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Of the

COMMITTEE ON MENTAL HEALTH,
DISABILITIES, AND ADDICTIONS

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B E F O R E: DIANA AYALA (chairperson)

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Joseph Borelli
Fernando Cabrera
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A P P E A R A N C E S (CONTINUED)

Dr. Hilary Cunins, Executive Deputy Commissioner
Division of Mental Hygiene
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Susan Herman, Director
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SERGEANT-AT-ARMS: Sergeants, will you please start your recordings?

SERGEANT-AT-ARMS: PC recording is up.

SERGEANT-AT-ARMS: Thank you.

SERGEANT-AT-ARMS: Cloud has started.

SERGEANT-AT-ARMS: Thank you.

SERGEANT-AT-ARMS: Backup is good.

SERGEANT-AT-ARMS: Thank you. All right. Good morning, everyone, and welcome to today's remote New York City Council hearing of the Committee on Mental Health, Disabilities, and Addiction. At this time, would all panelists please turn on their video. Once again, would all panelists please turn on their video? To minimize disruption, please place electronic devices to vibrate or silent. If you wish to submit any testimony, you may do so at testimony@council.nyc.gov. Again, that's testimony@council.nyc.gov. Thank you for your cooperation. We are ready to begin.

CHAIRPERSON AYALA: Good morning, everyone. I am Council member Diana Ayala, Chair of the Committee on Mental health, Disabilities, and Addiction and I would like to thank everyone who is joining us today for this remote hearing. This

morning, we are holding an oversight hearing on the city's mental health response to community violence and to hear legislation which I am proud to sponsor, Introduction number 1890 in relation to community outreach regarding the availability of mental health counseling in response to violent and traumatic incidents. For too many New Yorkers, violence and traumatic incidents are familiar regular occurrences in their lives. These occurrences not only carry physical scars, but also carried visible lifelong scars and impact the mental emotional and behavioral health of those impacted. According to the New York City Department of Health and Mental Hygiene, violence causes emotional harm that may result in short and long-term trauma, including depression, anxiety, poor birth outcomes, compromise childhood development, risk of substance and alcohol use disorders, negative physical and mental health outcomes, and premature deaths. While some victims and survivors of violence appeared to develop coping mechanisms or resilience in response to trauma, others develop toxic stress which, over time, can actually negatively alter brain development. Violent and traumatic incidents impact all individuals across

social, economic lines, but disproportionately impacts the youngest and the poorest. According to the world WHO organization, 90 percent of deaths due to violence occur in the poorest communities. Homicide and suicide disproportionately affect young men age 15 to 44 and, for every young person killed by violence, and astonishing 20 to 40 more will require hospital treatment for injuries sustained in violent altercations. The effect of violence on children and young adults threaten their ability to focus and pay attention in school, affect decision-making and learning skills, and impact the ability to form healthy and stable relationships. Violence also puts children and young people at a greater risk to suffer from depression, and negative mental health outcomes and increase the potential for drug and alcohol misuse. The Covid 19 pandemic has exacerbated so many existing inequalities and problems in New York City and community violence is no exception. This year has seen a rise in gun violence, shootings, homicides, and very upsetting way, domestic and intimate partner violence since March 2020. This rise in violence can be explained by a multitude of factors, including United global

pandemic, economic instability, increase in unemployment, increase in gun ownership nationally, and significant social and political unrest. We, as a city, must respond to this increase in violence with not only a public safety response, but with a significant mental health response, as well. Without a mental health response, we would not be adequately addressing a real long term impact of violence on individuals and communities. On a personal note, I am deeply connected to this issue. As a child growing up in New York City, I can recall multiple incidents where I was touched and impacted by violence in my community. I saw things that no child should ever see and didn't have the ability or the knowledge at that age to process this violent should have never been normalized. I carried visible scars for many years and, to this day, still occasionally feel impacted by this violence. The idea that New Yorkers still enjoy this today and may not receive the service-- resources and connections to mental health care that they need to the mentally process and emotionally survive violence breaks my heart. I want to thank the administration, DOHMH, Thrive, and the Mayor's Office for Criminal Justice who are here

today. I know that you are committed to working on this issue for all New Yorkers and to address the mental health needs that arise when our communities experience violence. I look forward to hearing from you all and to learn more about the role the city Council can play in supporting your efforts. I also want to thank my colleagues, as well as my committee staff, senior counsel, Sara Liss, legislative policy analyst, Chrissy Dwyer, finance analyst, Lauren Hunt, my Deputy Chief of Staff, Michelle Cruz, and Chief of Staff, José Rodriguez, for making this hearing possible. I now turn to committee counsel Sara Liss to go over some procedural matters.

COMMITTEE COUNSEL: Thank you, Chair Ayala. I am Sara Liss, 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 go over a few procedural matters. I will be calling on panelists to testify. I want to remind everyone that you will be on mute until I call on you to testify. You will then be unmuted by the host. Please listen for your name to be called. And for everyone testifying today, please note that there may be a few seconds of

delay before you are on muted and we thank you in advance for your patience. 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 a question, please use the zoom raise hand function and I will call on you in order. I will now call on members of the administration to respond to the South. And that order will be Dr. Hilary Cunins, executive Deputy Commissioner, division of mental hygiene, New York City Department of Health and Mental Hygiene, Jessica Mofield, executive director, Mayor's Office to Prevent Gun Violence, Mayor's Office of Criminal Justice, Nora Daniel, director of intergovernmental affairs, Mayor's Office of Criminal Justice, Susan Herman, director, Mayor's Office of Thrive NYC. I will read the oath and, after, I will call on each panelist from the administration individually to 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. Cunins?

DR. CUNINS: I do. Yes.

COMMITTEE COUNSEL: Executive director Mofield?

EXECUTIVE DIRECTOR MOFIELD: I do.

COMMITTEE COUNSEL: Thank you. Director Daniel?

DIRECTOR DANIEL: I do.

COMMITTEE COUNSEL: Thank you. And Director Herman?

DIRECTOR HERMAN: I do.

COMMITTEE COUNSEL: Thank you very much. Dr. Cunins, you may begin when you are ready.

DR. CUNINS: Thanks so much. Good afternoon, Chair Ayala, and members of the committee. I am Dr. Hilary Condon's, executive Deputy Commissioner of the division of mental hygiene at the New York City Department of Helping Mental Hygiene. As you know, I am joined today by Susan Herman, the director of the Mayor's Office of Thrive NYC and Jessica Mofield, director of the Mayor's Office to Prevent God Violence. On behalf of health Commissioner Dave Chokshi, thank you for the opportunity to testify today about the city's efforts to respond to the health and mental health consequences of violence and trauma. The de Blasio

administration is committed to supporting communities that have experienced violence or other traumatic events. Recognizing that violence and traumatic events can occur in any setting, the administration works across several city agencies in my oral offices to support individuals and communities in need. Trauma is a response to a highly stressful event that can manifest, as you just heard from Council member Ayala, and a wide range of physical and emotional symptoms. The impact of traumatic events like violence affects not just the immediate victim, but can also affect the surrounding community. Trauma can manifest in different ways, including having intense reactions immediately following it up to several months after a traumatic event. For example, people may feel anxious, sad, angry. May have difficulty concentrating and sleeping and may continually think about the even that occurred. Physical responses to trauma are also common and can surface in the form of headaches, stomach pain, fatigue, increased heart rate, and a feeling of easily being startled. Typically, these experiences decrease over time, but can sometimes continue and interfere with a person’s daily life. Existing

research underscores the importance of providing support to individuals who experience trauma. Trauma that goes unaddressed can increase the risk of mental health and substance use disorders, as well as other chronic diseases. People that experience traumatic violent events as children are more likely to receive a diagnosis of the substance use disorder and/or a mental health disorder. We know that between 28 and 45 percent of people who were victims of violent crime manifest symptoms of posttraumatic stress, which includes significant mental and physical health consequences. Additionally, events that include violence have a disproportionate impact compared to other traumatic events. Young people of color are more likely to be victims of gun violence and women in members of the LGBTQ community are also disproportionately harmed by gender-based violence. As a result, these groups are more likely to experience the mental health consequences of unhealed trauma. However, with support improper programming, people in communities can heal, decrease or eliminate symptoms, and improve their well-being and function. In low income communities of color and other marginalized communities, trauma is often complex and

multifaceted. Evidence shows that violence results from social structures that limit access to basic needs. Structures that are fueled by racism, residential segregation, neighborhood disinvestment, and lack of other opportunities. Where these structures persist, people are often exposed to violence in the trauma that results. A trauma informed response both provides individual and individualized treatment and also addresses social and environmental conditions that cause or can cause pre-traumatization. As a public health agency, working together to become an antiracist organization, we understand the imperative to resolve these systemic and structural barriers as a means to reduce the effects of trauma. Using a growing body of scientific evidence, we are better able to understand what leads to violence and to advocate for and help implement strategies to reduce individual's exposure. We seeing promising improvements with community led violence prevention initiatives which also address the social structures that drive its occurrence. This means that initiatives are designed in collaboration with community stakeholders to meet both short-term, Q events, and long-term healing. It

is especially critical to use this approach because communities disproportionately affected by trauma have often experienced broken promises from the government and other programs seeking to support their communities in times of need. Through community involvement, we need to build trust and provide sustainable solutions. Using this approach, we can prevent violence by addressing poverty, providing jobs, healthier housing, and education. City programs across many agencies and the health department seek to address these root causes of violence and mitigate trauma and its impacts. I will now describe some of these key programs. In 2018, the office to prevent gun violence and that Mayors Office of Criminal Justice launched the mobile trauma unit MTU program. It has five units, one in each borough. Sorry. The MTU's provide targeted services and in response to the communities where violent incidents occur and connect victims of violence and families to services and resources. These services include public education and outreach and violence prevention and mental health. Each MTU is staffed with the bereavement counselor who is able to connect community members to a therapeutic services and also

connects trauma and proactive response to community violence. MTU's also offer education and employment services, as well as de-escalate and mediate situations that have the potential to become violent. The MTU's are often stationed at community events or activities, as well as emotionally charged spaces following violent incidents to mitigate possible conflict. The MTU's form of a vital component of the city's response to community violence and MOCJ continues to find ways to expand their reach and improve services. In addition to the acute response to gun violence provided by the MTU's, the Mayors Action Plan for Neighborhood Safety helps to coordinate mental health responses in NYCHA developments and works with city partners, such as ourselves at the health department, to better connect community members with available mental health services. MAP, also coordinates broader community building and healing responses to violent incidents within NYCHA developments. Next, the crime victim assistance program, or CVAP, is the cornerstone of NYPD's efforts to serve the needs of thousands of New Yorkers who, unfortunately, find themselves victims of crime. NYPD, in partnership with the Mayor's

