify and just a reminder to all our panelists, that they can submit written

testimony as well. Chair Ayala, you can now close the hearing.

CHAIRPERSON AYALA: Oh, we will now be adjourning this meeting. Thank you so much for everyone that came. Thank you.

SERGEANT AT ARMS: Alright Chair, we closed out.

C E R T I F I C A T E

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

Date October 25, 2020