Office of Thrive NYC, implements CVAP to serve all New Yorkers, increasing and housing police service areas citywide. The program is operated by Safe Horizons, one of the nation's leading victim services organizations. Prior to this administration, victim advocates were available in just three precincts and through district attorney offices which only provide support to those of victims whose cases are prosecuted. Now, every victim of crime has access to immediate services right in their neighborhood through CVAP. The program embeds mental health support alongside services like safety planning, crime, victim compensation, supportive counseling, connections to individual or group therapy, advocacy for accommodations with employers and landlords and more. This model helps address both the physical and emotional effects of crime along with the legal and financial challenges that can persist long afterwards. Since the programs launch in 2016, more than 174,900 people have received support or services through CVAP. I'll now turn to a number of programs at the health department. At the health department, we worked to prevent the health effects of trauma or after a moment of crisis to engage individuals and

provide support. For example, the Department of Health, engagement, and assessment team provide a health response to people experiencing mental health, substance use, and or co-occurring disorders and health issues. HEAT provides short-term engagement support and linkage to services at critical moments in time. Drug overdoses can also be traumatizing events for individuals. Our nonfatal overdose response system called Relay sends peer wellness advocates to provide support, advocacy, and connections to care for people in the emergency departments who are recovering from a drug overdose. Peer wellness advocates can help people through a stressful moment in their lives, provide tools and education to build resiliency, and connect individuals to continuing services, all aimed to reduce future risk of overdose. NYC Well, for which the health department has oversight and contracting responsibilities is a key Thrive NYC initiative. NYC Well, as you know, offers emotional support in connection to care via calls, text, and chats in more than 200 languages. NYC Well counselors are available 24 hours a day seven days a week to provide grief counseling and support and service referrals

for New Yorkers. If necessary, NYC Well and make a referral to a mobile crisis team to intervene with people experiencing more at risk of a mental health crisis. The health department also provides services to support community use during and after traumatic events. As part of our Covid 19 response, the Mayor's task force on racial inclusion and equity recommended that the health department redirect existing mental health first aid efforts to launch the Covid 19 community conversation or 3C program which provides community training and discussions about the mental health , structural racism, coping and resiliency skills, and informs residents of available mental health resources. Soon we plan to launch the second phase of this work which will be discussion-based workshops delivered virtually or in person and include topics that focus on grief, trauma, coping resilience, and mental health. Our Brooklyn rapid assessment and response team provides trauma support to communities in Brownsville and Bedford Stuyvesant, neighborhoods that are disproportionately affected by health inequities that increased their vulnerability to mental health crisis and risk or premature mortality. The program seeks

to increase the neighborhoods capacity to plan, prepare, and respond to traumatic incidents to mitigate the negative effects of trauma on individuals and communities and increase community resilience. The program provides virtual psychoeducation sessions and training, healing circles, and ongoing mental health training and support to local community-based organization providers and advocates. Another resource at the health department is our resilience and emotional support team, or REST. REST is comprised of qualified trained mental health professionals from the health department who can be mobilized on an ad hoc basis to provide on-site disaster mental health services. REST , referrals, something called psychological first aid, and crisis counseling to individuals within communities and crisis. The programs and its members are only used during local large-scale emergencies such as coastal storms or currently for the Covid 19 pandemic. For example, during the Covid response, REST members provided on-site emotional support at quarantined hotels and some testing sites in the Bronx and Brooklyn. I will now turn to the legislation heard today, Intro 1890. The

proposed legislation would require that the NYPD, within 24 hours of a determination that a violent or traumatic incident had occurred, to notify the Department of Health and Mental Hygiene of such an incident. The bill defines a violent or traumatic incident broadly as meaning an act or series of acts causing serious physical injury or death, including, but not limited to gun violence or suicide. The department would be required to conduct outreach to community members affected by any such incident and provide them information regarding available mental health, social services, and legal services provided by the city and city funded organizations. The administration supports the intent of this legislation and, as you have heard today, we work across city agencies to reach individuals affected by traumatic incidents and provide new services to mitigate traumas negative effects, as well as prevent future trauma. Innovative programming supported by this administration, including the mobile trauma units, the crime victims assistance program, the mayor's action plan for neighborhood safety, NYC While, and the Brooklyn Rapid Assessment and Response will provide tailored interventions to respond to

different aspects of individual and community trauma. The administration looks forward to further discussions with counsel regarding the scope and agency processes regarding-- required by this legislation, as well as any potential costs that may, from this bill. We rely on the feedback of our partners in the city Council and members of the community like those here today to testify. I want to thank you, Council member Ayala and members of the community 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'm happy to take your questions.

CHAIRPERSON AYALA: Good morning. I wanted to just recognize that we were joined by Council member Jimmy Van Bramer. I don't believe he's with us anymore, but he was here a little while ago. Thank you, Dr. Condon's. This is-- that was a very good testimony. I did have so many questions and I just wanted to, I guess, you know, start this hearing with we wanted to have this hearing-- we been having conversations about hosting something like this for some time now and I believe that, you know, I've had this conversation with several of you

about the increase in violence and specifically in the eighth Council [inaudible 00:23:08] district, right? But it is not specific to me. Council member Alika Ampry-Samuel, you know, can also attest to the fact that, you know, crime has been pretty consistent in her district, as well. But having grown up in the lower East side in the 80s when, you know, gun violence was really rampant-- I mean, if we can believe that it is worse than it is, you know, this year, it really was. And, you know, there were times that, as a child, I remember, you know, standing on the sidewalk waiting for a friend to be picked up by the coroner. And this was a common occurrence, right? Thankfully, we are not seeing those levels in some communities, levels that, you know, are significant and alarming. Just the other day I started to compile a list of shootings. And this is just the shootings. This does not account, you know, taking into effect intimate violence and nothing else other than just shootings and I have, between July and today, about 32. And I believe that it is actually higher than that, but I haven't been able to have the time to sit and go precinct by precinct, so I am just referring to the ones-- the statistical

information that I received from the PSA which governs the public housing development. So, you know, that is pretty significant, right? And that leaves an emotional scar. A deep emotional scar on this community. But that's not even why we wanted to have this hearing. The hearing actually was-- was a couple years ago. I was at an event and I had an 11-year-old who jumped from the roof at Wegner Houses. And I was-- I ran over. It was, maybe, five or 6 o'clock in the afternoon. It was a beautiful, you know, study day. It must've been about almost close to 80° that day. It was not summer yet, but it was a beautiful, beautiful day and everybody was outside because it was the most beautiful day that week. And when I got there, the body had been removed, but the evidence of what had occurred was like, literally, surrounding me. There were children crying, parents crying. The lady that sold water on the sidewalk who knew this little girl was, you know, standing there crying. And it occurred to me that, you know, there was no one coming really to help, you know, address this. In just a couple of years before that, at the same development, there was an incident where we had a 16-year-old that was shot and killed at another

development. But the young man was, you know, very beloved and, for weeks and weeks and weeks all of his friends littered the entire front of the building with candles and music and crying and it was just a very evident that there was a lot of emotional distress. And what I have learned, you know, in my old age is that that emotional trauma eventually, right-- you know, there's stages to grieving and eventually becomes anger. It manifests into something else and, as a result of that, we saw a lot of gun violence that continues that was precipitated by that one incident. And in the case of the young girl that jumped from the roof, we were able to call the administration and Thrive dispatched, you know, coordinators to the development. Then I went back the next day because I really wanted to see, you know, what the sentiment was and people were really happy that someone actually bothered to show up, right? In the gate about literature and side, if you are feeling a certain way, if you want to talk about this, if you need to talk to someone, please call this number. And I found that that was really helpful. It really was helpful. The problem was that it wasn't an automatic response, right, to what

had occurred. It was really as a result of my calling it intervening. At the school level, however-- because she went to school a couple blocks away. The school seemed to activate pretty quickly and so trauma informed workers were there the next day, you know, working with all of the children, but yet, but in the community, there seemed to be a disconnect. So, I'm not sure. Because it sounds like there are a multitude of programs that exist, but yet there is a huge disconnect in terms of how those programs are dispatched into communities like mine would incidents like the one I had just described happened.

DR. CUNINS: Is that a question?

CHAIRPERSON AYALA: Well, I just wanted to kind of get your thoughts on why you think that is.

DR. CUNINS: Yeah. I think, Council member, thanks for your description, you know, of these very sad events in your community and I know that you, you know, I one of the people that looks for solutions to these sorts of events and calling us are calling other members of the administration. I think that we need to have program, as you've heard,

that are designed for some, but not every single event. And I think there are areas of real strength, which I hope you appreciated hearing about for some kinds of traumatic events, but not every single one. And so, we have tailored responses. We can mobilize on an ad hoc basis to some of the events that you described. I think that it, increasingly, there is coordination and synchronization across the city agencies as these new programs have been developed and been implemented.

CHAIRPERSON AYALA: I mean, but, obviously, you see the value, right? The value of mental health workers, you know, being out in the community after an incident like any of the two I described?

DR. CUNINS: Let me say two things to that. First of all, absolutely. I think that we are, the health department and as the administration, are very much interested in embedding mental health supports wherever we can. I think I will answer for Thrive NYC, but I will let Director Herman way and in a moment. That bringing supports to people where they are, whether it is in a community, and a school, is the fundamental tenant of Thrive NYC. In the

administration's approach to mental health. And that is because not everyone cares to seek help. Not everyone is interested in going into a specialty healthcare facility. That is why we are aggressively promoting NYC While in that people can access it whether it is by phone, text, or chat. So, I absolutely agree with the importance of what you are describing and the need for us to look for every opportunity where we can integrate. Let me see if director Herman wanted to add about what I just said about the Thrive approach and some of the coordination roles that Thrive plays and has played and will continue to play.

DIRECTOR HERMAN: Thank you, Dr. Cunins. Hello, Chair Ayala. I think you are very familiar with the Thrive approach to embedding mental health services where and when people need it and how they would like to receive services. So, as you know, Thrive is not about replacing the mental health system or being the mental health system. It's about filling particular gaps in service with innovative methods. So, we are in over 200 high needs schools. And when I say we, what I mean is mental health support. We have added mental health support to over

200 high needs schools, 100 shelters for families with children, all runaway and homeless youth residences and drop-in centers now have mental health support because of Thrive. We are throughout the city's public hospital system. We are in 42 senior centers. Every precinct in PSA in the city has an advocate to support people harmed by crime and violence and we, as Dr. Cunins said, very aggressively trying in help people discover the value of NYC Well. That you can call, text, or chat with somebody. A trained counselor, appear 24 hours a day seven days a week and that is our approach. We couldn't agree with you more that mental health support is necessary after these dramatic events. We have a great deal of high quality services throughout New York City and, yes, we are still at a point where we cannot respond to every event or that everybody doesn't want to necessarily take advantage of everything that we are offering. But we couldn't agree with you more than all of these dramatic events require some sense of what is available in the city and how people can access support.

CHAIRPERSON AYALA: So, would either one of you know does the city currently track the

numbers in specific communities where there are higher numbers of, you know, violent incidents?

DIRECTOR HERMAN: So-- Dr. Cunins, you go ahead.

DR. CUNINS: No. You go ahead.

DIRECTOR HERNAN: Well, what I would say is that, certainly, the crime victim assistance advocates are aware of every single crime that occurs in their precincts in PSA's. Violent and nonviolent. And so, they are aware of the level of those kinds of incidents. It's also true that what Thrive has done is try to locate our services in areas that have had and still have fewer mental health resources than other areas. So, 70 percent of the services that we provide to the city that Thrive has added to with the city already does are in what it's called federally designated mental health care shortage areas. So, we're going to places where there aren't many resources in trying to add to them. So, yes. We track violence. I think Dr. Cunins would add that the health department is aware and surveys people about how they are doing emotionally--

CHAIRPERSON AYALA: So, if I wanted to know what are the five highest need communities in

the city today, one of you would have access to that information?

DIRECTOR HERMAN: Depends on how you are defining need. If you are defining need for mental health resources or amount of violence in the--

CHAIRPERSON AYALA: So, for you to tell me where the-- So, for instance, the five communities that have been impacted by gun violence the most the summer. Would you be able to tell me what five communities those were?

DIRECTOR HERMAN: Yes. I think that the police department makes that information public and we're aware of it.

CHAIRPERSON AYALA: And does the police department then share that information ever with the Department of Health and Mental Hygiene or do you have to request it?

DIRECTOR HERMAN: Well, it's public information.

CHAIRPERSON AYALA: Understood. But I'm saying as like a matter of practice, are they-- because I think that this is the problem, right? And I wanted to help kind of-- and I think this is, you know-- and you know me well enough that, yes. You

know, I have a community that is very difficult because I have, you know, and oversaturation of public housing where a lot of-- you know, where poverty is a real thing. Right? Where food insecurity continues to be a real thing. I have, you know, huge opioid crisis, right? That is been consistent. And I have gotten violence issues. My community suffers from a lot of issues that are not easily remediated overnight. And I can certainly appreciate, you know, the multitude of, you know, programs that exist. However, as the representative for this community, I will tell you that I have never, other than the exception of maybe the MAP program which is at Wagner Houses here in East Harlem and the Cure Violence program. I am not familiar with any of the other response teams. That's, you know-- That's kind of where I get a little bit concerned because I think that there is no-- so, yes. The Police Department would know, Rick, that these things are happening in a specific location, but they are not-- they are trained to try to figure out who is doing it, right? And then make an arrest. They are not social workers and they're not trained in that way. So, they are not necessarily bringing

in -- In cases of domestic violence, I think that is a little bit different because, you know, that is a little bit more sensitive to the end. But in cases of like gun violence, age treated more as a criminal act, right? And the act of--

DIRECTOR HERMAN: Well, the--

CHAIRPERSON AYALA: Yes?

DIRECTOR HERMAN: Just sorry to interrupt. I was just going to say that, and all of those kinds, not just domestic violence any kind of violence, the victim advocates are aware of that violence and they do direct outreach to the victims of violence, not just domestic violence. Any kind of violence.

CHAIRPERSON AYALA: No. I'm sure that they do, but when we see outreach in the communities, usually around domestic violence, right? No one is providing any outreach, right, to the community about the impacts of gun violence on a community, right, on a community's mental health. How traumatic that is. Nobody is coming and, you know-- and talking to our young people and saying like, you know, let's have a conversation about this. This is not normal behavior, right? This is not normal behavior and if we don't process this, then, you know, we're allowing

it to manifest into something else and it's-- you know, and it happens every single day. So, I'm happy, but the mobile response unit, for instance, who dispatches the mobile response unit? I've has 32 shootings this summer. I have not seen it once. So, that is a problem, right? How-- And I think that is because there's a-- It's not because we lacked the resources. We lack the connectivity, right? We're no connecting the dots and we're not talking to each other. I think that's probably one of the issues here.

DR. CUNINS: Council member, I'm wondering if I can turn to Director Mofield to speak a bit about both, I think, the data about gun violence as well as the mobile trauma units that MOCJ does dispatch.

CHAIRPERSON AYALA: And we've been joined by Council member Cabrera, by the way.

DIRECTOR HERMAN: You're on mute, Jessica.

CHAIRPERSON AYALA: Could someone help unmute her? Yeah. There you go.

DIRECTOR HERMAN: You're good.

DIRECTOR MOFIELD: Good morning and thank you, Council member Ayala and Chair and the rest of

the committee members for your time this morning. I'm having a bit of technical difficulties. The host wouldn't let me unmute myself. So, I think when it-- you know, speaking directly toward, you know, the statistics online, you know, the rates or the top 10 leading concerns for gun violence during Covid, I think the unfortunate aspect of that is that it is the usual suspects. Right? It's the same communities that we see over and over again in Brooklyn and in the Bronx and in Queens that just so happened to overlap with the districts, but the way the mobile trauma units are dispatched in community is through a partnership with the NYPD where we will receive incident notifications from operations. That notification comes to us and then we blasted that out to our partners in what used to be real-time to kind of activated mobilize folks to be able to show up to these instances. Right now, we have one mobile trauma unit per borough and, of course, from what you described, you know, she was kind of talking about, you know, the 11-year-old at Wagoner and also, you know, Chico being killed and just the overall sentiment of galvanizing and mobilizing individuals from community. It didn't matter if you had the

degree. It didn't matter if you were a social worker. It didn't matter if you are a licensed mental health clinician. Any caring individual in community, let's reach out and touch our young people was definitely the approach that I remember. I remember witnessing and feeling during that time. And it's very similar to the impetus of the mobile trauma unit. You know, we want to be able to show up when these things happen. Of course, they don't look like the traditional, you know, NYPD mobile trauma units that show up with the lights. The provider for the Harlem area is Street Quarter Resources, but a lot of the time it requires folks to come out of the mobile units and engage folks in the community. And I just think this past year, alone, although, you know, there is been a lockdown with Covid 19, we have still been able citywide to deploy the mobile trauma unit over 300 times. And, of course, that is still not enough to meet the need that we you see with things being exacerbated and traditionally marginalized black and brown communities across the board. So, when their needs to be a lever that pulls or notification that is received to mobilize people in real time, we are able to share that information

with our partners the way that they show up and hold space in community looks different. And I think it goes back to the point of the trust in systems and individuals feeling safe to take Services because that may not always be the case. So, what is really, you know, the colonizing this belief that, you know, mental health services can only be brought on in Western traditions and that there is a way for something organic to happening community for folks to be able to receive services and to have safe spaces for folks to come to, to talk to, and to rely on when they are experiencing distress. You know, any time that there is a shooting that happens in community, it feels like Ground Zero all over again and we want to make sure that we are able to show up and to catch people while they are literally falling in our communities with the grief that they experience. So, I hope that that provides a little bit of clarity on where to be able to obtain that information. What are the, you know, the precincts that are impacted? Like I said, unfortunately, it's the top 10 that we always see. The 40, 42, 75, 73, 113, sometimes 114. You know, the seven out, the 77, the 79. It almost sounds like a numerical song as you kind of go

through it, but it's just really unfortunate that we were already experiencing the distress of racial inequalities and then layer that on top of a global health pandemic we have what we have now. So, you know, lever that we can pull in supporting the mental well-being, whether it is conducting healing circles, deploying our moms and dads team, our gun violence advisory network to kind of make that connection to mental health services feel a little bit more warm and not as a punitive engagement is what we aim to do by providing those services in times of distress, but also to show up as a resource in communities when things are going really well and hopefully we get to a time where things going really well in communities is on a continuum.

CHAIRPERSON AYALA: Thank you, Jessica. We have also been joined by Council member Borelli. But the question is, so who decides when the mobile unit is dispatched?

DIRECTOR MOFIELD: So, the community does, essentially. Once an incident happens, the team, whether it be the GOSO team or the Street Corner Resource team is deployed to show up to that incident. And we tried to be very careful about how

we engaged the individuals on the ground, one, to ensure that we're not, you know, impeding on any investigations, but also to make sure that, you know, we're supporting individuals, not only in accessing resources, but also to ensure that retaliation doesn't happen. In Harlem, we also have the Hospital Responder program. So any time that there is an assault, there is a stabbing, there is a gunshot victim, team is deployed and is notified by the hospital and that would be Harlem Hospital, essentially, to come to be able to mitigate violence from happening in that our an understanding that emotions are very high, whether it is in the hospital or out in the community to make sure that folks are supported to prevent retaliation, but also to provide resources to folks. So, as soon as there is a notification, our partners are automatically mobilized and, if we don't hear any movement, our office plays an essential role in making sure that that mobilization does occur. But, normally, the coalition that you have in East Harlem minimal so, you know, in the 40, that is very, very strong that they normally don't need any additional interventions

to show up and hold space for folks when they have been impacted.

CHAIRPERSON AYALA: Yeah. I don't know. I mean, I agree that we have a lot of really fantastic organizations on the ground that have been very helpful during traumatic, you know, experiences, but in East Harlem alone, I have 13 developments. You know, 13 public housing developments and 10 of those are not senior. You know? Cure Violence is offering services to the northern part of the district.

DIRECTOR MOFIELD: Right.

CHAIRPERSON AYALA: Which means that the southern part of the district in East Harlem alone doesn't get-- it doesn't have access to those services, right? So, something has to happen. So, maybe, something happened and then I, you know, heard about it and maybe one of the GOSO team members, you know, has a close relation to someone over there and, you know, they will dispatch, but they don't have to, right? There is no mandate that they be there, right? And we had, for instance, this summer, we had of March. I don't know if you where they are-- did you march with us?

DIRECTOR MOFIELD: I came through. I came third marched with you guys.

CHAIRPERSON AYALA: We had the peace March and into the night before the piece March, there was a shooting at the development where we actually were convening and none of us were aware because it had just happened a few hours, I think, in the middle of-- it was actually 11 o'clock the night before, right? So, when we showed up, we didn't realize that there had been a shooting the night before. No one had told us and, you know, the kids in that development were like really upset with us because they felt like we did not acknowledge that this had just happened to them in here we are marching through and we never acknowledged them or the fact that this had occurred to them. So then we had to come back, you know, and it was very difficult because, by then, and I remember just a couple of the-- you know, and no one ever-- and no one came, by the way. No one else came after that other than NYPD and they didn't want to see NYPD. Right? And that's what I mean. It's like we have-- there are-- we're very lucky in that we have a lot of great community partners. We are very fortunate in that we

have programs that are funded to do this work. What we don't have is a coordinated effort to ensure that when X happens, Z follows. That's where we have. And I-- again, I don't want to make this about my district because it's not just my district. It's just, unfortunately, it just so happens that my district is one of those districts where, you know, this type of violence continues to happen. And I don't want to-- I'm not going to blame or assume. You know, not going to say that it was Covid related because it isn't Covid related. It is been consistent time for my entire time in office. Right? In this happened after Chico because, again, we never really dealt with the aftermath of Chico in a nonpolice way. And so, even if you go to YouTube today-- and I welcome any of you to do that. You can Google Chico at Wagner Houses and you can see video after video of these young people, some as young as 11 and 12 years old who are obviously a lot of emotional distress. In the approach to really addressing it was to the police our way out of it.

DIRECTOR MOFIELD: Uh-hm.

CHAIRPERSON AYALA: Right? The police was called because they were obstructing the front of

the building. The police was called because they were playing loud music. They were actually trying to record videos. And I am not, you know, saying that this is, you know, the correct way to mourn anybody or not. You know, I'm just sharing with you what occurred. You know, they were trying to, you know-- in their grief, they were trying to record these videos. And so, the police was called and, you know, on multiple occasions and it became really hectic because, again, they are not social workers and they are-- they shouldn't be there. We shouldn't be using them in that way. I think there is a disservice to them and a disservice to the community, especially when we have access to all of these other resources. In the case of the Washington Houses, right, we go to March. We don't acknowledge. And then a couple of days later, I you know, I am at the wake and what I tell you that every seat was occupied by a young person that was inconsolable, every seat was full of a young person. You know, and you know who was there responding? The police. They had police on one side of the street. I had police on the other side of the street to make sure that nobody came in and brought in any additional violence

to the community. You know, to them while they were there. No one else was there. And Cure Violence doesn't cover that [inaudible 00:51:32]. You know, they never made it over there and those kids never received those services. And that's what I mean. It's that if we intend to really change, right, and effectuate some change that is long-term that sticks in communities like ours that we have to be a little bit more strategic about what those services look like, who is rendering them, what is the automatic response, right? You have an 11-year-old that jumps off a roof, automatically, somebody should be saying, Jesus, this is horrible. Right? Children witness this. Somebody should pick up the phone. And who that somebody is, not sure. Is it the Police Department who then contacts the Department of Health and the Department of Health automatically just, you know, contacts Thrive? I don't know. Do they automatically contact Thrive and say, hey, you know, we need to dispatch, you know, workers to this specific location? But there has to be some sort of, you know, mandatory requirement that X, Y, and Z occurred because, other than that, we are leaving it at the discretion of a person that is than making a

personal decision as to whether or not this particular incident merits, you know, this kind of response. Am I making sense?

DIRECTOR MOFIELD: You're making perfect sense. You know, I definitely, you know, understand the limitations, right, of having, you know, a program that is focused on like the propensity of what area and the surrounding community not feeling the same type of love, but I do feel like this conversation is the beginning of many to kind of hot wire, if you will, what the connective, you know, protocol would be for other areas that are as resource rich, if I can say. In this aspect that where you have something that happens at Washington Houses, you have like the heart and grief in confusion of young people who are trying to process a new normal without their loved ones and then what do they do. Right? You know, again, memorializing and lighting candles is definitely a part of our process, but that's not enough for our young people. So I do think that, you know, this is the time for us to be extremely innovative in incubating what we want to see whether it is, you know, what you described which could very well be a protocol within the self, right?

Incident happened. The notification goes to the local, you know, neighborhood action center that is in East Harlem. They mobilize the HEAT team or Thrive and then they go out and engage, whether it be the parents or the young people that are open at this point and trusting of taking up those services. So I'm down for whatever it takes to start having real healing in community because right now it's only happening in a vacuum and I think it's okay for young people to know that vulnerability and sharing that doesn't make them weak. It's actually your strength for them to be able to process their emotions in real time in a real way that honors the person that they lost. So, whatever you need from us, we are down.

CHAIRPERSON AYALA: It looks like-- it looks like a system like that exists when it pertains to the schools, right? Because I don't-- I'm not sure because-- could one of you explain to me what that-- it seems like the responses in the schools is pretty immediate and I'm not sure if that is triggered by a conversation with NYPD. I don't know how that happens.

DIRECTOR MOFIELD: I don't know enough about the process, but I'll turn it over the

Department of Health begun to share what that looks like.

DR. CUNINS: Yeah. Let me just jump in and then I will turn it over to Director Herman who can provide some answers. Just to say I think what we are discussing is the need for connections amongst programs and the need for some improved processes as well as I am glad and it was great to hear from director Mofield about the extent to which there is resources and approaches that perhaps need to be more for you, yourself, Council member, but other colleagues to be made more aware of distributing when there are resources for which we do have very built out responses. In Director Herman for schools and then I will add on, I think, to the end of what you say, as well.

DIRECTOR HERMAN: I think what you were referring to Chair Ayala is that when there is an incident that neither involves the school and the school environment itself or something happens that involves a student that police are aware of, the police in both cases OR notifying the Department of Education and they are sending out the appropriate response, whether it is a school response clinician

who gets to that school within 24 hours during Covid virtually, but otherwise in person, and works with that student and other students who have been impacted by whatever that incident is or it is the school-based clinicians if they can handle it. The people who are there all the time, the school clinics, but there absolutely is a standardized notification process between the NYPD and the Department of Education and so the schools and the students are getting a response very quickly. We've also, as you know, we have also just converted the school-based consultants who were not doing direct service, but who were directing mental health plans and providing technical assistance and training into mental health specialists. They were consultants. They are now specialists who will be providing groups in schools starting first in the 27 communities hardest hit by Covid, but that will be more of an ongoing group work to help those students process what is going on in their lives. The grief and the loss and also traumatic events that occur. Those groups will be happening in schools throughout these 27 communities. That often mirror the communities

that Director Mofield was talking about. It's the same communities.

CHAIRPERSON AYALA: And how does that work, Susan? Is that-- first of all, I'm assuming that some component of that would be virtual.

DIRECTOR HERMAN: Yes. Right now it is virtual, but we are hoping that it will become in person and that every one of us-- So we have school response clinicians that respond to schools all over the city when there is a crisis that occurs that involves students and they respond by doing immediate crisis intervention and de-escalation and they also provide short-term treatment if it is necessary until students are connected to ongoing care if they need that. And--

CHAIRPERSON AYALA: Is that via clinician or is that via like a community-based organization that provides-- because I know that, in the case of the young girl that committed suicide, ABC, which is a nonprofit in Council member Perkins district that provides mental health services for young children was the organization that provided those services at that school. So, does the school have a separate contract or was that through Thrive?

DIRECTOR HERMAN: So, there are school response clinicians that Thrive supports. Those are Department of Education employees and they are social workers who are responding to these schools and providing services. One of the things that they do besides the immediate crisis intervention is try and connect students who need care to appropriate resources. And sometimes that is a local nonprofit. Sometimes that is a Health and Hospitals clinic. Sometimes it is a community-based mental health provider or a clinic. So, that is part of their responsibility is to connect those students to care. The other program that I was talking about, these are Department of Health employees who are providing group counseling or group work in schools starting, you know, this month, really. Throughout the 27 communities hardest hit by Covid. So, each one of them will work with up to five schools and students who will be identified by teachers or parents are guidance counselors will be referring to students to the specialists for group work. So, some of the programs and the schools are run by the Department of Education. Some are run by the Health Department,

but they coordinate beautifully through the Office of School Health.

DR. CUNINS: And I will just add to that that the description is the way the health department one is there are children's mobile-- what are called crisis teams that can be-- that are deployed by NYC Well that those schools could make use of that service and in the occasion of ABC or other instances, we work very closely with Office of School Health, with DOE, with Thrive to, and that sort of case, find the mental health provider who has the potential to deliver services or supports off-site, meaning off their usual side of care. And so, in that way, we are coordinating from the Health Department point of view to be sort of an extension or try to link the extended services where what is in place is insufficient.

CHAIRPERSON AYALA: Yeah. It seems to me that it works a lot smoother in the school system than it does, you know, outside of the community. I think, you know, again, it's just a matter of that consistency in the connectivity. So, does any-- does the Department of Health or Thrive in any

capacity as it relates to violence at the developments?

DR. CUNINS: So we-- I'll kick us off. I think probably only agency, all the agencies represented here do, plus others. We do work with NYCHA in our neighborhood. Director Mofield mentioned our neighborhood action centers. We collaborate there. In the Brooklyn team that I mentioned, RAR team in Brownsville and Bedford Stuyvesant work there with NYCHA developments and we have certainly been called in on an ad hoc basis when we are notified for asking for assistance to arrange assistance and support, as well. There are other--

CHAIRPERSON AYALA: No. No. I just wanted open up a point of clarification. When you say with NYCHA, is it with the NYCHA resident Association leadership? Is it with the local community center and director? Is it with NYCHA-- Is it, you know, with the Chair NYCHA? The vice president?

DR. CUNINS: So, we work at different levels. We definitely work sort of at sort of the central level, as well as when attendance organization-- in some cases, we have very

particular relationships in particular areas of the city or the community center. So, there is some variation in the individual housing area or neighborhood. So we also want to build community relationships and so we want to make those relationships. And depending on what resources or programs are available in the particular area, we want to make those connections and offer services. We, for example, in cases where there has been somebody lost their life to overdose were we brought in education and information in the lock cylinder is a way to help communities gain resilience, get informed, connect people to the care, when people are morning, connect them with mental health supports, as well. We have similarly done similar work around high-profile suicides, as you mentioned, Council member Ayala, where we have been able to, on an ad hoc basis, said that out either crisis supports, connect with information. I'm wondering if either Director Mofield or Herman have other NYCHA information.

CHAIRPERSON AYALA: I mean, I-- I think the-- because I've had this conversation with they have-- you know, they're feeling is that, you

know, many years ago, there used to be a social services division that, you know, worked with residents who were experiencing difficulties, you know, and that doesn't seem to really happen anymore. I think that NYCHA has taken a position where they a kind of landlord and the divert to the NYPD on cases of like gun violence, for instance. I think the that is a missed opportunity because, you know, obviously, there is, you know, a lot more, right, that comes with gun violence that is addressed and I think that, you know, it's a missed opportunity for NYCHA to not engage the residence differently and, you know, I live across the street. I'm actually sandwiched between two public housing developments and I tell people that, in my building, right, we don't really see-- and I live in a regular tenement building. We don't really see that type of, you know, of the activity. True, we don't have the same level of density, however, there's also the added benefit of having a landlord that is pretty actively involved in what is happening in our around the building and how whatever it is is happening in and around the building affects the quality of life of the other residents. And so, if there is an issue that is

becoming problematic, that resident will receive a letter stating you need to come into the office and we need to have a conversation about this in the issue is addressed that way. At NYCHA, that very rarely is the case. So, we had-- couple of summers ago, I was at home and, because I am sandwiched between Wagner and Jefferson, I get an alert from one of-- what you call this? The app where you get all of the citizens app. That there is a fight just on the block. And so, you know, I go to it and, you know, people can upload a video, live video. It must've been like 50 or 60 kids that's beating each other up. When kid happened to be walking outside of the building that this is happening and he gets clobbered over the head with a metal pipe. He had nothing to do with what happened. No one was intending. You know, no one was looking for him. He just so happened to be in the wrong place at the wrong time. And so we have a conversation afterwards and I said, well, where is the level of accountability? Like how are we, you know, working to address these issues? Because this is not an issue that another development came. No. No. These are the kids in the same development fighting the

kids, you know, their neighbors. And they said, well, that's not our issue. That is a police matter. And I said, well, I'm sure that you-- you know, I mean, this child was like seriously injured. In their like, yeah. Well, becomes a police matter. And I'm like, well, do you, at any point, have any interaction with the residents, you know, if they come in contact with the Police Department? No. It's a police matter. And so, it looks to me, because, you know, I remember when I used to live in Lillian Ward Houses and we had the community policing program in the actual development, but we also had different relationships with management that, you know, NYCHA's position is been to kind of move away from a lot of these issues. I think that, again, it was a missed opportunity. So, MAP, for instance-- right? The Mayors Action Plan is at Wagner Houses. They kind of pick up a lot of that. The MAP is only, you know, available in specific developments, right? And here I'm telling you have 32 shootings. Those 32 shootings happened throughout the perimeter of two developments. So, MAP is not assigned to all 10. They are only assigned to the one. So, those other

, you know, developments don't was see that same level of service. So, there is a connectivity-- the series connectivity issue.

DR. CUNINS: I'm wondering if Director Mofield might want to comment a little bit more on that. What is and isn't available for noncovered development. She's on mute. Sorry.

COMMITTEE COUNSEL: Just bear with us a moment while we work to unmute her.

DIRECTOR MOFIELD: Thank you. You know, I agree, you know, Council member Ayala. You know, the strength of the social service unit that used to be a part of supporting families, I do believe that there still is a unit in NYCHA that does provide, you know, social service supports to the family, but I can't speak on the intimacy of what, you know, all that it provides. What I can say is there is-- there does need to be better connectivity to the resources that are in community because, you know, sometimes there is the power in knowing that it already exists. There is also, you know, power and knowing that these services are available to individuals in community not only within NYCHA, but in the neighboring, you know, buildings that surround the community. So I

know, you know, in speaking specifically to our programming with the New York City crisis management system, we do work with union settlement and the folks at GSO, you know, in the Jefferson Johnson Houses. And when there are things that arise, there are light, you know, is kind of East Harlem coalitions that kind of come together to support these things, but I do think that, you know, access to services, leveraging services, making services known to community and then also addressing language periods that may exist is something that we can always work God and get better at, not only as an office, but as the city. But I can't speak to the specificity of how NYCHA responds and or is notified to other incidents that happen out of our programmatic purview.

CHAIRPERSON AYALA: But are you familiar-- Are you aware of any programs that work directly with NYCHA to address these issues? No, right?

DIRECTOR MOFIELD: No. I'm not able to speak to that.

CHAIRPERSON AYALA: No. Because I was hoping that, maybe, through the Department of Health

because I really do think that there has to be-- because, again, you know, as Director Mofield reference earlier, there are-- you know, like these are-- there's just a handful. Well, maybe a couple of handfuls of communities where this happens, right? And where we have the highest crime rates. So I think that, you know, really bringing all of the stakeholders to the table to come up with, you know, plan that, you know, truly addresses and provides the wraparound services that are needed to address like-- for instance, if I walk into the community center and we have a cornerstone program and a cortisone program that is very successful at bringing in the young people that would normally not go, you know, up into community center to receive services. You go in there and there's not a lot happening, right? There aren't social workers there. There aren't trained to, you know, mental health providers on site. There should be, you know, way to infuse those programs and services with, you know, the professional skill set that they need to really address a lot of the root cause, you know, issue-- you know, issues that contribute to the gun violence. You know, food insecurity is really big among our young people. A

lot of our teens are sleeping in the hallway, right, because they have been-- you know, their borderline homeless. Right? You know, they are having issues at home and their parents won't let them manner they can't let them in, in some cases, because they been permanently excluded from, you know, their place of housing. And these are real issues that we are not necessarily addressing and so thank you, though. Thank you for that information. And maybe you may also be the person to respond to this question because it really is in regard to the Health and Hospitals connections. So, in the event that a person doesn't end up like at the Harlem Hospital, they end up back, you know-- or they do end up in Harlem Hospital. Does the hospital then connect them to the middle health resources that they need?

DIRECTOR MOFIELD: So, specifically for the crisis management system, when an individual, you know, is shot, stabbed, you know, or assaulted, the hospital responder team met street corner resources is activated. They come. A part of our network of services is being able to provide community healing and wellness services and that is connecting them with the clinician that they have in house and, if

there is, you know, higher service provision that is needed by the individual, the family, etc., that person, you know, that family has been referred out, you know, for continuity of care. At the hospital-- So we are in for hospitals across the city. I know where are speaking specifically to your district. It's Rumsey, you know, University of Richmond, Staten Island Hospital, Lincoln Hospital in the Bronx, Harlem Hospital in Kings County, and light touch points at Brookdale. So there is a connection not only to, you know, the program.

CHAIRPERSON AYALA: Is that by requesters the automatic?

DIRECTOR MOFIELD: So we-- That happens automatically, but in terms of the uptake of, you know, counseling sessions, that really depends on the individual's willingness to participate in it, but, you know, once you have a connection to, you know, the outreach worker or violence interrupter on the ground, whether they realize it or not, it is still a therapeutic relationship that is being built out. Of-- it escapes me. It'll come back to me.

CHAIRPERSON AYALA: Okay.

DR. CUNINS: Director Herman, I saw you motioning earlier. Did you want to add?

DIRECTOR HERMAN: Just sort of-- we are off the point at this point. I just wanted to comment, Council member Ayala, that there clinicians in all of the runaway and homeless youth drop-in centers and residences and have been now for a while and young people who are in those drop-in centers or in those residences are screened for mental health needs. They are referred to services, if necessary, and we track. It is a rather transient population, but we track whether they made their first appointment and we know that we are very successful in having that happen. So, at least some of the young people that you're describing are being connected to care through the centers that you were describing.

CHAIRPERSON AYALA: I think, yeah-- I think, yeah-- and I appreciate that because I think those actually have a great retention rate and I think my concern is really for those young people who are still, you know, we considered disconnected that wouldn't go into like the community center, that wouldn't-- you know, and are coming into contact,

maybe, with law enforcement or a medical provider or school-- you know, an educator or principal. Again, in the school setting, it seems to work really nicely. There is a flow, right, that's pretty consistent, but, yet, when you remove it from outside of the boundaries of the school, that consistency doesn't exist, right? It's almost like it depends on who you know, right, and what the circumstances are. You know, specifically tied to that incident. And that is kind of-- So the-- So really the intent of the bill, the legislation was that, whenever a shooting occurred, it would trigger an automatic response in a mobile outreach team would be out there immediately the next day, right? So the police will do what they have to do because the police is going to do what they have to do and, you know, were not going to discuss that, but we needed somebody like a trauma important team that, you know-- and especially in communities where Care Violence doesn't exist because Care Violence is a great model, but, quite frankly, Care Violence was intended to-- you know, to really address the gun violence itself, not the mental health. Right? Not the trauma that is left behind. And I will tell you that I'm 47 years

old and I-- and when I mentioned this in my opening remarks, like I never-- I remember very vividly-- and I was sharing the story as I was prepping for this hearing. Being five years old and living on the lower East side and I remember hearing shots outside of the window and everybody ran to the window and then, you know, eventually, the adults kind of got distracted and the children were looking outside of the window and I remember looking outside saying this gentleman, you know, in the chair being, you know, being brought into the ambulance and like being covered. His head been covered and I remember bullet boys that may or may not have been there, but that's the way that I remember it. I was five years old, right? I remember that and being followed by, you know, just-- if you months later the middle the winter, there was a woman that was found murdered just down the block from our building and we happened to be outside playing and everybody is running over there to see what's going on and we, you know, out of curiosity, went over there and there is this woman there in full rigor mortis, you know, naked, you know, deceased right in front of us. You know, these are things that don't necessarily happen-- I mean,

crime happens, right? But they don't happen in the way that they occur in communities like mine as often. And it has, somehow, normalized it. Right? So it's like, oh, wow. That's horrible and then like we move on and it's like we push it aside. But you can only push it aside for so long before it finally blows. And I find myself, even at 47 years old, sometimes in meetings and hearings like these and I'm sitting in I talking about these things and I triggered, right, to the point that I am bawling and I don't know why I'm crying because, like it happened such a long time ago, but I never processed it. I never went home-- my parents didn't have the foresight or the experience, right, to deal with these issues either because they dealt with their own trauma and they were also trying to kind of get by. And it's like, oh, wow. That's horrible that, you know, Joey was shot in the head on fourth Street and Avenue B. That's horrible, right? I remember being nine years old and walking with my cousin and we were actually skipping home and I remember hearing shots and we stopped because we heard the shots and we do, and nine years old, that those were gunshots. And we ran, right, to safety only to learn, you know, a

little later that it was her brother who had been shot and killed, you know, behind the schoolyard at a party. And these are, you know, events that, you know, again, I was nine years old. I'm 47. And they continue to happen in my community every single day. Just yesterday I had-- had a shooting yesterday. I had a shooting on Saturday. I mean, it's consistent. It's consistent, consistent, consistent and so I think that the reason that it is that consistent is also because, you know, in part we are not really addressing, you know, what is contributing to it and I think one of the things-- and there are many-- and those things don't have anything to do with Department of Health or Thrive, but I think that there is an opportunity for us to really think through, what is that? Right? We have five communities that, you know, the most seriously in need right now for this level of coordination. [Inaudible 01:22:01] what does that look like? Let's pilot it into districts, right? Let's see what it looks like. Let's ensure that, you know, that that process exists so that we are really addressing the root cause of gun violence, you know, in communities like mine. That we are really addressing the impact

of domestic violence on young people and the, you know, the witnesses of domestic violence that, you know, we are really, you know, being thoughtful and not just checking off a box that somebody showed up, but they never connected anyone to the next person and called it a day. And so, that's my concern and that is really my intent behind this piece of legislation is to ensure that that automatically is triggered with or without my having to necessarily pick up the phone and call someone to make it happen. And I don't want there to be an assumption that it does happen, because it doesn't. It really does not. And I speak from experience. You know, I worked here. I have worked for my predecessor for many years and, you know, thankfully, you know, back when I started working here, gun violence was not as prevalent here as it has been in the last few years, but I have been around long enough. We help facilitate peace marches and gun violence awareness events and we work with the Thrive collective which is really, you know, you know some organization, as well. They do trauma informed art around gun violence, right, you know, which is a very clever, I think, , you know, really speaking a young people

about the effects of it. And last summer we had something like that. We had an inch. And we decided to go into the public housing development square the gun violence was more prominent and we said, well, let's do an art event that it was open mic in the littlest, you know, kids would come up. I mean, five and six years old to talk about their experiences with gun violence. And I don't think that many-- you know, I don't think that many people can say that that is been their experience, right? That they've had to sit in a room of little children who can articulate, right, what this means to them and how they know someone who has been impacted by gun violence in this way. And so, my whole purpose is really to help to my little bit and ensuring that we are not continuing to normalize this and that-- because whether we intend to do that are not, that's what happens. When we don't really address it, then we are contributing to that. And I do consider myself culpable, as well, you know, so I want to do my part to really make sure that, you know, this is-- you know, that we are all talking to each other and, if we do that via legislation where, you know, we are ensuring that legally we are required to do that,

then that is probably the best way to do that. Because, you know, we'll move in real change roles and you can't really anticipate what the next person will do. I'm not sure if there's any Council members that have any questions. I didn't see any, so I didn't-- Council member Rivera?

COMMITTEE COUNSEL: We will give a moment for any Counsel member with a question to use the zoom raise hand function, but, otherwise, Chair Ayala, do you have any further closing remarks?

CHAIRPERSON AYALA: No. I just want to say thank you. You've given me a lot to think about. You know I really would appreciate any feedback-- any additional feedback to the legislation because, again, it is really intended to really connect all of the dots and it looks like there are a lot of dots to be connected, right? It looks like our problem is not a problem of having the resources. We have them. They exist. So, how do we utilize them in the smartest way possible? But I want to thank you all because I know that, you know, you guys worked really hard and, especially under the circumstances where we are even, you know, even that much more stretched. I

appreciate you coming in to testify today. Thank you.

DR. CUNINS: Absolutely. Thank you.

DIRECTOR MOFIELD: Thank you.

COMMITTEE COUNSEL: Thank you all very much. That concludes the administration's testimony. We will now turn the public testimony. All public testimony will be limited to three minutes. After I call your name, please wait a brief moment for the host to unmute you and for the sergeant-at-arms to announce that you may begin before starting your testimony. The first panel that we will have today is Fiodhna O'Grady from the Samaritans of New York, Erica Sandoval from-- the president of NASWNYC, and Joyce Kendrick, Brooklyn Defender Services. So the first to testify would be Fiodhna and, when you are unmuted, Fiodhna, you may begin once the sergeant cues your name. Thank you.

FIODHNA O'GRADY: Thank you.

SERGEANT-AT-ARMS: Time starts now.

FIODHNA O'GRADY: Good morning, everyone. My name is Fiodhna O'Grady and, on behalf of the Samaritans of New York suicide prevention center, I want to thank Chair Ayala and all of the members of

the committee on mental health, disabilities, and addictions or the opportunity to speak with you in regards to the city's mental health response to community violence. As a member of the international organization that created the world's first suicide hotline in 1952, as well as the New York City community based organization that is operated the cities 24 hours suicide hotline for over 35 years with ongoing support from the city Council, Samaritans is spent a lot of time learning the keys to helping people in distress. The proposed legislation, Intro 1890 requiring the NYPD to notify DOHHM of individuals who are experiencing problems tied to their mental health within 24 hours is a sound step in enhancing crisis response to those who are potentially suicidal. But Samaritans would respectively also suggest that those who will implement this legislation consider the research that demonstrates that the more points of access those at risk have in seeking care, support, and treatment, the more likely they are to use them. The fact is that the majority of people do not actually utilize the referral they are given, often because they did not select to them or they did not reflect their own

social and cultural inclinations. If we've learned anything at the Samaritans in our almost 70 years of operating crisis response services in 42 countries, it is that, no matter how well intended order no matter how much evidence based research goes into program development, people experiencing crisis must feel comfortable with the options presented to them. And I think a lot of you-- a lot of the discussion earlier has been a little bit around those issues, too. And that means having choices that they can relate to. Not be limited to the usual network of city approved providers, but be more expansive. There are countless quality community-based organizations that have provided effective-- that have proved effective over the years and serving those most impacted by stigma. Use them. And I think Director Jessica Mofield alluded to the sword of any lab or we can pull to connect and have these warm supports is a good one. Diverse cultures require diverse choices. Whether alternative forms of care, holistic, the volunteer driven, state and spiritual based, there are so many people doing good work in the city. Their abilities and talents should be better utilized. The primary goal is to get that

person connected to someone. Someone they can trust and relate to who makes them feel safe and secure. This will open doors to further forms of care, but you have to start there.

SERGEANT-AT-ARMS: Time expired.

FIODHNA O'GRADY: And I'm nearly finished. There are many quality programs just like the Samaritans confident all 24 hour crisis hotline and clinically based in government run programs and programs like Samaritans that are not usually included in the city's approved referral networks. This legislation is a good step in assisting more people in crisis in getting the help they need, but to be really effective, we suggest you break down the silos, which I think is what Council member Ayala was saying between NYPD, DOHMH, and all the other programs and expand the city's helping network. Thank you, Chair Ayala. I think you have the finger on the pulse and, if we can be of help in all of us here, thank you.

CHAIRPERSON AYALA: Thank you so much Fiodhna. It's nice to see you.

FIODHNA O'GRADY: Yes. It's nice to see you, too.

COMMITTEE COUNSEL: Thank you very much. Our next panelist will be Erica Sandoval. When you are on muted and when that sergeant cues you, you may begin.

SERGEANT-AT-ARMS: Time starts now.

ERICA SANDOVAL: Thank you. I'm speaking on behalf of Dr. Claire Greenford and myself. National Association of Social Workers, New York City chapter to prevent testimony regarding the city's mental health response to the community violence and Introduction 1890 which relates to required reporting of incidents of community violence and trauma and subsequent community outreach by DOHMH regarding access to mental health services for those impacted. My name is Erica Sandoval and I currently serve as the president for the national Association of Social Workers, New York City chapter. This testimony is in collaboration with ED, Executive Director Dr. Claire Greenford who could not be here today and our board member and colleague, Kenton Kirby, who is the director of practice at the Center for Court Innovation. The National Association of Social workers, New York City chapter, represents over 5000 social worker members and it has over 110,000 social

workers across the country represented. We are honored to represent our profession for such an important and timely discussion today. Social workers are uniquely positioned and trained to address a wide range of biopsychosocial needs impacting individuals, families, and communities, among many specialties and practice. Social workers are trained in advocacy, community organizing, and mental health. On any given day, social workers support thousands of individuals and families and addressing a myriad of needs, including trauma. We appreciate this opportunity to speak about the need for a comprehensive mental health response to address community violence and trauma. We would be remiss if we didn’t begin by acknowledging and offering our heartfelt condolences to the many New Yorkers who have lost loved ones that have been profoundly impacted by personal trauma, community violence, racial trauma, and Covid 19. Historically, the field of mental health has played a vital role in responding to and supporting the healing process for survivors of harm. Individuals and families impacted by intimate partner violence, sexual assault, war, poverty, forced migration, homelessness, and other

traumatic experiences have benefited from mental health treatment if they had been able to access programs offering these services. As social workers, we are charged by our professional code of ethics to uplift oppressed and marginalized communities. And so we ask, what about survivors of community violence who do not have an opportunity to access those services? What about those who live in communities where services are few and far between? What happens to those children's parents and community members who experience compounded trauma as they grapple with the social, mental, economic, and personal impact of years of divestment and systemic oppression? Research shows that high levels of community violence are often associated with experience of divestment and any quality within communities. It also shows that lived experiences of community violence can often be traced to the need to survive wall facing the realities of community pain, trauma, inadequate support, and resources in poverty. Moreover, what happens to individuals that reside in neighborhoods that are over policed and under resourced? Those communities that have a justified mistrust of the helping profession--

SERGEANT-AT-ARMS: Time expired.

ERICA SANDOVAL: I'm speaking on behalf of Dr. Claire, as well. I apologize. Our living with communities most and trauma are predominately black, brown, and the indigenous people of color. It is also understandable that, after years of systemic violence and limited support, many in these communities have a general mistrust of social services. Mistrust is a protective factor that, when experience suggests that these systems don't make people feel safe or secure. They are far-reaching implications for access to critical mental health services for New York City residents. 41 percent of adult New Yorkers living with serious mental health illness report that they needed mental health services in the last year, but did not receive. Or delayed treatment. Black and Latin X and Asian American New York City residents are disproportionately less likely to be connected to the mental health care services they need. Despite the mistrust, with sensitivity and care given to the experiences of communities impacted by violence, the mental health system is uniquely positioned to make an impact in the space of community violence.

Depression, anxiety, PTSD have all been linked to exposure to community violence and this pattern is most prevalent in communities already disproportionately affected by Covid 19. Throughout the city, some organizations are providing social emotional support to communities impacted by violence. The CMS system is uniquely positioned to supporting this effort due to their proximity and credibility in these communities, as well as their effectiveness, which is reflected at the numbers across CMS sites. Shooting victimizations fell by 28 percent over the first 24 months after a site launched and God injuries decreased by 33 percent. Programs led by community members enjoy public support and 68 percent of likely voter's support funding programs to train community leaders to de-escalate potentially violent situations. Programs such as SOS, Life, and man up are connecting with survivors who are otherwise not going to the Family Justice Center, for example. These projects are leading with the notion of providing support with no strings attached and also work to engage in uplift those they serve in ways that go beyond traditional approaches. Effectively addressing simultaneously

crisis is that of community violence. Covid 19, systemic racism requires an approach that is community oriented in community led. It requires that [inaudible 01:37:16] partner with and learn from impacted communities. It is necessity is that trust is built between communities and helping professionals so that the appropriate and timely hands off to those who have the ability to provide in-depth mental health and trauma response services are made. Our values should be rooted in the notion that all people deserve support without being tethered to conditions or punishment. We must also look outside of the traditional talk therapy interventions and communities and for communities. We sincerely applaud the city Council for taking steps to address the mental health needs of the individuals and communities. At the same time, we recognize the importance of addressing violence and harm through a lens that both acknowledges systemic racism and brings voice to the impact of racial and ethanol racial trauma. As such, we implore the Council to respond to the needs of the community through a holistic and culturally humble lens that has built upon the foundation of collaboration,

trust, and the importance of human relationships. The NASW New York City chapter overwhelmingly supports efforts to address the mental health needs and trauma response services for New Yorkers. We stand ready to collaborate with these entities, city Council, NYPD, DOH MH, and community-based providers to ensure the care and well-being of our people struggling with mental health crisis. We are happy to assist in developing models of care, educational resources grounded in our professional expertise, mental health, advocacy, community organizing, and cultural humility. Fortunately, there are examples of communities organized intervention to look to and partner with in creating greater accessibility of mental health services. Thank you for this incredible opportunity to advocate for mental health services on behalf of the many individuals and families impacted by community violence and trauma. We leave you with the words of Lila Watson. Aboriginal educator and activist from Australia who stated, if you come to help me, you are wasting your time, but if you come because your liberation is balanced upon with mine, and let us work together. We agree I believe that the way forward is built upon

respect, collaboration, understanding our interconnectedness and create an equitable and culturally humble access to mental health and trauma response services in New York City. Thank you.

CHAIRPERSON AYALA: Thank you.

COMMITTEE COUNSEL: Thank you. Our next panelists will be Joyce Kendrick, Brooklyn Defender Services. And you may begin once the sergeant cues see you.

SERGEANT-AT-ARMS: Time starts now.

JOYCE KENDRICK: My name is Joyce Kendrick and I am the attorney in charge of the mental health representation team of the criminal defense practice at Brooklyn Defender Services. Thank you, Chair I outlined in the Committee on Mental Health, Disabilities, and Addiction for holding this important hearing on the city mental health response to community violence. The mental health representation team at BDS works to support people living with serious mental illness who have been accused of a crime in Brooklyn. Many of those we work with have experienced serious trauma that was the result of direct or indirect community violence. The global health emergency due to the Covid 19

pandemic has disproportionately affected the black and Latin X communities in Brooklyn. In addition the community violence, many are also dealing with economic security, the looming threat of addiction, in dealing with collective illness, loss, and grief. This chronic period of uncertainty has been linked to increased mental health concerns and stress in these communities. For these reasons, we commend the New York City Counsel for holding this timely hearing on the ways in which our city can address the mental health impact of community violence and trauma. BDS agrees with the Council's determination that mental health resources must be provided in communities after a violent incident has occurred. And, therefore, we support the spirit of Intro 1890. However, we believe there are important components to this outreach that are missing from this bill. For this reason, and are written testimony, we have outlined several recommendations for increased access to mental health care, mobile crisis, and other resources in black and Latin X communities. We strongly believe that community leaders and credible messengers must be involved in the planning and outreach. Because we also recognize the interactions

with police and the criminal legal system can be traumatic for these communities, we believe that it is important for the city to ensure clear delineation between NYPD officers and DOH MH providers. The roles must be clearly communicated to community members since DOH and match will be contacting outreach at the same time the NYPD conducts its criminal investigation. Finally, we believe that DOH MH months take steps to ensure the community that they will not share the confidential information of people accessing mental health care through this outreach initiative. We believe that a failure to do so will deter the use of the services. Thank you for your time I'm happy to answer questions.

CHAIRPERSON AYALA: Those are really good points, Joyce. Thank you so much. I look forward to reading the entire recommendation.

COMMITTEE COUNSEL: Thank you very much to this panel. Chair Ayala, if you have-- without further questions, we can go to the next panel. Our second panel will be Jeehae Fischer, the Korean American Family Service Center, Ravi Reddi, Asian-American Federation, and Hallie Yee from the Coalition for Asian-American Children and Families.

Just as before, when you hear your name, please give the host a moment to unmute you and you can begin your testimony once the Sergeant cues you. Jeeehae Fischer, we'll begin with you as soon as you are unmuted and the host cues you.

SERGEANT-AT-ARMS: Time starts now.

JEEHAE FISCHER: I would like to thank the city-- sorry. And the Committee on Mental Health, Disabilities, and Addiction for the opportunity to testify. My name is Jeehae Fischer and I am the executive director of the Korean American family Service Center KAFSC. We provide social services to immigrant survivors and their children who are affected by domestic violence, sexual assault, child abuse. All of our programs and services are offered from a culturally and linguistically appropriate setting. Domestic violence and sexual assault are prevalent crimes in the Korean Asian community that require a culturally and linguistically sensitive response, a fact which has been highlighted during the Covid 19 pandemic and economic shutdown. The study found that 60 percent of Korean women living in the US have been battered. Similarly, a study from the Asian and Pacific

Islander DV resource project found that, on average, 51 percent of Asian women reported experiencing physical and or sexual violence by an intimate partner during their lifetime. This is reproduced in child witnesses of violence who are 74 times more likely to commit violent crimes against another. Getting help is difficult for shame-based culture barricaded by additional barriers of limited English proficiency and culturally negative view of outing crimes for reaching out to the police. A major barrier for underserved immigrant victims is languages and cultural barriers. Korean/Asian immigrants have high levels of limited English proficiency, unfamiliarity with US systems due to immigration, and isolating cultural views and responses to violence. Additional barriers have appeared as a result of Covid 19. Digital illiteracy, lack of Internet access, and being forced to isolate with their abuser and unable to find a confidential place to receive counseling or calls for help. Without the help, our victims and their children will continue to suffer from these dramatic incidents and will leave a lifelong scar and struggle to lead a healthy life. Therefore, it is critical

for KAFSC to provide culturally competent community outreach and training which will prevent violence and decrease barriers in the Korean community. Our bilingual and bicultural frontline staff provide critical essential services to Korean victims of violence to identify crimes of domestic violence and sexual assault, educate about victims' rights, less than cultural barriers to reporting violence, and accessing available resources. Previous opportunities allowed KAFSC to conduct mass media campaigns through local Korean radio, reaching tens of thousands of listeners across New York.

SERGEANT-AT-ARMS: Time expired.

JEEHAE FISCHER: This was especially effective during the Covid 19 pandemic which victims were isolated. KAFSC shared information about resources, victim rights, public and health benefits, and more. We urgently ask the Committee on Mental Health, Disabilities, and Addiction to take proactive measures to support the immigrant community and to continue providing support, including public benefits and other safety measures to ensure that our survivors and their children find hope to sustain them pass this time of uncertainty and back on a road

economically empowered and free from violence. Thank you.

COMMITTEE COUNSEL: Thank you very much. Our next panelists will be Ravi Reddi from the Asian-American Federation. Ravi, as soon as you are cued, you may begin.

SERGEANT-AT-ARMS: Time starts now.

RAVI REDDI: I want to thank committee Chair Ayala and Council members Cabrera, Van Bramer, Ampry-Samuel, and Borelli for holding this important hearing. My name is Ravi Reddi and I am the associate director of advocacy and policy at the Asian-American Federation. We are here to discuss with the committee a challenge that is specific to our community and the associated mental health response from our city. Rising anti-Asian Xenophobia and violence. One need only look at the almost daily coverage of anti-Asian violence like the burning of any 89-year-old Asian woman in Brooklyn in July or the assault of any Asian man in Chelsea last month for atrocious examples of xenophobia manifesting as community violence. In the impact of anti-Asian Xenophobia has citywide implications. Since 2000, the Asian population in New York City increased by 51

percent to over 1.3 million in 2019 or 16 percent of our city's total population. The city's Commission on Human Rights collected more than 100 bias incident reporting against Asian Americans just between February and May. While a tract 371 such complaints through its own reporting portal and to stop ATAPI eight platform in the first half of this year. But systemic factors like high poverty, high limited English proficiency, and lack of immigration status lends themselves to significant underreporting. A recent survey we conducted of Asian small business owners showed that over 60 percent of respondents said that they were worried about the safety of themselves, their staff, and their business establishments and while 40 percent of Asian seniors reported experiencing depression and Asian women ages 65 and older had the highest suicide rate across all demographics, community violence is yet another layer to the mental health challenges facing our most vulnerable. So, we are coming to this conversation well aware that mental health service delivery in the most diverse community and city is difficult, but our member and partner agencies are leading the way and innovating service delivery so that we can get our

communities mental health challenges addressed while respecting the necessity for cultural competency in navigating entrenched cultural stigma. It is due in large part to our advocacy efforts and that of the community that the city has responded in the ways they have. Such as city coordinating resources to respond to hate crimes and working with us on creating a reporting tool in seven Asian languages and safety resources to keep our community members safe. But there is still plenty of work that needs to be done. Nonetheless, Asian led Asian serving organizations continue to struggle to receive the funding they need to provide service the way our community members best receive them. From fiscal year 2002 to 2014, Asian-American share of DOHMH funding was .2 percent of total contract dollars and 1.6 percent of the total number of contracts. This was over a 12 year. And this represents the trend. So here are our recommendations. We want to recognize Committee Chair Ayala's effort in addressing community violence with the introduction of Bill 1890. This work is personal for our community, as well. This bill surfaces a key concern, though. Very few Asian agencies are funded

by DOHMH which means there are few culturally competent providers who are in DOHMH's network to be able to respond to reports of violence--

SERGEANT-AT-ARMS: Time expired.

RAVI REDDI: against Asian New Yorkers. I just have a couple more recommendations. To this end, the city should invest in and prioritize Asian led Asian serving community based organizations that are already doing crisis management trauma support, enabling them to hire culturally competent mental health providers, create community education programs to introduce the concept of mental health in a linguistically and culturally competent manner and trained mainstream mental health providers to develop their cultural competency. Bill 1890 should also spur broader conversation on reporting and the need for greater language and process access when it comes to reporting traumatic incidents, especially when law enforcement is involved. Legislation that is contingent on reporting of such incidents is only as powerful and effective as the community's confidence. An access to the reporting systems. So, on behalf of the AAF, 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 to address broader issues of community violence. This work is critical. These conversations are critical and that Asian-American Federation looks forward to working with all of you and making sure that New Yorkers are safe and secure in their own city. Thank you.

COMMITTEE COUNSEL: Thank you very much.

CHAIRPERSON AYALA: I'm sorry. Ravi, does your organization-- so, when there is a victim of an assault, do they normally-- does your organization then follow up with a mental health needs of those individuals or is that a service that is being provided by the NYPD as was alluded to earlier?

RAVI REDDI: So, actually, number of our service providers-- So, we are an advocacy organization working on behalf of 70 grassroots organizations, many of whom actually do this work on the ground. So I can get you a better idea of how they are individually following up on these individual cases. That doesn't necessarily fall within our purview of work, though. Many of our service providers, like KAFSC-- Jeehae Fischer is

leading that organization-- a lot of these organizations are addressing that on the ground, though. So I can get a better answer for you to follow up.

CHAIRPERSON AYALA: Yeah. I'd appreciate that. Thank you.

RAVI REDDI: Sure.

COMMITTEE COUNSEL: Thank you very much. Our next panelists will be Hallie Yee, Coalition for Asian-American Children and Families. And, Hallie, when the Sergeant cues you, you may begin.

SERGEANT-AT-ARMS: Time starts now.

HALLIE YEE: Good morning. My name is Hallie Yee and I am policy coordinator for Coalition for Asian-American Children and Families. Since 1986, CACF has been the nation's only pan- Asian Children and Families advocacy organization that leads the fight for improved and equitable policy system, funding, and services to support those in need. On behalf of our 40+ organizational partners and members, we have consistently been asking city Council to hold our public health systems accountable to our community needs through three key steps.

First, providing accurate data collection in disaggregation of that data from everything from infection rates, hospitalizations, deaths, to community violence in our APA communities. Second, the city's health system can ensure that critical information gets to the families in the languages that they need. And, third, that the city address the mental health needs of children and families, especially those who are East Asian presenting who have been targeted during this pandemic. Of these, we will, of course, be focusing on the latter today as there needs to be a system in place that can be prepared to help our communities who have faced the loss, isolation, discrimination, Xenophobia, and more as they returned to daily life. This pandemic has fostered an environment of fear and uncertainty which are resulting in targeted acts of racism towards APA's. In New York, specifically East Asian presenting individuals have been subjected to violent racist attacks and Xenophobic representations of the virus in the media. The city needs to ensure support of targeted communities of color. The crisis moving forward. We all know that communities of color and immigrant communities are often scapegoated in times

of crisis. For the APA community, due to the stigmatizing nature of the virus, compounded by the anti-Asian racism, this means that individuals are less likely to seek treatment and, we need to, they may be afraid to even identifies Asian, potentially leading to negative health outcomes and underrepresentation of the pandemic's impact on our community. We demand an investment in community led efforts towards data collection on incidents, despite the fact that this has been and is continuing to be a time of deep collective trauma. Our communities are consistently overlooked in the distribution of resources, which is harmful to us, as well as other communities of color. We are denied the same resources due to the perceived success of APA's. This pandemic has highlighted a period of holes in our city's safety net systems and the cities response must address root problems in addition to immediate needs. Our community well continue to suffer every day that we allow these flaws to exist in the system. And similarly to you as Ravi had stated, because of that, our community organizations are the ones who end up having to do a lot of the work for in language resources, as well as mental health services and, yet

our not being seen by the city in terms of funding and contracts. As always, see ACF will continue to be available as a resource and partner to address these concerns and look forward to working with you to better address our community needs.

COMMITTEE COUNSEL: Thank you very much. Thank you to this entire panel. Our next panel will be Susan Dan from Project Renewal and Michael Polenberg from Safe Horizon. Susan, you can begin as soon is the host unmute you and the Sergeant cues you. Thank you.

SERGEANT-AT-ARMS: Time starts now.

SUSAN DAN: Good afternoon, Chair Ayala, and city Council members. Thank you for the opportunity to testify briefly about the value of trauma informed services. My name is Susan Dan and I am the senior vice president of programs that Project Renewal, a New York City homeless services nonprofit agency. For more than 53 years, Project Renewal has empowered individuals and families who are experiencing homelessness to renew their lives. Each year, Project Renewal serves nearly 15,000 New Yorkers through our wraparound services focused on help, homes, and jobs. We are grateful to Chair

Ayala, the New York City Department of Health and Mental Hygiene, and the City Council for their support of Project Renewal services, especially our pioneering mental health services. I would like to tell you about Project Renewal support in connection with East Harlem today which we opened in February, closed temporarily with the Covid 19 pandemic it, and reopened in late October. Funded by DOE, the support and connection center is one of the cities to new diversion centers. Based on the proven model of trauma and for engagement for people in distress. This was recommended by the 2015 Mayoral task force on behavioral health in the criminal justice system. We operate the center in partnership with DOH MH and the NYPD. Our center serves New Yorkers who are on the cusp of a mental health crisis and have attracted police attention. People who would otherwise be issued a summons or escorted to an emergency room only to be released without receiving the services they need to recover and maintain stability. We have a strong partnership with NYPD's 25th precinct which identifies the first guests who can most benefit from our services. The center provides police with the place where they can bring guests to their situations

or behaviors escalate out of control. Currently, we serve up to 10 overnight guests and an additional 10 guests for daytime services. Overnight guests can stay for up to five nights, but are always welcome to do return for daytime services. Guests have access to medically supervised substance use, withdrawal services, counseling, short-term case management, and links to ongoing behavioral health and social services giving them a path to long-term stability. The center is staffed by a team of social workers, certified alcoholism and substance use counselors, nurses, psychiatrists, and peer support workers with lived experience with mental health or substance use issues. These peers are crucial in modeling success and encouraging our guests to let their guard down and consider changing their lives. In the brief span that the center has been opened, we've been able to provide meaningful support to New Yorkers like DW, our first ever guest. DW was a 61-year-old African-American woman with a history of homelessness and substance use. When NYPD brought her to the center, she appeared to be under the influence, emotionally distressed, and exhausted. Or peer support workers and substance use counselors engaged her immediately.

We offered her a safe place to rest, meals when she wanted them, and staff available to talk when she was ready. Over the course of multiple conversations, DW completed a psychiatric evaluation and--

SERGEANT-AT-ARMS: Time expired.

SUSAN DAN: social assessment. She was also escorted to our outpatient drug treatment program daily. We connected her with Arms Acres in upstate New York, but on the evening before she was scheduled to be admitted, she left the center. She actually returned on her own four days later and we picked up right where we left off, successfully connecting her to Arms Acres for residential rehabilitation. DW acknowledged that she felt ashamed when she returned to the center, but the staff continued to make her feel welcomed and did not judge her. Ultimately, our goal is to help clients begin a path to long-term stability that will position them to be more positive members of the community. Changing long-term patterns of behavior requires time, but we believe that the centers model of engagement will help clients feel empowered to make changes, which is critical to achieving long-lasting positive outcomes. The support in connection

center model is one way to support people in crisis and we, at Project Renewal, believe in multiple strategies. That's why Intro 1890 is so critical. Project Renewal supports this legislation as it seeks to strengthen the connection between the NYPD, DOH MH, and community resources in the aftermath of violent incidents when community outreach and resources are most crucial. Formalizing this mechanism can provide additional resources and connect the people who have been impacted by a violent incident to services that can prevent long term mental health issues, as well as possibly preventing retaliatory violence. Thank you, once again, for the opportunity to testify.

COMMITTEE COUNSEL: Thank you very much. Our next and final panelist will be Michael Polenberg from Safe Horizon. And we will call on you afterwards. Michael Polenberg, you may begin after the Sergeant cues you. Thank you.

SERGEANT-AT-ARMS: Time starts now.

MICHAEL POLENGERG: Thank you so much and good afternoon. My name is Michael Polenberg. I am the vice president of government affairs at Safe Horizons, the nation's largest nonprofit provider of

services to victims of violence and abuse. This morning I will briefly discuss Safe Horizons crime victim assistance program which you heard about earlier today. Otherwise known as CVAP, which is a cornerstone of New York City's efforts to improve its response to victims of crime and which last year provided services to 50,000 New Yorkers. I will also briefly discuss our Families of Homicide Victims program and how we help victims cope with traumatic loss. We believe that both of these programs are aligned with the committees wishes to provide a more robust mental health response to the communities impacted by violent crime. At its heart, CVAP is about providing a client-centered trauma informed response to New Yorkers as quickly as possible after the reported crime. Through CVAP, Safe Horizon advocates in every precinct and police service area can quickly connect with individuals and families and address their safety concerns in a way that addresses their heightened feelings of trauma and fear. Understanding the important role that mental health practitioners can play in the aftermath of a crime, Safe Horizons roofers CVAP clients to our own licensed mental health clinic, as well as those

operated by our colleagues at the crime victim treatment centers and other service providers around the city. An important part of our role is also linking crime victims to community-based organizations like TIP and other providers to offer a more culturally specific response. CVAP advocates provide supportive counseling, connections to individual and group therapy, and help navigating the legal and financial challenges that can immerge after a crime has occurred. Advocates follow up with victims who file a police report and those who walk into a precinct seeking help and assist them in identifying safety concerns and developing a safety plan that meets their needs. We are proud of our work and out of the high client satisfaction rates that we consistently achieve. Approximately 90 percent of the programs 50,000 clients last year reported feeling better as a result of our outreach and knew where to turn for help, including for mental health assistance. I also want to briefly mention the role Safe Horizon employees reaching out to family members who have lost a lost Wanda homicide. We been doing this important work for decades and have helped provide solace, counseling, intangible

assistance to families as they process unimaginable loss and grief. We know that this loss affects not just the impacted family, but entire communities who sense of safety and order can be in doubt. Our families of homicide victims' programs help families apply for funds for burial costs. We accompany families to court proceedings. We advocate on their behalf with the Medical Examiner's Office, the District Attorney's Office, and the police department and we help victims connect to counseling and others who can share and help them manage their grief. We know every path to healing looks different and we stay with families as long as they need us. As the Council considers how best to bolster the mental health response to the communities impacted by violent crime, I hope our work in this space can help inform this process. Thank you for your concerns and I'm happy to answer any questions you may have.

COMMITTEE COUNSEL: Thank you very much to this entire panel and I will now turn back to Chair Ayala for any closing remarks in the closeout the hearing.

CHAIRPERSON AYALA: So, that was really-- that was really helpful and I appreciate

the acknowledgment that, you know, traumatic violence doesn't just impact the family. Right? I mean, violence in general, I mean, it affects the entire community at large. And so, we are really just trying to figure out what the best approaches, right? And what systems we can create collectively that allow us to do that in a more seamless way so that we are not really relying on an individual to pick up the phone. You know, it becomes an automatic response. And so I appreciate you all coming to testify and I look forward to reading the submitted testimonies for recommendations. And we will reconvene-- I guess will look at the bill a little bit more closely and see what-- you know, ways that we can strengthen it based on what we've heard today. So, thank you all and have a good holiday. Thank you. This meeting is complete.

C E R T I F I C A T E

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

Date December 6, 2020